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Food Insecurity and Hunger Experiences and their Impact on Food Pantry Clients in the Tampa Bay

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Food Insecurity and Hunger Experiences and their Impact on Food Pantry Clients in the Tampa Bay

by

Nora Brickhouse Arriola

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Arts
Department of Anthropology
College of Arts and Sciences

and

Master of Public Health
Department of Community and Family Health
College of Public Health
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Since 1999, there has been a significant increase in the number of food insecure individuals in the United States. The Great Recession (2007-2009) and slow economic recovery has led to additional increases in rates of food insecurity and the usage of emergency food assistance programs. Thirty qualitative interviews with individuals seeking emergency food assistance at a Tampa Bay food pantry were conducted. Interviews focused on collecting the life experiences of participants, the barriers they face in having food security, their strategies to cope with limited food budgets, and how food insecurity impacts their household’s overall health and wellbeing. Recommendations for fulfilling the immediate need for food as well as addressing the larger issues that lead to and perpetuate food insecurity and hunger are presented in this paper. In collaboration with the food pantry, a booklet presenting personal experiences of hunger alongside broad institutional forces affecting food insecurity was disseminated in the community in hopes of increasing awareness of and support for combating this important social issue.
CHAPTER ONE: INTRODUCTION

ANTHROPOLOGY OF POLITICAL ECONOMY AND FOOD INSECURITY AND HUNGER

This anthropological study explores the complex issue of food insecurity and hunger by capturing qualitative accounts of the experiences of those who cope with this issue. I draw from critical medical anthropology and political economy frameworks to consider how food insecurity experiences and coping strategies of clients at a food pantry in St. Petersburg, Florida are shaped by macro-level policies that prevent low-income individuals from accessing adequate food. I consider how household resources and decision-making on how to stretch resources are affected by changes in policies, economic systems, and a myriad of other macro-level factors, and how the wide range of negative effects of food insecurity and hunger experiences ultimately result in poor health and wellbeing for those who experience it. Personal circumstances and stories are presented alongside these macro-level factors. In addition, I consider how local level organizations providing services to low-income households are likewise affected by macro-level policies.

CHAPTER OVERVIEW

In the United States, one of the wealthiest countries in the world, there are an estimated 17.5 million households experiencing food insecurity (Coleman-Jensen et al. 2014). Food insecurity, the inability to obtain “a culturally acceptable, nutritionally adequate diet, through nonemergency food sources at all times” (Molnar et al. 1990), is a major public health and human rights concern with many negative effects on individuals, communities, and society at large (Gundersen et al. 2011). There is vast literature on the issue of food insecurity in the United States, predominantly quantitative studies in
nutrition and public health fields that measure food insecurity and related factors (Gundersen et al. 2011). To a lesser extent, qualitative studies have attempted to capture food insecurity experiences and understandings of hunger. However, despite the multiple barriers food insecure households encounter, hunger and food insecurity are rarely understood by the larger community, ultimately limiting the amount of resources allocated to providing assistance (Himmelgreen and Romero-Daza 2010) and efforts to address the larger macro-level policies that perpetuate the problem (Fine 1998). Additionally, many studies focus on specific problems that cause or result from food insecurity and fail to consider the complex interplay between the myriad of micro and macro-level factors that ultimately create and perpetuate the problem and shape the way in which it is experienced by individuals or households.

It is well-documented that federal food assistance programs in the United States fail to eliminate the need for emergency food assistance for many of the recipients (Daponte 2000; Nord et al. 2005). Additionally, an increasing number of households needing food assistance are ineligible for government assistance programs, and clients using food pantries have increasingly come to depend on food pantries for long-term supplementation of limited food dollars (Paynter et al. 2011). Thus, in attempts to alleviate malnutrition and hunger and to supplement insufficient government assistance, community food pantries work to distribute donated food items directly to clients (Daponte 2000; Greenberg et al. 2010; Paynter et al. 2011).

This study was conducted at Daystar Life Center, a faith-based agency that provides direct assistance to low-income households, including emergency food assistance through their food pantry. In-depth interviews on food insecurity and hunger experiences were conducted with 30 food pantry clients, 20 women with children under 18 in the household and 10 older adults (over 60). Additionally, participant-observation was employed, providing data on the organization’s day-to-day activities and client experiences. This research serves a dual purpose: advocating and raising community awareness about hunger in St. Petersburg, and contributing to the anthropological literature of food insecurity. Stories of food insecurity experiences were compiled and an educational booklet to raise community
awareness about hunger was created. In this thesis, the food insecurity experiences of food pantry clients are explored in hopes of shedding light on the complex interplay of macro and micro-level factors that shape experiences at the household and individual level. Using the anthropology of political economy framework (Singer 1990), this study shows how food pantry clients’ experiences of food insecurity are shaped by broader policies and systems that limit low-income households from being able to secure resources and food for their family. At the household level, people cope with limited resources to satisfy hunger, but ultimately macro-level forces shape their suffering and subsequent poor health and wellbeing.

In this chapter I provide a brief overview of the issue of food insecurity in the United States and some of the terminology and main concepts I will use throughout the thesis, an introduction to Daystar Life Center and the applied purpose of this research, and an overview of the study’s research questions and methods.

FOOD INSECURITY AND HUNGER TERMINOLOGY FROM AN ANTHROPOLOGICAL PERSPECTIVE

In 1989, the U.S. House Select Committee on Hunger defined the concept of food security for the first time: *obtaining a culturally acceptable, nutritionally adequate diet, through nonemergency food sources at all times* (Molnar et al. 1990). Since then, food insecurity, the opposite of food security, has become an important topic in discussions of policymaking and scholarly works on the causes and impacts of and solutions to the issue (Gundersen et al. 2011). Since 1999, food insecurity rates have continued to increase, and since the beginning of the Great Recession (2007) the United States has seen a spike in levels of food insecurity. National rates of food insecurity have been collected since the Current Population Survey in 1995, when the food insecurity measure was developed (Himmelgreen and Romero-Daza 2010). This measure, which initially used the term *hunger* to describe individuals with severe levels of food insecurity, is comprised of 18 questions about food-related conditions and concerns in the household (Gundersen et al. 2011; Himmelgreen and Romero-Daza 2010). However, in 2006, the U.S.
Department of Agriculture (USDA) removed the word *hunger* from definitions of food insecurity, noting that measuring hunger would require an objective method of assessing the “physiological condition” that is experienced at the individual level (Himmelgreen and Romero-Daza 2010). Currently, without any reference to hunger, the USDA categorizes households that are food insecure into one of the following categories according to the household’s responses to the food insecurity scale:

**Low food security** – reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake

**Very low food security** – reports of multiple indications of disrupted eating patterns and reduced food intake (U.S. Department of Agriculture 2014c)

Low food security and very low food security are often combined to present the number of food insecure households (Gundersen et al. 2011). In this thesis, I use the USDA’s definition of food insecurity, especially because national statistics measure food insecurity according to this definition. Additionally, when “food insecurity” is mentioned in this thesis, I refer to both categories of food insecurity, low food security and very low food security.

The term *hunger* can have both physiological and socioeconomic meanings, depending on how it is used (Himmelgreen and Romero-Daza 2010; Sridhar 2008). In this thesis, I refer to hunger in the socioeconomic sense, which can be defined as “the recurrent and involuntary lack of access to food” (Andersen 1990). Thus, hunger is conceived of as a form of deprivation that is caused by structural issues (Himmelgreen and Romero-Daza 2010). There are several reasons for choosing to use this definition of hunger. The term *hunger* has connotations of suffering, and has been used in the past to advocate for those struggling to access food. Himmelgreen and Romero-Daza (2010) show that removal of *hunger* from discourses about food access suggests that experiences are short-term, less severe, and not as detrimental to health and wellbeing, all of which can ultimately reduce funds allocated to food assistance as well as efforts to change the structural issues that cause food insecurity/hunger. This socioeconomic
definition of hunger is appropriate considering that I frame this study within the literature on the political economics of food insecurity, and also because this research advocates for addressing all forms of food insecurity and improving access to food for those who suffer in many ways, whether it be physically, mentally, or emotionally.

To emphasize, food insecurity and hunger are not interchangeable terms. Hunger often connotes physiological responses to insufficient food intake (Sridhar 2008) and is a subjective, personal, and internalized experience and can vary in definition cross-culturally (Himmelgreen and Romero-Daza 2010; Sridhar 2008). However, when addressing the experiences of food pantry clients in this study, it is valid to describe many experiences as both food insecurity and hunger, especially considering the socioeconomic definition of hunger. After all, even if an individual feels physiologically satiated after eating only instant ramen noodles for a week to stretch their food and avoid “hunger” in the physiological sense, they are being deprived access to adequate food (Andersen 1990).

Lastly, throughout this thesis I refer to “food insecurity and hunger experiences.” Chilton and Booth (2007) eloquently explain that food insecurity discourse, especially when discussed by the government, is concerned with measuring the extent of the problem in society. Thus, there is a heavy focus on objective techniques for measuring its prevalence and there is “no real intention to understand hunger as an experience that “matters” to individuals.” (Chilton and Booth 2007:117). Anthropology places emphasis on capturing and placing importance on the “experiences” of individuals, which as defined by Arthur Kleinman, are the day-to-day interactions important to an individual (Chilton and Booth 2007; Kleinman 2004). Experiences are shaped by social relationships, sociocultural and political processes, memories, and emotions (Chilton and Booth 2007). For this reason, this study relies heavily on in-depth interviews about many facets of food pantry clients’ lives, which are ultimately incorporated into their food insecurity and hunger experiences.
BRIEF OVERVIEW OF STUDY

Collaborative Work with Daystar Life Center

St. Petersburg, Florida is located along the Tampa Bay and features a beautiful waterfront, skyline, and beaches. The city is a popular retirement destination and is known for a growing arts community offering many art galleries and cultural attractions. However, representative of many other cities in the United States, there is a stark contrast between the lived experiences of the wealthy and the poor residents. Slightly more than fourteen percent (14.1%) of Pinellas County residents live below the poverty line (2009-2013) (U.S. Census Bureau n.d.) placing them at increased risk of food insecurity, and an estimated 144,350 individuals (15.7%) are food insecure in the county (Gundersen et al. 2014). The city of St. Petersburg, located within Pinellas County, has a higher percentage of residents living below the federal poverty level (17%) compared to the county (U.S. Census Bureau n.d.). Daystar Life Center, a faith-based helping agency, is one of a network of agencies in the area that provide services to assist low-income households in crisis (Daystar Life Center n.d.). Daystar Life Center is located in South St. Petersburg, an area of the city in which nearly 25 percent of the population has an income below 100 percent federal poverty level (Warren 2013). Sixty-three percent of individuals living in poverty in South St. Petersburg are African American, followed by white (27%), Hispanic (5%), and other races/ethnicities (5%) (Warren 2013). The higher concentration of African Americans residing in this area of the city, as well as the percentage of those living in poverty is notable, especially when considering that only 24 percent of the population of St. Petersburg as a whole are African American, compared to 69 percent white (U.S. Census Bureau n.d.).

The site of this study, Daystar Life Center, is a non-profit organization that provides a wide range of services to the “economically and physically challenged” with the goal to “alleviate the suffering and hopelessness experienced by members of the community that are economically or physically challenged” by helping provide for their daily needs (Daystar Life Center n.d.). The most requested service at Daystar
Life is emergency food assistance from the food pantry. In addition to emergency food assistance, other services include: personal hygiene products, utility payment and rent assistance, job search skills, and transportation. See Chapter 3 for additional description of Daystar Life Center.

Noticing the increasing demand of emergency food assistance and other services at Daystar Life, Jane Walker, the executive director, felt the need to share the personal struggles of the families she saw walk through the doors every day and raise awareness about the ongoing and increasing hunger in the community. She wanted to ensure emphasis was placed on various aspects of hunger experiences, highlighting the many challenges faced by families. She specifically sought the assistance of anthropologists at the University of South Florida to assist with interviews, recalling a similar study conducted under the guidance of medical and nutritional anthropologist Dr. Roberta Baer in the 1990s (HALT Hunger Tampa Bay 1996).

In 2013, Daystar Life Center was awarded an Allegany Community Outreach (ACOR) grant from Allegany Franciscan Ministries to collect stories from clients using their food pantry to learn from clients about the struggles they face on a daily basis. As part of the grant, I received payment for my time and mileage spent while working on the project. While establishing the vision of the project, potential interview questions of interest to the director were discussed and incorporated into the interview guide. Stories collected from interviews and participant-observation were used to create a hunger awareness booklet entitled Putting a Face to Hunger: The Lives Behind the Statistics, which was completed at printed in hard copy for distribution in September 2014 (see Appendix C). This booklet is currently being used by Daystar Life and other agencies serving low-income households in St. Petersburg as a tool to increase community awareness of hunger.

Recommendations for Daystar Life and other organizations providing emergency food assistance based on findings from this study are outlined in Chapter 5.
Research Aims

This study’s objective is to explore food insecurity experiences of households using emergency food assistance at a food pantry, especially focusing on the experiences of women with children, and adults over the age of 60. The research questions of this study are:

1. What are the sociocultural, economic, and environmental barriers to accessing food for low to no-income families?
2. How are the items disseminated at food pantries utilized by households?
3. How do food insecure families perceive the effects of food insecurity on their health and well-being?
4. What is the overall experience of hunger for study participants?

Research Methods

Participant-observation was employed while I was volunteering at Daystar Life Center in September-December 2013. Participant-observation provided data on the organization’s day-to-day activities and client experiences. Thirty in-depth interviews on food insecurity and hunger experiences were conducted with food pantry clients during February-May 2014. Focusing on two groups that are vulnerable to food insecurity, 20 women with children under 18 in the household and 10 older adults (over 60) were recruited. Multiple informal interviews with the director of Daystar Life were also conducted throughout the entire data collection period, providing insight into perceptions of food pantry administration’s concerns and collecting data on food insecurity experiences witnessed over time at Daystar Life. Further details on data collection and how data were analyzed is discussed in Chapter 3.

Anthropological Contributions

Anthropologists are well-trained to consider issues of food insecurity and hunger. In part, this is because food and eating is a central part of human existence and daily life. Additionally, foods have
culturally-mediated symbolic values, and food preferences and consumption patterns are also influenced by cultural values (Messer 1984; Mintz 1985). Anthropologists contribute to the ways in which values influence food consumption, and contribute to understandings of culturally-appropriate coping strategies to acquire and manage foods (Messer 1984; Mintz 1985). In this paper I highlight certain food preferences and values of food pantry clients, as well as the emotional reactions to lack of these foods. Additionally, I consider how certain coping strategies are preferred over others, as households often will change the quality and quantity of food before other, more severe coping strategies, are employed.

The main focus of this paper is to highlight the political economy of food insecurity (Mintz 1985; Singer 1990). Critical medical anthropology (CMA) emphasizes the importance of understanding how macro-level policies affect individuals, many times in rarely understood and unexpected ways (Singer 1990). This study shows how a specific change in policy affects individual households. Interviews and observations were conducted at a time shortly after an across-the-board reduction in the amount of food assistance benefits received per household through the Supplemental Nutritional Assistance Program (SNAP) that occurred in November 2013. Studies on how households using emergency food assistance is a vital area of research because of the need to understand how policies and economic systems and other broad systems constrain individuals and cause and perpetuate food insecurity. Relatively small changes in policies can negatively impact households in significant ways, which is often overlooked without utilizing the political economy framework.

CONCLUSION

Findings from this study add to current anthropological discussions of political economics, the emotional aspects of the hunger experience, barriers to ensuring food security, and possible strategies to alleviate food insecurity. Individual circumstances, social networks, and broad external institutional forces will be highlighted, showing how they are interconnected. In addition, findings from this study identify the gaps and insufficiencies of government programs, emergency food assistance, and other
services with the goal of alleviating food insecurity and improving the health and wellbeing of socioeconomically disadvantaged families.

This introduction provides a brief overview of the topic and nature of this thesis. In Chapter 2 I discuss a more in-depth background on food insecurity and hunger research both within and outside the anthropological literature, as well as anthropological theory and human rights approaches to food insecurity. Chapter 3 presents the methods used for collecting and analyzing data. Chapter 4 presents and discusses specific findings from the research including how they relate to other literature. Lastly, Chapter 5 discusses the broader findings and conclusions, and how this study contributes to the fields of anthropology and public health. At the end of Chapter 5 I present recommendations to address the issue of food insecurity both locally and nationally.
CHAPTER TWO: BACKGROUND

INTRODUCTION

In this chapter, I provide background on the issue of food insecurity and hunger research in developed countries, primarily the United States. First, I present some of the major concepts and theories within medical anthropology, the anthropology of food, as well as human rights discourse, all of which frame this study. Second, I outline literature on both global and U.S. food insecurity from a variety of disciplines (e.g., nutritional studies, food policy, public health, agricultural economics), highlighting research on the prevalence of food insecurity, government food assistance programs, emergency food assistance networks, the implications of food insecurity on health and wellbeing, and challenges to achieving food security in low-income households. Since this study specifically looks at two populations using food pantries: households with children and older adults (over 60), special consideration is given to explanations of why these groups experience high rates of food insecurity and concerns about the impact of food insecurity on their health and wellbeing. Then, I highlight anthropological contributions to the literature on food insecurity. Finally, I conclude with a brief summary and discussion of how this study contributes to the anthropological literature on food insecurity.

THEORETICAL ORIENTATIONS

In order to holistically understand food insecurity and food insecurity experiences in the United States, in this paper I draw from the political economy of health framework and critical medical anthropology (Morsy 1979; Singer 1990). Additionally, I draw from past foci of anthropological studies
of food and food ethnographies, as well as on human rights discourse on access to food. I briefly discuss how these different frameworks can be used to apply food insecurity research.

The Political Economy of Health and Neoliberalism

The political economy of health framework considers how economic and political systems and values can lead to social inequalities and affect access to resources and health services, which subsequently result in poor health (Morsy 1979; Singer 1990; Singer 1995). Neoliberalism is a political economic theory that posits human wellbeing is best achieved through free trade, free markets, and private property rights (Harvey 2005). Neoliberal values and practices started to become widespread in the 1970s, and many governments began move away from viewing welfare of citizens as a responsibility of the state (Harvey 2005).

Government policies and neoliberal practices have greatly impacted the ways in which services are delivered and how they affect all other aspects of life. Neoliberalism has benefited the upper classes, increasing their political and economic power, but has greatly increased social inequality. Thus, globalization of economic markets and neoliberal policies have negatively affected the health and wellbeing of many people. However, because of neoliberal values that claim individuals have access to opportunities to succeed, the failure of lower classes to succeed is portrayed as personal failure and lack of work ethic (Harvey 2005). Additionally, neoliberalism has perpetuated the concept of the “disposable worker” and has emphasized that labor is a commodity. Capitalist countries such as the United States have reduced or removed government-based social protections, which has most negatively affected low-income women (Bartkowski and Regis 2003; Harvey 2005). As stated by Bartkowski and Regis (2003), the United States is currently in a “post-welfare era” that has restricted government benefits, and heavily pushed work-first orientations on the poor which has ultimately led to the need to address the needs of the working poor (O'Connor 2000).
Critical Medical Anthropology

CMA is a subdiscipline of anthropology that considers how micro-level structures (e.g., household food allocation, food traditions) in the context of macro-level structures (e.g., sociopolitical, economic) and forces (e.g., racism, sexism) affect health and wellbeing. The political economy of health framework is a central component of CMA (Singer 1990; Singer 1995). As early as the 19th century, German physician and anthropologist Rudolf Virchow (1848) recognized the social origins of disease, and that poverty was a strong indicator of disease (Link and Phelan 1995). CMA further contributes to understandings of the social origins of disease, studying how social issues such as economics, poor housing, lack of political power, and food insecurity “create an underlying predisposition to disease and death” (Waitzkin 1981:981). Additionally, critical medical anthropologists study how political and economic forces shape social relationships and behavior, and also create sociocultural meaning (Morsy 1979; Singer 1990). CMA emphasizes that health-related issues must not be studied only in biological terms or cultural terms in an isolated fashion, but it is the interactions between these and other factors that affect the health and health experiences of certain subgroups of people (Braun 2002; Good et al. 2010). This, in essence, is how history and oppressive forces and inequalities can be considered “written on the body” or “embodied” (Csordas 1990; Good et al. 2010:80).

Physician-anthropologist Paul Farmer has discussed in-depth how structural violence, the systematic historical and economic processes that cause the poor and disenfranchised to suffer, determines how resources are allocated. The options available to victims of structural violence and their ability to change their life circumstances are severely restricted; in essence, they lack individual agency (Farmer 1999).

In this paper, a broad understanding and definition of health is employed: “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity” (Levin and Browner 2005; WHO 1946). Accordingly, I will show how food insecurity is shown to not only place individuals at risk for disease, but constitutes poor health in itself. Additionally, the limited amount of
social support for food insecure individuals is considered in the context of neoliberal policies that have shifted the responsibility of welfare of individuals from the state to private, often faith-based, charities (Bartkowski and Regis 2003). As discussed in Chapter 4, food pantry users are severely restricted in their ability to make choices over the foods they eat, as well as their ability to access other resources such as higher incomes. This is primarily a result of long-term low-income status and lack of political power, which causes the poorest to suffer unequally in terms of food insecurity and subsequent health.

**Anthropology of Food**

In addition to considering food insecurity through macro-level forces such as political and economic structures and their influence on health and food insecurity, there are several other concepts and topics of interest in anthropology that I relate to this study. Food studies and eating have long been a topic of interest to anthropologists. This is not surprising, considering that food plays a central role in all societies and is essential to sustain human life (Messer 1984; Mintz and Du Bois 2002). Although by the late 1950s food was commonly discussed in anthropology, it was not until the 1980s that food as a topic within anthropology began to take shape as its own subdiscipline (Mintz and Du Bois 2002).

Anthropological food studies shed light on human behavior and broad societal processes including how macro-level political and economic forces create values (e.g., which foods become marketable and highly sought after) (Mintz 1985; Mintz and Du Bois 2002), and symbolic value-creation (e.g., which foods are considered “edible,” preferred, or prestigious, reserved for special occasions) (Messer 1984; Mintz and Du Bois 2002; Munn 1986). Additionally of interest to anthropologists are food preferences, the emotional values or foods, and techniques for preparing foods. There are many additional social dimensions of food, including how certain food items can designate social status, how and when foods are consumed, and rules for sharing food (Messer 1984). When studying food insecurity, there is an important place for studying local or cultural beliefs about food, as well as explanatory models of illness.
(Kleinman 1988) and the perceived relationship of diet and health, as these all influence the way in which individuals experience hunger and poor health (Ferzacca 2012).

One of the largest subtopics within the anthropology of food subdiscipline is food insecurity (Mintz and Du Bois 2002). Anthropologists have researched food insecurity, focusing on questions such as which members of a society suffer, what actions these individuals take to deal with their suffering (e.g. coping), and what happens to the larger society as a result of this suffering (Shipton 1990). In studies of social problems such as food insecurity, in discussions of macro-level structures, critical medical anthropologists have suggested that structural violence makes an individual’s agency nearly non-existent (Farmer 2004; Lock 2001). While individual agency is often severely constrained when individuals hold limited political influence and lack resources, even in constrained situations, individuals often show the amazing ability to adapt to these situations. To leave out discussion of these actions would be to further take away the agency of individuals. As such, in this paper I discuss in-depth the coping strategies of individuals. This does not merely point out ways in which individuals are limited with food choice or assume individuals “passively wait for food assistance,” but rather it shows the agency of individuals to utilize limited resources in creative ways. Additionally, cultural values of food, such as what constitutes a meal or what are desirable foods, and the emotional connections to food are shown through the presentation of results from this study.

Access to Food as a Human Right

In addition to considering food insecurity in the context of critical medical anthropology and anthropological studies of food, I want to also address the human rights perspective on food to further frame the discussion. In 1948, the United Nations (UN) first recognized access to food as a human right and outlined the following in the Universal Declaration of Human Rights (UDHR):

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control (FAO 2015).
It was President Roosevelt who stressed the need to “protect basic human freedoms—including the “freedom from want,” and his administration pushed forward the UDHR (Chilton and Rose 2009).

In more recent years there has been increased support to push governments to address hunger (Beuchelt and Virchow 2012). An additional international document pushing for ensuring the human right to food is the International Covenant on Economic, Social, and Cultural Rights, which was initially created in 1966 (Marchione 1996). This document establishes that the human right to adequate food is necessary for the enjoyment of all rights, and that governments can be held accountable for violations of this right when there is an unwillingness (as opposed to an inability) to comply (Economic and Social Council 1999; Marchione 1996). Most countries in the UN have ratified this covenant; however, the United States has refused (Chilton and Rose 2009; Marchione 1996). Thus, while the United States has acknowledged the human right to food, and it was Roosevelt who first pushed for the UDHR, more binding documents that require official government commitment have not been ratified (Marchione 1996). More recently the United States has stated that although it desires to successfully achieve food security for all, across the globe, the right to food is not viewed as something that should be a “formal enforceable obligation,” and that the human right of access to food indicates “opportunity to secure food, and not guaranteed entitlement.” (Human Rights Council 2010). Thus, despite recognition of the right to adequate food, even in developed nations, budgets, political pressures, and views on the role of government further limit the realization of this fundamental human right (Marchione 1996).

Advocacy groups and researchers suggest that by applying a human rights perspective food security can be properly addressed alongside considerations of an individuals’ dignity, acknowledgement of their rights, accountability and transparency of governments, and concerns about empowerment of individuals (Chilton and Rose 2009; Mechlem 2004). Mechlem (2004) explains that a right-to-food approach is not viewed as a temporary or replaceable policy goal and does not change in definition depending on current political climates. This approach permits individuals to take an active part in their wellbeing and the fulfillment of their human right to food, empowering them to hold governments
accountable when rights are violated (Chilton and Rose 2009; Mechlem 2004). Thus, while the goal of achieving “food security” may be approached using moral values or other approaches (i.e., economic cost of hunger), the “right-to-food” approach is based solely on the idea of human dignity, and other considerations are secondary (e.g., economic benefits of reducing malnourishment) (Mechlem 2004).

Additionally, in the United States, if a human rights approach is applied, instead of food assistance being viewed as charity, the right to food becomes a universal, and ensures individuals are able to access food in order to have proper nutrition and higher quality of life (Chilton and Rose 2009; IHRC 2013). If viewed as a charity, there is the perception that individuals lacking food access are “passive recipients,” and this needs-based approach suggests no obligation to ensuring coordinated action. In contrast, a rights-based approach focuses on the creation of systems and supports that allows individuals to be able to provide for themselves (Chilton and Rose 2009).

Using Theory for Applying Anthropological Research

In this thesis, although important to consider decision-making processes (Singer 1990) at the individual and household level, I emphasize that in order to move forward on understandings of food insecurity, we must understand the ways in which the micro-level (e.g., individual, household) is constrained by the macro-level. Ultimately, in order to address the issue of food insecurity, the root causes, systemic, broad, and historical factors, must be addressed. As indicated by Singer (1990), anthropology is ideal for contributing to understandings of political economics because of the close interactions with local populations, and considerations of ways of life, social meanings, and motivations for action, and day-to-day experiences (Singer 1990). Janes and Corbett (2010) note that public health has tended to explain health inequities by conflating poverty with differences in culture, assuming that individuals make decisions that can lead to poor health (e.g., poor diet), without considering structural factors that determine or limit the freedom to choose certain behaviors. With this in mind, the ultimate goal of this anthropological research on food insecurity is to contribute to understandings of the issues
that can ultimately reduce inequalities in access to food and improve the nutritional value and livelihoods of those who are food insecure, while considering healthy and sustainable political, economic, and sociocultural systems, and human dignity and rights (Janes and Corbett 2010; Mechlem 2004).

**GLOBAL HUNGER AND FOOD INSECURITY**

Although the number of people worldwide who are chronically undernourished has decreased over the past 10 years by about 100 million, 11.3 percent or one in nine individuals remains undernourished There are drastic differences in prevalence of hunger by region, and sub-Saharan Africa experiences the highest levels of undernourishment, where one in four people experience chronic hunger and undernourishment. Developing countries as a whole have 13.5 percent prevalence of undernourishment, while developed countries have less than five percent prevalence. In addition to individuals being denied the human right of access to food, hunger and micronutrient deficiencies from food insecurity “deprive people of the most valuable resource they own: the energy and skill to work productively” (FAO et al. 2014:39).

While global chronic hunger and malnourishment remains a major problem worldwide, a much higher number of the world’s population faces food insecurity. However, worldwide there is a lack of data on levels of food insecurity (FAO et al. 2014). Food security is a complex issue that is difficult to measure (Webb et al. 2006), and various global factors contribute to varying levels and experiences across the globe (Barrett 2010; FAO et al. 2014). Some of these factors include: environmental degradation, natural disasters, civil and political conflicts and wars, and economic crises. In 1996, the World Food Summit outlined four dimensions of food insecurity: availability (i.e., availability of sufficient quantity and quality of diverse foods), access (i.e., availability of economic resources and ability to physically access food), stability over time (i.e., protections against fluctuations in the supply of foods, political instability), and utilization (i.e., ability to cook and store foods in a sanitary fashion). Food availability, needed before food is accessible, remains low in poorer countries such as sub-Saharan Africa
and South Asia. In these countries there tends to be limited domestic food supply and heavy reliance on international food markets (FAO et al. 2014). For example, in 2007-08, there was a global food crisis, where the price of many staple foods such as wheat, maize, and rice doubled or tripled within a period of a few years, and even within a few months. This drastically affected food insecurity in many nations relying heavily on the international market (Headey 2013; Squicciarini et al. 2013). Interestingly enough, the spike in food prices, although making it very difficult for countries and increasing food insecurity and poverty, brought increased awareness on the issue, and is noted to have “vastly increased funding for policies on agricultural development and food security,” and mass media coverage on the issue has led to changes in policy agendas (Squicciarini et al. 2013). Although this thesis is on hunger and food insecurity in the United States, it is vital to place the issue in the global context, as markets are becoming increasingly globalized, and developed countries such as the United States continually debate foreign food aid and “Third World hunger” in the context of domestic needs and less overt forms of hunger and malnourishment.

U.S. HUNGER AND FOOD INSECURITY

Studies have consistently shown that low-income households in the United States, especially those with a low average income over multiple years, are at increased risk for being food insecure (Bruening et al. 2012; Gundersen et al. 2011; Wight et al. 2014). Food insecurity is a reality for an estimated 17.5 million households (Coleman-Jensen et al. 2014). Among food insecure households, one in three experiences very low food security (defined in Chapter 1) (Gundersen et al. 2011). In the United States, food insecurity cannot be explained by a lack of food in the country nor a lack of other resources such as infrastructure (e.g., ability grow enough food or transport food), but primarily it is determined by political and economic forces. Advocacy agencies argue that there has been a lack of political will in the country to address food insecurity (IHRC 2013). When discussing the current state of food insecurity in
the country, it is important to consider the historical context and how food and nutrition policies in the United States have evolved over the years.

Westernized democratic governments such as the United States have shied away from permanently providing income assistance and food relief to people, but rather supported policies attempting to maintain Westernized work ethic ideals and enforce work. However, the federal government has been heavily pressured by varying levels of social unrest, interest groups, and advocacy groups to provide assistance, both general welfare and food assistance, during hard times such as market changes (e.g., recessions) and high levels of unemployment. Ultimately, the expansion and liberalization of food assistance policies in the country were incremental as well as cyclical, as is commonly seen in democratic societies and specifically U.S. politics (Andrews and Clancy 1993).

One of the main ways the government attempts to alleviate food insecurity is through providing various food assistance programs. Originally called the Food Stamp Program (FSP), the Supplemental Nutrition Assistance Program (SNAP) is the largest of these assistance programs. The goal of SNAP is to provide a “safety net against hunger” for citizens of all ages (Gundersen and Oliveira 2001) and “alleviate food insecurity” (Gundersen et al. 2011).

Before the 1930s, food relief for the poor in the United States was solely based on local institutions, with few exceptions (e.g., federally-based social programs for military, federal employee retirement, workers’ compensation) (Andrews and Clancy 1993). However, during the 1920s the poor and jobless were facing hunger while food surpluses continued to grow for the federal government through the U.S. Farm Board. Once the public became aware of “hunger in the midst of plenty,” there were increasing public pressures to make these surpluses (especially wheat) available to the most in need, despite opposition from the federal government administration (Andrews and Clancy 1993:63; U.S. Department of Agriculture 2014d). The availability of these food surpluses, in addition to the fact that many of the surpluses were unmarketable, was essentially what enabled the first FSP (substantially different from later versions of the program and the current SNAP program) to be created in 1939. The
first administrator of the program, Milo Perkins, said, "We got a picture of a gorge, with farm surpluses on one cliff and under-nourished city folks with outstretched hands on the other. We set out to find a practical way to build a bridge across that chasm" (U.S. Department of Agriculture 2014d. Thus, this early version of the program hoped to increase the ability of the poor to purchase food, but also to raise the income of farmers and utilize foods that were available in excess (Andrews and Clancy 1993).

Since the 1930s, the Food Stamp Program has fluctuated greatly in size, support, and structure for a wide range of factors. For example, the USDA, in times of drought, has been careful not to distribute too much of surplus food to the poor, so as to avoid disruption of agricultural markets. During WWII, food assistance was terminated because of food scarcity nationwide. Additionally, in its initial form, the Food Stamp Program required participants to purchase stamps for a fixed price, and then later food stamps were distributed on a sliding scale. However, the price to purchase food stamps was too costly for the poorest of families.

Special interest groups and political coalitions have greatly influenced food assistance policies (Andrews and Clancy 1993). In the late 1960s, hunger was placed at the top of the political agenda as it became a widespread issue again. In the mid-1960s, urban rioting in response to high levels of unemployment and slum-like conditions was a sign of widespread social unrest (Andrews and Clancy 1993). Additionally, in 1968 the CBS television documentary Hunger in America shocked the U.S. population as American children were shown suffering from severe malnutrition and hunger-related diseases. Increased public awareness of the fact that children were suffering from diseases often thought to only occur in “Third World” countries spurred a greater amount of public support for food assistance programs and expansion of the FSP (Andrews and Clancy 1993; Rosenbaum and Neuberger 2005). In the 1970s, the FSP grew, and despite concerns about fraud, income eligibility levels, and abuse, the program remained unchanged. This was likely due to the strong and continued efforts of anti-hunger advocates. It was not until 1977 that the purchase requirements for food stamps was eliminated, which encouraged increased participation among eligible households (Andrews and Clancy 1993).
MORE RECENT CHANGES IN FOOD ASSISTANCE AND FOOD INSECURITY LEVELS

The amount in food assistance provided to households has continued to fluctuate in recent years, as well as eligibility requirements for assistance programs. The amount in SNAP benefits a household receives is currently based on net income of a household. The maximum amount in benefits is given to households with no net income and based on the cost of the USDA’s Thrifty Food Plan (TFP) (Dean and Rosenbaum 2013), a calculation of a low-cost food budget that provides a “just barely adequate” diet (Curtis and McClellan 1995). Eligible households with net income receive an amount determined to allow them to only spend 30 percent of monthly income on food (Center on Budget and Policy Priorities 2014). However, much research has noted that the TFP is inadequate for the large majority of recipients, failing to meet the dietary needs of families for a whole month and not allowing them to buy quality, nutritious foods (Dinour et al. 2007; FRAC n.d.-c; Larson and Story 2011). The TFP is based on foods requiring adequate storage and cooking facilities, a significant amount of time for food preparation, and high levels of cooking skills (Curtis and McClellan 1995; FRAC n.d.-c). Additionally, the TFP has an impractical list of food items and limited variety, assumes participants have access to affordable and adequate transportation, and lacks consideration of special dietary needs and regional differences in food prices (Curtis and McClellan 1995; FRAC n.d.-c). Thus, it is not surprising that SNAP benefits insufficiently meet the dietary needs of many participants, and households run out of food before the end of each month.

Since 1999 there has been an increase in food insecurity in the United States. Between 2007 and 2008 there was a significant spike in the percentage of food insecure households, reaching a high of 14.7 percent in 2009 due to the impact of the Great Recession (Coleman-Jensen et al. 2014). Even though there has been a slight decline in prevalence from 2011 to 2013, the percentage of households remains much higher than before the increase seen in 2008, meaning recovery since the recession has been slow. Estimates show that 14.3 percent of the U.S. population is currently food insecure (2013 estimates), and 5.6 percent of households suffer from very low food security (Coleman-Jensen et al. 2014). Important to
note, only 62 percent of the households experiencing food insecurity were enrolled in at least one of the national food assistance programs within the previous month of being surveyed in 2013 (SNAP, WIC, or the National School Lunch Program) (Coleman-Jensen et al. 2014).

In 2008, the FSP changed its name to the Supplemental Nutrition Assistance Program (SNAP) in attempts to remove stigma (U.S. Department of Agriculture 2014d). In response to the recent economic recession, The American Recovery and Reinvestment Act of 2009 (ARRA) increased SNAP benefits across-the-board to ease hardship caused by the economic recession. Starting in April 2009, maximum monthly SNAP benefits increased by 13.6 percent. Research on SNAP reveals that the boost in food stamps from ARRA 2009-2013 helped families to purchase healthier foods than would have been possible without the boost (FRAC n.d.-c). However, on November 1, 2013, the boost in SNAP benefits ended, and nearly all households with SNAP (more than 47 million Americans) saw a cut in their benefits. The average cut for a family of three was $29 a month (Dean and Rosenbaum 2013; Severson and Hu 2013). The current 2014 amount in SNAP benefits averages less than $1.40 per person per meal (Dean and Rosenbaum 2013).

This research on food pantry clients is timely, considering recent changes in the economy and changes in programs. Food pantry users were interviewed shortly after the return to pre-April 2009 benefits, and the food pantry had seen an increase in client’s requesting assistance. Additionally, at the time of interviews, the U.S. Farm Bill had recently passed into law (February 2014). Congress renews the Farm Bill every five years and determines food and nutrition and commodity programs; SNAP being only one of many different programs. Although the 2014 Farm Bill does not cut SNAP benefits nearly as much as proposed in earlier versions of the bill (up to $40 billion in cuts), $8.6 billion will be cut from SNAP over the period 2014-2023 (FRAC n.d.-b). This cut would potentially affect 850,000 households in certain states that receive assistance for heating bills through the program Low Income Home Energy Assistance Program (LIHEAP). However, the majority of the states affected will make changes so their constituents are still eligible for SNAP (SNAP to Health n.d.). Although the Farm Bill will not affect
SNAP as much as proposed at some points, it was clear that rather than addressing current gaps in programs and the suffering of food insecure households, the government proposed taking away supports for millions of Americans, subsequently increasing rates of food insecurity, and placing families into more desperate crises (IHRC 2013).

In summary, food and nutrition programs in the United States have led to the drastic reduction of severe hunger and malnutrition (Rosenbaum and Neuberger 2005). However, although severe hunger has become increasingly rare, temporary hunger and reduced dietary intake still commonly occur in low-income households (Tarasuk and Beaton 1999). While public and academic interests in hunger and food insecurity have fluctuated over the years, food insecurity in the United States has reemerged as an important social issue. In part, this reemergence is a result of increasing knowledge about the negative social and health effects of food insecurity. In addition, the economic hardships in the United States and other developed nations due to the most recent economic recession and unemployment and underemployment rates have increased, creating concern for food insecurity (Wilde 2013). Although the future of food insecurity in the United States is unsure, future legislation will hopefully help reduce this widespread issue. Relying on history as a guide, various groups can play a role in advocating for increased and improved food assistance. Anti-hunger and human rights advocacy groups, researchers documenting both the health and social effects of food insecurity, as well as anthropologists and other social scientists documenting the lived experiences of those with food insecurity can all play a role in shaping the future of the country’s food security.

**EMERGENCY FOOD ASSISTANCE, FOOD PANTRIES, AND FOOD PANTRY CLIENTS**

The fluctuating and continuous presence of homelessness and hunger has led to the ad hoc creation of various private and locally-based not-for-profit organizations, two-thirds of which are religiously-affiliated (Daponte 2000; Martinez-Schiferl and Zedlewski 2010). These emergency food assistance providers collect and distribute food and sometimes other basic necessities (e.g., clothing,
personal hygiene items) to individuals and families needing these services, and usually rely heavily on volunteer assistance. Foods distributed include both food through government programs such as the Emergency Food Assistance Program, as well as privately donated items (Martinez-Schiferl and Zedlewski 2010).

In the 1980s, local food assistance agencies grew in number as politicians urged local rather than federal responses to address the needs of those living in poverty (Daponte 2000). In the United States, organizations distributing grocery items are usually referred to as food pantries, whereas places that distribute prepared meals are commonly referred to as soup kitchens (Tarasuk and Beaton 1999). In 2010, there were an estimated 33,500 food pantries, 4,500 soup kitchens, and 3,600 emergency shelters (Mabli et al. 2010; Martinez-Schiferl and Zedlewski 2010).

Shortly after the emergence of these local agencies, initially intended to serve short-term emergencies or short-term unemployment, it was noticed that federal assistance programs were inadequately meeting the needs of low-income households, and families were lacking food to prepare in their own homes (Daponte 2000; Paynter et al. 2011). Food assistance programs are becoming more commonly a long-term situation, and two-thirds of food pantry clients receive assistance regularly (Paynter et al. 2011).

Over the past few decades, and especially during the aftermath of the economic recession, there has been an increasing number of people seeking both food and other assistance through these charitable organizations. Especially in 2009, there were increasing reports of food pantries and food banks running out of food (Paynter et al. 2011). Research has shown that NGOs and the private sector do not have the capacity to take the place of government to protect and fulfill this right (Marchione 1996). However, these private agencies tend to provide more personalized services for clients compared to government assistance programs (Daponte 2000).

Policy makers and researchers have attempted to identify the effectiveness of government food assistance programs such as SNAP; however, less research has focused on the effectiveness of food
banks, food pantries, and soup kitchens. Although NGOs have shown interest in fulfilling the right to food, the impact of diverse NGOs is more difficult to predict and measure (Marchione 1996). Food pantries can provide short-term support for both food stamp and non-food stamp households. Thus, this form of emergency food assistance is an important part of the food assistance safety net and a worthy place to conduct research (Gundersen and Oliveira 2001). Consideration of food pantry needs, the clientele that utilize services, and changes in use over time are important issues to consider, especially in recent years when there has been an increase in usage (Curtis and McClellan 1995).

For food insecure families who resort to accessing local food pantries, food choices are further constrained as they rely on donated items. This constrained choice in food is often combined with fewer resources (e.g., cooking facilities) and less education on healthy food choices (Moffat 2010). There has been little study of the quantity and quality of food distributed by food banks and other charitable organizations distributing donated foods. Oftentimes donated items may be no longer quality products for retail or are close or past expiration date. Additionally, oftentimes clients receive less than a three-day supply of food, but this can range dramatically depending on a number of variables such as time of year and availability of items. Larger households often receive less days of supply when compared to single-person or smaller households (Teron and Tarasuk 1999). Additionally, Daponte et al. (1998) note that few studies have considered why some food insecure households turn to food pantries and others do not.

Oftentimes the leadership at food pantries would like to identify the barriers to utilizing such services and make organizational and service changes to help make resources more accessible to those community members most “in need” (Hoisington et al. 2002). There is a desire to better coordinate with government assistance programs. In addition, some food pantries have recognized the potential benefits of utilizing the stories of their clients to present policymakers with a better understanding of the problems of hunger in their service areas in hopes of policy improvements (Franklin et al. 2000; Hoisington et al. 2002).
Thus, regardless of government assistance eligibility, there is a real need for private, emergency assistance. While some food pantry users are eligible for SNAP benefits but do not enroll, the reality is that many people rely on both public and private assistance (Paynter et al. 2011). Emergency food assistance is utilized by households experiencing short-term crises or changes in size, or relocating to new areas, as well as households needing long-term food assistance.

As previously mentioned, there is much more data on usage of government programs and research attempting to understand how these programs are used (Daponte 2000; Paynter et al. 2011). However, some studies, highlighted below, have specifically utilized food pantries as a research site, and attempted to understand food pantry clients, their demographics, and their needs and food insecurity experiences. Berner et al. (2008) found that the working poor were slightly more likely to use food pantries long-term compared to those not working, as well as more likely to sacrifice paying for other necessities such as housing costs, utilities, and medicine.

In a study in Washington State, coping strategies that food pantry clients employed were studied. Coping strategies to delay hunger included: getting cash advances, cutting back on nonfood items such as paper towels or toilet paper, delaying the payment of bills, eating inexpensive foods, sharing meals with other families, trading labor for food, and trading food items to diversify diet (Hoisington et al. 2002:329-330). In addition, food insecure families reported buying foods in bulk to reduce costs, freezing leftovers for later use, and substituting more affordable and filling ingredients such as potatoes, noodles, and cheaper cuts of meat for more expensive ingredients (Hoisington et al. 2002). Tarasuk and Beaton (1999) studied the needs of 153 female food bank users in Toronto, Canada. In order to better understand the nutritional status of these women and their children, as well as their overall economic and social needs and their relations to food bank use, interviews were conducted to assess living circumstances, nutritional intake, and how women’s nutrition was affected during times of severe hardship. They found that, despite accessing food banks, many of the clients continued to have food insecurity issues in their household as a result of severe and chronic poverty (Tarasuk and Beaton 1999).
VULNERABLE POPULATIONS

Food Insecurity, Health, and Wellbeing among Households with Children

Nearly twenty percent (19.5 percent) of U.S. households with children under 18 were food insecure at some point during 2013. Among food insecure households with children, in about half of the households only adults were food insecure, and in the other half children were also food insecure. The number of households with children experiencing severe food insecurity (very low food security) was 360,000, or 0.9 percent (Coleman-Jensen et al. 2014). Oftentimes in households with children, adults with sacrifice their diets before food insecurity affects children’s diets. In addition, mothers of children in food insecure families tend to go without proper nutrition more often than men in order to properly feed their children (McIntyre et al. 2003). This finding suggests that reproductive-aged women, particularly during pregnancy, risk their own health and nutritional status, as well as that of their future offspring, in order to better feed children in the household. In the anthropological literature, it is noted that food is widely understood to be “the most important thing a mother gives a child,” and is a symbol and manifestation of love and security (Fox n.d.). Because of this, mothers with limited resources struggling to feed their children an adequate, desirable diet, can face severe mental health distress, sadness, stress, feelings of inadequacy, and concern for their children (Patel and Kleinman 2003).

Household food insecurity in the United States has been shown to negatively affect child health, academic achievement, and psychological well-being, even when food insecurity is short in duration (Casey et al. 2001; Reid 2000). Although there are programs such as WIC specifically aimed at supplementing the nutrition of mothers and young children in addition to SNAP, households with children still face food insecurity at higher rates than households without children.
Food Insecurity, Health, and Wellbeing among Older Adults

Older adults are a group widely recognized to be at increased risk for food insecurity and associated negative health effects (Bhargava et al. 2012; Quandt et al. 2001). In 2013, 8.7 percent of households with elderly members (defined as 65 and older) experienced food insecurity (Coleman-Jensen et al. 2014). Older adults often have constraints on their diet due to ill health, which often requires special diets (Walsh and White 2010). Additionally, food budgets are limited because of limited and fixed incomes, as well as other household expenses such as medication and health care (Quandt et al. 2001). Poor dentition, especially common among minorities and low-income older adults, and difficulty chewing and digesting foods, limit foods that can be eaten and can subsequently threaten nutritional quality of diets (Hendrix et al. 2008; Quandt et al. 2009; Walsh and White 2010). Further adding to food insecurity issues among older adults, social isolation (i.e., living alone), lack of transportation, mobility issues that limit shopping and cooking, are also cited in the literature (Quandt et al. 2001; Walsh and White 2010). Poor nutrition among older adults can result in serious health problems such as weight loss, associated with mortality (Morley 2012; Quandt et al. 2001). Low-income elderly Americans are also reported to experience higher levels of food insecurity resulting from high heating and cooling costs (Nord and Kantor 2006). Lastly, older adults may even experience changes in their perceptions of taste, which can limit the quantity and types of foods consumed since certain food items may be less palatable or eating as a whole becomes less enjoyable (Locher et al. 2009; Walsh and White 2010).

Further contributing to food insecurity among older adults are lower rates of enrollment in government assistance programs and hesitation seeking other forms of food assistance due to “failure to meet personal expectations of self-sufficiency” (Quandt et al. 2001). Lack of knowledge or difficulty in navigating government programs has also been attributed to these low rates of enrollment (Goyer 2012). Because of the vulnerable state of food insecure households with children and older adults, as well as the director of the food pantry pointing out the high numbers of these populations and multiple issues they
face in achieving food security, this thesis focuses on the food insecurity and hunger experiences of these two groups.

**ANTHROPOLOGICAL LITERATURE ON FOOD INSECURITY**

In an anthropological annual review of food and eating, Mintz and Du Bois (2002) note that many of the anthropological works on food insecurity focus on Africa. In addition, Mintz and Du Bois (2002) claim that although anthropologists have begun to address access to and usage of foods in Westernized society in terms of ethnicity, region, and religion, little has focused on the issues in terms of class. However, there are some anthropological studies focusing on class that are discussed below.

In the early 1990s, Hastrup (1993) discussed the lack of literature in anthropology as well as outside of anthropology that addresses the human experience of hunger, claiming that anthropologists tend to deal with hunger as an individual experience related to illness or interpersonal problem of communication (Hastrup 1993). Anthropologists must write about hunger as a collective phenomenon and as a lived experience, rather than as an objective measure of insufficient calorie intake. Hunger has always been a part of the collective human experience, and while the need for nourishment is universal, the feeling of hunger is culturally-mediated. In addition, anthropologists must consider that hunger exists in times of plenty, showing that hunger is not a result of global food shortages but rather economic, political, and social problems that result in unequal distribution (Hastrup 1993). Likewise, although many anthropologists have conducted research on international hunger, few have contributed directly to national debates on hunger in the United States, despite a clear agenda among anthropologists regarding the right to food (Curtis and McClellan 1995).

Media coverage in the West tends to convert those experiencing hunger into “the other” and suffering is described in an often one-dimensional manner (Hastrup 1993). The difficulty for anthropologists in capturing the hunger experiences is that they are unable to truly share the experiences of those most suffering from hunger. Community perceptions of hunger mediate the experience of those
living with insufficient food, and thus understanding this context is extremely important to understand how individuals experience hunger. However, another challenge in capturing the hunger experience is that it is non-linguistic, and responses to questions about hunger do not reflect true emotions. Thus, one challenge that ethnographers have is translating field experience into written word, and making the suffering of others into a shared concern (Hastrup 1993).

In Wilmington, Delaware, Curtis and McClellan (1995) examined the rapid growth of emergency food assistance networks during the late 1990s as a result of increased food insecurity. External forces that contribute to food insecurity for households were the decrease in access to supermarkets for city residents, the high price of chain supermarkets, and inadequacies of access to small independent stores with limited food options. The study outlines some of the shortcomings in the national food assistance programs: not taking into account the high cost of inner-city groceries, the costs and difficulties of transportation, the time needed for food preparation, and the lack of safe storage of foods. Interviews with low-income individuals revealed strategies to stretch the money available for food such as buying in bulk, cutting back on more expensive food items, using coupons, and relying on credit and local food stores. Medical expenses and large heating bills were major sources of problems for food budgets and reasons for accessing food pantries. Curtis and McClellan (1995) suggest that there is a need for more anthropological studies that add to the national policy debate on preventing domestic hunger since survey research fails to consider cultural categories which inform the perceptions of individuals’ circumstances. Similarly, anthropological research can inform policies on the true barriers to accessing food rather than assumed deficiencies in individuals’ knowledge of nutritional foods and lack of financial education. Understanding the external forces that perpetuate poverty and hunger in communities are imperative to prevent food insecurity and inform helpful policies (Curtis and McClellan 1995).

In a study in rural Appalachia, Quandt and Rao (1999) found high rates of food insecurity among the elderly. Commonly reported indicators of food insecurity were: having to choose between buying medication and food, skipping meals, and having to choose between paying bills for rent or utilities.
Buying food on credit was a common practice, as well as eating smaller or less expensive foods. Only 18 percent of participants used social networks for accessing food during times of food insecurity (Quandt and Rao 1999). There is a need for government policies that allow local service providers to adapt nutritional services to the local context (Quandt and Rao 1999).

Himmelgreen et al. (2000) studied food insecurity in Hartford, Connecticut among low-income Hispanic families. This research emphasizes the importance of studying the prevalence of food insecurity to better inform policy, and also indicates factors that contribute to food insecurity such as low educational attainment, language and cultural barriers. School and daycare for children were found to be buffers against food insecurity. Families with at least one member in the workforce were also likely to experience food insecurity, indicating that moving off of public assistance is a difficult process often accompanied by low wages and unstable employment, all potential risk factors for needing emergency food assistance. Himmelgreen et al. (2000) found that as benefits are lowered when individuals enter the workforce, they are at increased risk for needing emergency assistance. Notably, emergency food assistance services are usually open during working hours, making it difficult for working individuals to access them. Considering that the working poor are at an increased risk for food insecurity, this finding has important policy implications regarding labor markets and food assistance programs.

Weaver and Hadley (2009) conducted a systematic literature review of food insecurity in developing countries, reviewing anthropological studies that had looked at the link between food insecurity and common mental health disorders such as anxiety and depression. Poor mental health, although less studied than physical outcomes of food insecurity, has been shown to result from food insecurity. However, the ways in which food insecurity affects mental health is largely neglected in the literature of food insecurity. Weaver and Hadley (2009) suggest that food insecurity may lead to mental health problems because it forces people to consume socially unacceptable foods, or to eat in socially unacceptable manners. Even when individuals are eating sufficient quantities of calories, obtaining and
eating foods in socially unacceptable ways can cause stress and anxiety for individuals (Weaver and Hadley 2009).

Recently, Dhokarh et al. (2011) conducted a study on the relationship between levels of household food insecurity and acculturation levels among Latinos, hypothesizing that less acculturated Latinos have greater social capital which helps reduce rates of food insecurity. Interestingly, this study found that Latinos attending Latino cultural events, and a Latino church had greater food security. Levels of acculturation were also found to influence household food security. For example, lower levels of acculturation into U.S. society were found to place households at risk for food insecurity. This study posits that being bilingual can potentially allow for social mobility among Latinos and is possibly protective against food insecurity. Lastly, living in a household where food stamps lasted the entire month was protective against food insecurity among low-income Latino participants, and food stamp duration was found to be related to budget/food management skills, and not per capita food stamp allotment. Thus, the findings from this study suggest that developing budget and food management skills can benefit this subpopulation (Dhokarh et al. 2011).

Another aspect of anthropology is studies of intrahousehold usage of food resources (Messer 1997). Anthropologists have a long history of studying how household structures influence nutritional outcomes, and how available household resources affect the availability and distribution of food and other aspects of daily life (Baer 1998; Messer 1997). Studies of the relationships between cultural beliefs, food rules, and health outcomes varies, and this contributes to understandings of “the household production of health” or how household interactions and organization and decision-making affect health outcomes (Messer 1997:1680). In essence, when looking at the household level, anthropologists are able to see how food resources are allocated, and determine who may be at nutritional risk. Levels of food security do not necessarily predict if certain members of a household are at risk for malnourishment (Messer 1997).
CONCLUSION

Access to food must be viewed as part of the whole of life in the United States, not merely an isolated issue that can be separated from other issues (Korkmaz Yaylagul and Seedsman 2012). After reviewing current literature, it is evident that food insecurity continues to be a major issue in the United States and the utilization of food pantries should be further researched. Studies have identified barriers to food security as well as some of the strategies families use to avoid or cope with food insecurity. Studies indicate that many families have coping strategies at the individual and household level, but obtaining food is more complex than what can be accomplished through coping strategies (Hoisington et al. 2002). Although charitable food banks can help alleviate the length of food insecurity, they rarely prevent clients from suffering from hunger (Tarasuk and Beaton 1999).

The anthropological literature on food insecurity emphasizes that we must learn from individuals struggling to meet their basic needs and determine the barriers they face to living a healthy and safe life and providing for themselves and their families (Mintz and Du Bois 2002). Lived experiences of individuals with food insecurity and hunger are important to document and share, as such experiences are often lost in food insecurity discourses (Chilton and Booth 2007; Himmelgreen and Romero-Daza 2010). As previously mentioned, there is a gap in the anthropological literature regarding food insecurity by socioeconomic class. It is my hope to share the challenges that low-income food pantry clients face in securing food, resulting from political economic forces, as well as the more localized availability of resources, and how these challenges are shaped by household strategies to ensure food availability. Individual circumstances of families are considered within the context of broad, institutional systems, as well as more local, neighborhood contexts, to provide a holistic view on the issue of food.
CHAPTER THREE: METHODS

METHODS OVERVIEW

Understanding the complexities of the causes of hunger and hunger experiences in the United States requires an analysis of many interrelated sociocultural, environmental, economic, and political factors. Taking into account the interplay of these many factors in shaping the hunger experience, for this research I employed a methodological design capable of providing a holistic perspective and addressing the following research questions:

1. What are the sociocultural, economic, and environmental barriers to accessing food for low to no-income families?
2. How are the items disseminated at food pantries utilized by households?
3. How do food insecure families perceive the effects of food insecurity on their health and well-being?
4. What is the overall experience of hunger for study participants?

In this Chapter, I describe the research setting and the collaborative nature of the project. In addition, I outline the main ethical considerations taken into account when designing and conducting the research project. Lastly, I discuss this study’s methods of data collection, participant-observation and semi-structured client interviews, and how each source of data was analyzed. For an overview of the data collection methods and the research question that each source of data addresses, see Table 3.1.

RESEARCH SETTING AND COMMUNITY PARTNERSHIP

Data collection for this research took place at Daystar Life Center, a non-profit organization providing direct services to the poor in the community (Daystar Life Center n.d.). The need for a
Table 3.1: Data Collection Methods and Research Questions

<table>
<thead>
<tr>
<th>Data collection method</th>
<th>Type of data collected</th>
<th>Research question addressed by collected data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant-observation</td>
<td>• Average wait time for clients to receive services&lt;br&gt;• Reactions to receiving services/being denied certain requests&lt;br&gt;• Types of food distributed to clients at the pantry&lt;br&gt;• Surrounding neighborhood description&lt;br&gt;• How clients arrive at the clinic and the availability and cost of public transportation&lt;br&gt;• Interactions between food pantry staff, volunteers, and clients</td>
<td>• What are the social, economic, and environmental barriers to accessing food for low to no-income families?&lt;br&gt;• What is the overall experience of hunger for study participants?</td>
</tr>
<tr>
<td>Consultation and informal interview with site director</td>
<td>• Perceptions of how national, state, and local policy affect the hunger experience of clients and how policies have changed over time&lt;br&gt;• Stories heard about hunger experiences</td>
<td>• What are the social, economic, and environmental barriers to accessing food for low to no-income families?&lt;br&gt;• What is the overall experience of hunger for study participants?</td>
</tr>
<tr>
<td>Interviews with clients (N=30), semi-structured and structured questions</td>
<td>• Perceptions on barriers to having food security&lt;br&gt;• Clients’ housing conditions, utility costs and ability to make payments, and availability of cooking appliances and food storage&lt;br&gt;• Household income of clients, number of individuals living in household&lt;br&gt;• Employment status and amount of time to cooking/preparing food items for household&lt;br&gt;• When and how often are emergency food assistance items needed&lt;br&gt;• Adequacy of food pantry items to meet needs&lt;br&gt;• How food items from pantry are used by client&lt;br&gt;• Perceptions of food insecurity on physical and mental health and wellbeing&lt;br&gt;• Overall health status of client and household members, special dietary needs</td>
<td>• What are the social, economic, and environmental barriers to accessing food for low to no-income families?&lt;br&gt;• What is the overall experience of hunger for study participants?&lt;br&gt;• How are the items disseminated at food pantries utilized by households?&lt;br&gt;• How do food insecure families perceive the effects of food insecurity on their health and well-being?</td>
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</table>

Qualitative study on hunger in St. Petersburg, FL that could be used as an advocacy tool was initially identified by the executive director at Daystar Life Center. In 1996, a hunger action leadership team in Tampa Bay led by my advisor, Dr. Roberta Baer, created a booklet of hunger portraits as an advocacy tool for community members to take action to end hunger (HALT Hunger Tampa Bay 1996). Recalling the 1996 project and recognizing the continued need for increased community awareness, the director’s idea for this new research project emerged. Daystar Life was awarded an Allegany Community Outreach (ACOR) grant through Allegany Francisca Ministries to conduct a study on hunger experiences in St. Petersburg, FL. I was given permission to conduct and analyze findings from the study for my Master’s Thesis, in addition to creating an informational booklet that has been disseminated to community leaders.
Throughout the research process, I consulted with the director of Daystar Life. All questions asked of study participants were reviewed by the director, and suggestions for additional questions about challenges for clients were incorporated into the interview guide. The ongoing support of the leadership at Daystar Life in conducting this research greatly facilitated the research process and helped to ensure a holistic view on hunger experience based on the observations and years of experience of the staff.

Originally established as a small parish ministry, Daystar Life Center has provided direct services to the poor since 1982. The goal of Daystar Life is to “alleviate the suffering and hopelessness experienced by members of the community that are economically or physically challenged” by helping provide for their daily needs (Daystar Life Center n.d.). A wide range of services are provided to clients including: emergency food assistance, personal hygiene products, utility payment and rent assistance, job search skills, and transportation; however, more than forty percent of the annual resources are devoted to offset hunger. Over 11,000 bags of food were distributed to clients from the food pantry in 2012 (Daystar Life Center n.d.). Also, the organization receives USDA commodity foods, and volunteers assist clients in filling out online applications for food stamps and other government assistance programs. Daystar Life reaches over 40,000 men, women, and children living in Pinellas County (Daystar Life Center n.d.).

As with other similar non-profit organizations providing similar services, Daystar Life interviews walk-in clients to determine whether or not the client is eligible to receive services and what resources are available to best suit their needs. Volunteers conduct these interviews with clients and also fulfill other day-to-day tasks needed to provide services to the economically disadvantaged in the community.

IRB APPROVAL AND ETHICAL CONSIDERATIONS

The University of South Florida’s Institutional Review Board approved this study (See Appendix A), and the risks associated with participation in the study were minimal. All participants were explained the nature and purpose of the study, emphasizing that participation was voluntary. In particular, because
interviews were conducted at the food pantry site, I explicitly stated that declining to participate would not affect the individual’s eligibility to obtain services from the emergency assistance site. A one-page consent form using clear and concise language was created to ensure that participants with low literacy were able to easily understand the document. All participants provided signed consent, and with their permission interviews were audio-recorded. Participants were awarded a $20 gift card to Wal-Mart or Save-A-Lot (a local grocery store) after completing the interview. This incentive amount was determined appropriate by Daystar Life administration. All names used in this paper are pseudonyms.

PARTICIPANT-OBSERVATION

Sampling

Participant-observation, the foundation to cultural anthropology, is essential to providing a broad context to a research question (Bernard 2011), as the researcher learns about the population they are studying through participating in or being exposed to the routine activities of the population (Schensul and LeCompte 2012). Initial participant-observation for this study took place between September 2013 and November 2013 at Daystar Life. During this time period I volunteered at Daystar Life one day a week, learning how to perform a variety of tasks from the volunteer coordinator and other volunteers. I shadowed three different volunteers at Daystar Life during the first few weeks, learning how to conduct intake interviews to determine whether a client was eligible for assistance and how to provide the services. After shadowing other volunteers, I also took on the role as a volunteer intake interviewer throughout the remaining participant-observation period. In other words, I immersed myself in the volunteer culture at the research site, a key aspect of participant-observation, building rapport with other volunteers and clients (Bernard 2011). In addition, during this time I observed the geographic area surrounding the research site.
I continued to observe the daily activities at the research site while conducting semi-structured interviews. I attended the daily morning meetings led by the volunteer coordinator that updated volunteers on new procedures, the availability of food items in the food pantry, the availability of funds for emergency utility assistance, and inspirational stories of clients receiving assistance. Although my schedule primarily permitted me to travel to the food pantry once a week, I tried to rotate my schedule to ensure I captured the dynamics of all volunteers and staff with clients and observe services/activities that are only offered on certain days of the week.

**Data Collection**

During my time volunteering at the research site I took field notes on the dynamics and social structure of the organization. While at the site, I took brief field notes that were then typed up and elaborated on once I left the field site. I also described my emotions and struggles as an intake interviewer, such as noting the difficulties in informing a client they were unable to receive a particular service that day, or struggling to remember all of the different services or programs available to the client.

In addition, I gained insight into the type of data collection and reporting needed to run the center. Engaging with the staff, volunteers, and clients during this time period allowed me to learn about the organization and the overall field site culture. Throughout interviews I learned about some of the struggles and concerns clients have, as well as about different services that are available in St. Petersburg. My initial participant-observation was invaluable for the development of the interview questionnaire.

Other data that I collected through participant-observation includes: the amount of time clients wait to be seen by food pantry volunteers, clients’ reactions to receiving services or being denied requests, how clients traveled to the clinic, the amount and type of food that is distributed to the client and how volunteers make decisions about which food items to provide to certain clients, and the overall layout of the food pantry and interactions between food pantry staff, volunteers, and clients.
Additional field notes were taken during the time period when I was recruiting study participants and conducting interviews. Periodically, I met with the director to clarify any questions that I had about observations or procedures, and informally interviewed her about her thoughts on local, state, and national policies and their impact on food pantries and their clients’ access to food.

Data Analysis

Field notes taken from participant-observation were reviewed and notable themes were summarized to contribute to the overall description of the hunger experience in the community. These field notes were used to supplement responses from semi-structured interviews in attempts to identify additional barriers to accessing food specifically from the food pantry, and to provide a better understanding of the overall experience of food insecurity for study participants.

SEMI-STRUCTURED CLIENT INTERVIEWS

Recruitment and Sampling

In-person interviews with clients of the food pantry took place between February 2014 and May 2014. Prior to initiating data collection, two special target populations for interviews were identified in consultation with the director at Daystar Life because of their difficulties with food security: households with children and households with older adults. Based on the recommendation of the director to look at these two populations, eligibility criteria for participation in the interviews were established. Participants had to be either female heads of household with children under 18 living in the home, or adults over 60 years of age. In addition, only clients who had come to the site for emergency food assistance were eligible.

All study participants were recruited at the research site. I approached women of all ages and men who appeared over the age of 50 to explain the study and ask them if they were interested in participating.
I then provided them details about the eligibility requirements for participation and asked them if they met the criteria. If the client was eligible, I either led them to a private interviewing room at that time, or told them to see me after they finished receiving assistance with services, depending on whether or not they had already received assistance and the approximate wait time to receive services.

A total of 20 women (mothers and grandmothers) with children under the age of 18, and 10 individuals (men and women) over the age of 60 were interviewed for a total of 30 interviews.

**Interview Guide**

The interview guide was primarily comprised of semi-structured questions, meaning that the same questions were asked of all 30 participants, but the open-ended nature of the questions allowed for flexibility in follow-up questions to explore the unique circumstances of each participant, and encouraged the participant to share stories and details about their experiences (Schensul and LeCompte 2012). At the end of the interview, different demographic questions and other close-ended question were also asked.

The interview guide (See Appendix B) was developed based on my observations while volunteering at the food pantry, suggestions from the director and my thesis committee, and consideration of literature on food insecurity. Open-ended questions inquired about the participant’s usage of emergency food services, levels of perceived food insecurity, perceptions of healthy diets, how regular and emergency food items are incorporated into their family’s diet, and how food insecurity is perceived by the client to affect their health and the health of their children.

Close-ended demographic questions inquired about the age, gender, ethnicity, family composition, living arrangements, and severity/nature of food insecurity of the study participant. Information about the resources (both economic and social) available to the study participant combined with the usage of food assistance services and level of food insecurity helped address the research question aimed at identifying the barriers to accessing food resources and maintaining a food secure household.
**Data Collection**

All interviews were conducted in a private interview room. Signed informed consent was obtained from each participant, and interviews were audio-recorded with permission from study participants. All participants were willing to have the interview audio-recorded with the exception of one, during which I took copious notes. I also took occasional notes on observations during the other interviews. Interviews varied greatly in length depending on the participant’s willingness to share stories, although most interviews lasted between 30 and 90 minutes.

During most interviews, the study participant was the only adult present in the room; however, many of the mothers had their young children with them in the room, which was at times distracting to the interview process. Considering that many of the interview questions centered on the daily struggles to maintain a household, it is likely that these participants may have limited their discussion on some of the topics, feeling uncomfortable with discussing these topics in front of their children.

During semi-structured interviews, if the participant was accompanied by a child older than five, with the signed informed consent of the mother and the child’s assent, the child was asked to draw a picture of “people that are hungry” or what they thought about when they heard the word “hunger.” Although the drawings collected from children are not presented in this paper and were only used to help illustrate the hunger awareness booklet discussed above, nonetheless it is important to note that a total of five children drew pictures as their mother or grandmother spoke.

**Data Analysis**

Audio-recordings of the 30 interviews were transcribed and coded using ATLAS.ti 6.2 ©, a qualitative data analysis software. I developed a qualitative codebook after reading through several of the interview transcriptions. Codes reflect prominent themes that emerge from interviews, and focus on addressing the study’s research questions about barriers to accessing food, how emergency food items are
utilized by households, perceptions of the effects of food insecurity on participants’ health and well-being, and the overall experience of hunger.

A codebook for demographic and other close-ended data obtained from interviews was created in order to input all data from the demographic questions into Microsoft Excel 2010 ©. Basic statistical calculations such as descriptive analysis of the responses to each question was performed to provide the demographic characteristics of the study sample. Demographic data on household size, income, government benefits, and housing characteristics was used to understand the barriers to accessing food for participants and their household.

TRIANGULATION

Coded qualitative data and field notes from participant-observation of the research site were analyzed alongside demographic data collected at the end of the interviews. By comparing demographic data with interview responses, I triangulated findings from women and older adults using emergency food assistance. The triangulation of my data helps to explain “the richness and complexity of human behavior” as well as the relationships between socioeconomic realities and the lived experiences of food insecurity (Cohen et al. 2000). Any differences between the two populations interviewed (female heads of household with children and older adults) that emerged were also analyzed and codes pertaining to each specific group were highlighted.

SUMMARY

The qualitative research design of this research project exploring hunger experiences relied heavily on participant-observation of clients and volunteers at the food pantry and 30 semi-structured interviews with clients. The open-ended nature of interview questions allowed for a participant’s unique circumstances and perceptions to be explored, and new domains such as additional barriers to food security to be addressed. Thorough field notes and notes from interviews were collected, and
transcriptions from audio-recordings of the interviews were analyzed by predominant themes using qualitative data analysis software. Differences between experiences of households with children and households with adults over 60 were examined and differences between the groups are highlighted in the subsequent chapters of this paper. By using several sources of data, participant-observation and interviews with clients, I was able to gather extensive data on the hunger experiences of households experiencing food insecurity in St. Petersburg, FL and their perceptions on how their hunger experience affects other domains of their life.
CHAPTER FOUR: RESULTS

INTRODUCTION TO CHAPTER

This chapter presents the results from this study on the food insecurity experiences of clients using emergency food assistance. First, I present a description of the environment and day-to-day activities at Daystar Life based on participant-observation, followed by a description of the demographics of interview participants. Next, I outline major factors that influenced economic resources, the ability to have food security, and more generally food insecurity experiences. Lastly, I present strategies for coping with food insecurity, and health issues faced by food pantry users. Themes that emerged from participant interviews during data analysis are presented alongside other data from closed-ended questions relating to each theme. Illustrative quotes labeled with the gender, age, and other relevant information about the participant’s household are presented alongside the themes they represent. Results are discussed in relationships to the literature on food insecurity and food pantries, and implications of findings are discussed.

A TYPICAL DAY AT DAYSTAR LIFE: OBSERVATIONS

Located in the heart of downtown St. Petersburg a few blocks from the beautiful pier and waterfront lined with upscale restaurants catering to tourists and wealthier residents, Daystar Life serves the low-income, homeless, and those going through financial crises in the community. The non-profit organization provides assistance with securing the basic necessities of life for clients and helps connect them with other potential sources of support and opportunities. Although food assistance is only one of the services offered, it is the most frequently requested. When individuals come for other services such as
help paying a past due utility bill or a bus pass for a doctor’s appointment or job interview, food assistance is commonly requested alongside the other service.

Many of the people who arrive at Daystar seeking assistance do not own a car and rely on walking, using a bike, or public transportation. While volunteering at Daystar, I was told by one young homeless man that street life in St. Petersburg was rough and dangerous compared to some other cities, and while on the streets personal property is often stolen. Outside the light green, cement building, the bike racks are commonly full. Several bikes may share one lock, protecting the precious property of many who rely on their bike and foot to travel throughout the city. Those who do not own a vehicle or are unable to secure a ride to Daystar may come prepared with a cart or even a child’s wagon to take home any bags of food, although others struggle to carry home all that they receive, either because the weight of the bags is too heavy, the number of bags too cumbersome, or they simply have a very long distance to travel home.

The dire need for NGOs such as Daystar is apparent every weekday morning by the large number of individuals seeking services. On a typical weekday, several hours before the building opens to the public, clients begin to congregate outside. Those who have been to Daystar before know that arriving early helps reduce the wait time, and ensures they will get the opportunity to speak with someone. Around 8:15am the doors to the building open and clients are assigned a number and asked to fill out an intake form. The intake form is a sheet of paper where clients can mark what services they hope to receive, in addition to providing basic information such as their name, address (or a box to mark “homeless”), and social security number. Familiar with the clientele they serve, Daystar’s staff created an intake form with graphics indicating available services to help ensure that low-literacy clients are able to fill out the form.

The lobby fills up quickly, and by 9:00am there is a full waiting room. The clients are a diverse group of all ages, although the large majority of clients are black/African American or non-Hispanic white and English-speaking. Occasionally non-English-speaking clients arrive for assistance, and volunteers and staff make efforts to accommodate their needs when possible. Daystar Life has one
bilingual (English/Spanish) staff member who will often serve as interpreter for the Spanish-speaking clients in addition to fulfilling her other duties to directly helping connect and enroll clients in social service programs. For some of the clients who have been going to Daystar for many years or are familiar with the process at other organizations offering similar services this process is routine, and the client is prepared for their wait to speak with a volunteer to share their circumstances and request services. Some clients, notably those who are homeless, may encounter various friends or acquaintances also seeking services, or perhaps they have traveled together. For those that may be seeking emergency food or utility assistance for the first time in their life, or are new to Daystar, the process is a bit more overwhelming and perhaps intimidating as the waiting room is crowded and noisy.

New clients often find out about Daystar through either word-of-mouth, other referral agencies in the community, or 2-1-1, the telephone number for calling about local health and human services. In fact, several families that I encountered had arrived at Daystar for the first time completely unaware of all of the services offered. They were referred for a specific service they inquired about, but were happy to learn that they could receive food assistance in addition to help paying for a utility bill or other service they needed.

The length of time a client waits to be called back to an interview room for a personal, one-on-one interview with a volunteer varies depending on the time of day that they arrived, the number of volunteers present that day, and the specific services that they request. A client may wait a short period of time, but many wait for several hours. I spoke with one woman who had been waiting five hours for her number to be called. She said that she was surprised the wait was so long, much longer than she had experienced in past visits. Then, there are others that arrive later in the day, after all of the interview numbers have been distributed, and must be turned away for the day. They are encouraged to return early the next day and may be given a bagged lunch, but for individuals in the most dire of circumstances desperately hoping for a few bags of food to get them through the next few days, having to wait another day for assistance can take an emotional toll. For example, without any money to purchase a bus fare, one
young woman arrived at Daystar late in the afternoon after pushing her daughter in a stroller for several hours, having to stop to change her diaper on a side road, not knowing that by the time she would arrive would be too late to receive assistance.

Once their name is called to speak with a volunteer, clients share their economic and social circumstances and explain why they are in need for the services they are requesting. Sharing their circumstances and personal details with a volunteer can be very difficult for some clients, particularly those finding themselves in new, unfamiliar circumstances such as recently being evicted from a home, or needing assistance for the first time after the loss of a job. Some individuals, commonly those more familiar with assistance agencies, are more prepared to share their story. For others, sharing their circumstances with a volunteer seems to be a therapeutic experience; this is especially true to some of the older adults who live alone and perhaps infrequently have the opportunity to share the details of their lives with others.

The seasoned volunteers are extremely knowledgeable about the many services the county has to offer individuals. They know the right questions to ask to get help for the people, especially when Daystar is unable to provide a particular service. These volunteers are aware of the specific eligibility for certain programs, recognizing that a mother with a child under five years of age may enroll in WIC, or that a client with a particular disease may be eligible for a particular program that could provide them with additional resources. New volunteers are trained on how to interview clients, told about some of the resources available in the community, and have access to a binder with additional information. However, based on my experience volunteering with the pantry, there is certainly a learning curve to conducting interviews with clients and making sure the best options available to meet their needs are not overlooked.

The much needed service that seems to be very limited countywide is rent assistance. During my time volunteering, we were usually informed at the morning volunteer meetings led by the volunteer coordinator that funds for helping with rent were already exhausted for the month, and there were no viable options to suggest for clients needing rent assistance. Volunteers are left with few options to guide
clients to get this assistance, and clients seeking rent assistance often leave worrying about how they will make the month’s rent.

**INTERVIEW RECRUITMENT**

The majority of individuals I approached regarding participation in this study were receptive to being interviewed even prior to being told about the $20 gift card incentive for participation and were available to be interviewed on the same day they were introduced to the study. Individuals declining to participate most commonly mentioned that they had appointments or other errands to run after their visit, were concerned about receiving a parking ticket (most parking spaces outside of Daystar have a two hour parking limit), or had been at Daystar for several hours already and were ready to leave.

**PARTICIPANT DEMOGRAPHICS**

Thirty individuals seeking emergency food assistance were recruited at Daystar Life and participated in this study. Participants were recruited based on inclusion criteria for two subgroups: women who are primary caregivers to children under age 18, and adults over age 60. Participants engaged in interviews that tended to last 30-90 minutes. Interviews that lasted longer were more commonly with older adults, as they tended to be more inclined to tell me stories about both their current situation and memories from their past. In contrast, one of the interviews lasted less than 20 minutes and was cut short due to the participant beginning to feel ill and sleepy, side effects she mentioned resulting from dialysis treatments.

Table 4.1 describes the participant demographics of the study sample. Twenty of the participants were women under age 60 and the primary caregivers to children under the age of 18 living in the household. The large majority (85%, 17/20) of the women in this group were the mother of the children in the household. Three of the women in this group were grandmothers to children living in the household. Ten participants, six women and four men, met the inclusion criteria for the older adult subgroup: 60
years of age or older. Only one of the older adults was the primary caregiver to children under age 18 in the household, her grandchildren.

Table 4.1: Participant Demographics

<table>
<thead>
<tr>
<th></th>
<th>Mothers/Grandmothers (n=20)</th>
<th>Older adults (n=10)</th>
<th>Total (n=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>20</td>
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</tr>
<tr>
<td>Male</td>
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<tr>
<td>Relationship to children &lt;18 years</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>17</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Grandmother</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>No children in household</td>
<td>--</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-24</td>
<td>2</td>
<td>--</td>
<td>2</td>
</tr>
<tr>
<td>25-29</td>
<td>6</td>
<td>--</td>
<td>6</td>
</tr>
<tr>
<td>30-34</td>
<td>6</td>
<td>--</td>
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<tr>
<td>35-39</td>
<td>1</td>
<td>--</td>
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</tr>
<tr>
<td>40-44</td>
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<td>--</td>
<td>0</td>
</tr>
<tr>
<td>45-49</td>
<td>1</td>
<td>--</td>
<td>1</td>
</tr>
<tr>
<td>50-54</td>
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<td>--</td>
<td>2</td>
</tr>
<tr>
<td>55-59</td>
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<td>--</td>
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</tr>
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<td>60-64</td>
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<td>65-69</td>
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<td>3</td>
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</tr>
<tr>
<td>70-74</td>
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</tr>
<tr>
<td>75-79</td>
<td>--</td>
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<td>2</td>
</tr>
<tr>
<td>Range</td>
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<td>61-76</td>
<td>23-76</td>
</tr>
<tr>
<td>Race/ethnicity*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>7</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Black, non-Hispanic/African American</td>
<td>12</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Multiple races/ethnicities</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Number of children under 18 in household</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>--</td>
<td>9</td>
<td>9</td>
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<tr>
<td>1</td>
<td>6</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>0</td>
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<tr>
<td>3</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>5 or more</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Range</td>
<td>1-7</td>
<td>0-1</td>
<td>0-7</td>
</tr>
<tr>
<td>Highest level of education completed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 9th grade</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9th-12th, no high school diploma</td>
<td>8</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>High School diploma/GED</td>
<td>7</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Some college, no degree</td>
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<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Associates degree</td>
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<td>1</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Not stated/declined to respond</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Participant living with partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>7</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>No</td>
<td>13</td>
<td>9</td>
<td>22</td>
</tr>
</tbody>
</table>

*Race/Ethnicity is based on self-reported data and categories are based on the U.S. Census Bureau (2013). All participants in the “Black, non-Hispanic/African American” category self-identified as black or African American, with the exception of one participant who self-identified as Haitian-American.
The group of women caregivers under age 60 ranged in age from 23-58. The oldest three participants in this group were the grandmothers to the children in the household and ranged from 53-58 years of age. Participants in the older adult group ranged from 61-76 years of age, half of them (50%, 5/10) being under the age of 67, the current, full-retirement age in the United States. The overall sample was primarily black, non-Hispanic/African American (57%, 17/30), followed by non-Hispanic white (33%, 10/30). Three of the participants (10%) self-identified as having multiple races/ethnicities. These three participants all self-identified as part Native American; two considered themselves white and Native American and one black and Native American.

Of the participants who identified their highest level of education (93%, 28/30), the small majority (61%, 17/28) had obtained either a high school diploma or GED or higher. Nine (45%, 9/20) of the female caretakers under 60 had less than a high school diploma, and two (25%, 2/8) of the older adults had less than a high school diploma. Several of the participants mentioned that they were working toward getting their GED or further job training. However, as one of the grandmother caretakers in her fifties said, “People struggle with education. If you don’t have the proper funds to go back to school, you still have to struggle.” She went on to discuss how the process of returning to school can be discouraging, and in order to even go back to school to get a GED you must take the Test of Adult Basic Education (TABE) which costs money upfront.

Among the 21 participants with children under 18 living in the household, the majority (62%, 13/21) had less than four children, yet four of the women (19%, 4/21) had five or more children living in the household. One of the women under age 60 was the sole caregiver for seven of her grandchildren. The large majority (73%, 22/30) of study participants were living without a partner in the household. Among older adults, only one of the men lived with his wife. Among the women caregivers, four women were married, and three were living with their boyfriend or fiancé. Two of the women caregivers under age 60, although currently living alone, explained how they soon planned to live with their boyfriends and
described circumstances as “practically living” with their partner. Of all the single female caregivers, only one mentioned receiving child support from the father of one of her two children.

Nationally, the percentage of food insecure female-headed households with children is much higher than married couple led households with children (34.4% and 12.8% respectively) (Coleman-Jensen et al. 2014). Thus, considering their increased likelihood of experiencing food insecurity it is not surprising that such a large percentage (67%, n=14/21) of this study sample’s households with children were headed by single women. Additionally, the four grandmother caregivers participating in this study represent a growing subgroup facing increased risk for food insecurity. In the United States there are 2.7 million grandparents who have the primary responsibility for meeting their grandchild’s basic needs (U.S. Census Bureau 2011), and 48 percent of grandchildren living with grandparent caregivers experience some food insecurity (Macomber and Geen 2002).

INCOME AND THE LABOR MARKET

Household Income and Employment Status

Table 4.2 shows the monthly income of households (not including SNAP benefits), employment status of participants and their partners when applicable. Overall, the large majority of participants had very low household incomes, especially when considering that many of the mothers and grandmothers under 60 had multiple children in the household The large majority of mothers/grandmothers under 60 had a household income of less than $1,000 (85%, 17/20) and seven (35%, 7/20) of those households had an income of less than $500. Older adults tended to have higher incomes than the mothers/grandmothers under 60. All older adult households had a monthly household income of greater than $500, and four (40%, 4/10) had a monthly household income greater than $1,000. The household with the highest income ($1,724/month) was a single man who temporarily had his adult son living with him in recent
months. These very limited household incomes directly affected the amount of money available to spend on food, and led to considerable stress and worry over covering household and other life expenses.

Low household income was a result of unemployment, underemployment, as well as low income from government assistance such as disability, retirement (social security), and unemployment benefits. Nine (45%, 9/20) of the mothers/grandmothers under 60 were looking for employment but currently unemployed and four were on disability (20%, 4/20). The large majority (70%, 7/10) of older adults were retired while the remaining three older adults (30%, 3/10) reported being on disability benefits.

<table>
<thead>
<tr>
<th>Table 4.2: Household Income and Employment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers/Grandmothers (n=20)</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td><strong>Monthly Household Income Amount</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Less than $500</td>
</tr>
<tr>
<td>$500-$1000</td>
</tr>
<tr>
<td>$1000-$1500</td>
</tr>
<tr>
<td>$1500-$2000</td>
</tr>
<tr>
<td>Range</td>
</tr>
<tr>
<td><strong>Employment Status of Participant</strong></td>
</tr>
<tr>
<td>Looking for work</td>
</tr>
<tr>
<td>Working part-time</td>
</tr>
<tr>
<td>Working full-time</td>
</tr>
<tr>
<td>Occasional work</td>
</tr>
<tr>
<td>Full-time student</td>
</tr>
<tr>
<td>Staying home with children</td>
</tr>
<tr>
<td>Disabled</td>
</tr>
<tr>
<td>Retired</td>
</tr>
<tr>
<td><strong>Employment Status of Partner</strong>&lt;sup&gt;†&lt;/sup&gt;</td>
</tr>
<tr>
<td>Working full-time</td>
</tr>
<tr>
<td>Working part-time</td>
</tr>
<tr>
<td>Unemployed, looking</td>
</tr>
<tr>
<td>Disabled</td>
</tr>
<tr>
<td>Unemployed, not looking</td>
</tr>
<tr>
<td>Staying home with kids</td>
</tr>
<tr>
<td>Not stated</td>
</tr>
</tbody>
</table>

*Does not include income from SNAP benefits
†Employment status of partner only includes data for those households with a partner. For mothers/grandmothers, n=7. For older adults, n=1.

**Difficulties in the Job Market and Earning a Livable Wage**

For participants with jobs or who had recently lost or quit jobs, low wages, and cuts in hours were commonly discussed as a challenge to earning a livable income. Participants referred to the downturn in
the job market since the Great Recession (2007-2009) (Katz 2010) and how difficult it had been in recent years to find employment, or employment that provided a livable wage.

[In the past] I didn’t even get food stamps or anything because I would work two jobs. I did whatever I could. But back then, 12 years ago it was a lot easier, you made more. But probably up until two years ago I did [get food stamps] a little bit because the economy...because when you waitress and bartend you depend on tips and stuff...It’s ridiculous the amount of money I used to make before, probably till about 2007. Compared to now it’s like a third or a fourth. Like my check now, I hate getting my check (Single mother, 30, works full-time plus overtime, one child).

The number of hours that low-wage jobs such as at fast food chains offered some participants with part-time positions were so few that several mothers felt it was insulting, and not worth keeping the employment. Having a job with few hours meant having to spend money on transportation, arrange and pay for childcare, and pay other work-related expenses. In addition, varying work hours meant having to constantly report changes in an ever-fluctuating income for SNAP benefits. However, the decision to search for a better, more stable job led to concerns about finding other employment in a difficult, competitive job market. For those without jobs, there was great anxiety about finding employment to help pay for bills and food. A single mother who was currently living on money from the earned income tax credit (EITC), a tax credit for low and moderate income households, explained:

It is so hard. I am looking for work now. I was working at McDonalds, but McDonalds was cutting my hours down to four hours a week. I cannot live off of that! I am hoping I find a job. I am looking every day. I look every day. Because that money goes fast, and I am trying to pay up my rent. (Unemployed single mother, 31, four children)

Although the large majority of participants were from Florida, limited economic opportunities in other regions of the country led one household that I interviewed to the Tampa Bay. A 25-year-old mother left New England with her boyfriend and young daughter in hopes of improving their economic opportunities:

In [New England] there is no work. When I came down here the third day I had a job. It’s just that it was in Clearwater, and traveling from here to Clearwater is a 3 hour bus ride, so I had to quit my job in Clearwater, and he [my boyfriend] got a job, so he is a line cook. But what he makes is what pays our rent and that is about it. [New England] is just like dead. It is all snow right now, so probably the best job you would find is shoveling.
She went on to explain that her boyfriend’s job, even though it was a “full-time” job, did not provide enough hours of work or income to pay for living expenses:

Rent is $185 a week, and then he brings home like $200 a week, and then the extra $15, $20 is to get his bus pass to get him to and from work. It is supposed to be full-time, but it is a restaurant business. If they’re slow they cut people, so his hours vary. Like one week he had 29 hours, and I think we were $5 off on rent and the guy let us slide until the next week, because he had like $165 (Mother, 25, living with boyfriend and daughter).

Participants, especially single mothers, also emphasized the difficulty in making ends meet on a one-income household.

Myself, I was making pretty good money. Even though you’re working, you have a good job, that doesn’t mean that everything else is coming simple—especially if you have children, especially if you’re by yourself—if you have children and are working, you have to be getting paid some good money in order to buy food for the house and pay your bills, because they do—believe me, even if you pay them on time, they still skyrocket. (Single mother, 28, four children)

I’ve been looking, it’s just rough out there... just one loss of a week paycheck can be so detrimental to somebody. And being a single income household, when I do have an income, it’s still so hard. I mean, just to pay rent and electric and all our necessities. I mean, if you did the math, there’s really not---especially if they keep these darn gas prices so high. It’s crazy. (Single mother, 34, two children, recently unemployed)

Yet another perceived challenge to securing employment was discrimination in the workforce.

Ageism in the workplace was only discussed by a few of the older participants, but was emphasized as a major concern for those who were considering the need to return to the workforce to supplement their social security retirement income or were unable to make ends meet on disability benefits.

I used to work all the time and I didn’t know I would get to this. But I notice that as you get older, people just won’t hire you. I haven’t [looked for employment recently] because I was disabled...But I never thought it would get to this. I never thought about getting old and disabled and stuff like that, where I couldn’t work. That’s one thing. I should’ve thought about it. (Single woman living with adult grandson, 75, on social security disability)

I’ve looked for work and at 76 years old, they want to hire younger. And the thing is they hired someone that was 19 years old, but he only lasted six months. (Single man, 76, on Social Security retirement)

Discrimination in the workplace related to educational attainment as well as physical appearance (such as poor dental health and weight) was also mentioned by a few participants as reasons for difficulty
finding a job. One woman, self-conscious, shyly showed me her smile, with only a few decaying teeth remaining. Another woman, describing her difficulty in finding a job explained:

*I worked at [company name] 13 years! I worked my way up from the lowest job they had to contracts of $60,000 a year because they had the “good old boy” attitude where if you prove you can do a job you don’t have to have a degree. And now—my phone interviews are fantastic. “Oh, please come in, we would like to meet you.” It is almost like the minute they see me…I don’t have good teeth. I am overweight, gray haired, and it is almost it is like they see that and then they pull out the degree. Now, they didn’t mention anything about on the phone about a degree, but they can’t say “oh, you are too old to bat.” But they can say “you don’t have a degree.” And then the other jobs “oh, you have too much experience, you’d be bored.” I am not bored getting a paycheck ever [laughs]. Really, I will not be bored if there is a paycheck. (Married woman, 56, caring for grandson)*

The need for childcare was also a barrier to both finding and maintaining employment mentioned by caregivers, both those currently employed as well as those looking for a job. In most cases, having childcare not only required money, but also limited the work shift an individual was able to have. For example, one woman who worked the night shift explained how she had difficulty finding a friend who would not charge her to watch her daughter while she was at work. Although she did eventually find friends who would care for her daughter free of cost, this was not always the case:

*Daycare, it’s very expensive. The shift that I work, I thought it would be easier because its eleven o’clock at night to seven in the morning, but it’s so hard…because I work five nights a week, sometimes six. And then I feel bad for asking them [friends] because I know they have a life too, but I have to work….Before it was $200 a month, which I’m not complaining. I think it’s a lot since my roommate was living with me and sleeping while I was at work, I just think it’s a little ridiculous. (Single mother, 30, one child)*

For that participant, informal arrangements using social contacts enabled her to maintain a night-shift job, as well as pay less than she would for formal child care (even if the cost was perceived to be high).

However, for many other low-wage working parents, the cost of childcare is an ongoing, major concern and becomes particularly problematic when informal care is unavailable, unreliable, or unaffordable (Henly and Lyons 2000). Considering the significant increase in single female-headed households with children since the 1950s, this is one of many issues that has led to the feminization of poverty and food insecurity (Hoynes et al. 2006; Pearce 1978).
Discussion

As shown in this section on household income and labor market experiences, challenges inherent in the job market greatly impact the food pantry users in this study. For those able to find employment, low-wages and unreliable hours add to the stress of providing for one’s family. The ability to find and maintain employment is a complex issue for many low-income individuals, especially mothers needing to work certain shifts, individuals without reliable and affordable transportation, limited opportunities due to lack of formal education or training, and various types of discrimination in the workforce. Several additional challenges individuals face in the job market include: discrimination against hiring ex-offenders (Blessett and Pryor 2013), and lower wage earnings for certain groups (women, racial/ethnic minorities) (Gradín 2012). Although not all of these issues were specifically discussed by participants, these are all societal issues that have likely impacted the economic prosperity of various participants in this study in some capacity. Consideration of how certain subgroups in the United States face challenges in the economy based on culturally-mediated prejudices and discrimination, as well as inaccessibility to needed services (e.g. childcare) is needed to better understand the face of hunger and food insecurity in the country, and which subpopulations are at increased risk.

More than half (57%) of participants in this study were black/African American. Although issues related to race and ethnicity were not discussed in-depth during interviews, racism is a deeply rooted social force present in public policy that has limited the economic and social wellbeing of blacks/African Americans, as well as created negative stereotypes (Neubeck and Cazenave 2001). Thus, this topic warrants discussion and further consideration in future research on food insecurity and advocacy efforts. Recognizing the large role that racism has played in influencing welfare policies, sociologists Neubeck and Cazenave (2001) have coined the term welfare racism. These authors highlight how political discourses have equated African Americans with welfare, and have continually framed welfare as a “black problem” even though African Americans and whites are about equally represented in receiving welfare over the years. African Americans are portrayed as “welfare-prone,” lazy, and dishonest
(Neubeck and Cazenave 2001) and may be treated more harshly or discriminated against by the welfare system (Fox Piven 2003). Politicians have utilized racial stereotypes and implied that those on welfare threaten U.S. prosperity and society as a whole in order to create and perpetuate negative attitudes toward welfare programs. Neubeck and Cazenave (2001) discuss how the racialization of welfare and racism present in other public policies has ultimately limited economic justice and availability of public assistance for all low-income individuals, not only racial/ethnic minorities. Important to note, blacks/African Americans also experience many other social disadvantages resulting from systemic racism, including racial profiling by police and increase rates of encarcertation, as well as discrimination in the housing, workplace, education, and political arenas (Neubeck and Cazenave 2001). The effects of systemic racism further limit economic opportunities for blacks/African Americans, and subsequently lead to a disproportionate burden of food insecurity for this minority group.

After the official end of the Great Recession (2009), St. Petersburg experienced very high unemployment rates, reaching as high as 12.3% percent in January 2010, higher than the national unemployment rate of 10.6 percent during the same month. During the time of interviews, the city had an unemployment rate of 5.7 percent (April 2013) compared to 5.9 percent in the United States overall (U.S. Bureau of Labor Statistics 2014). Many of the jobs created post-recession are low-wage jobs (National Employment Law Project (NELP) 2014), as well as part-time and temporary jobs that do not provide economic stability or job benefits and place households at greater risk for poverty (Gillespie 2014). Participants’ experiences highlighted this trend in the job market. In addition, approximately half (53%, 16/30) of the participants in the sample were not actively engaged in the job market, as they were retired, receiving disability (SSDI) or supplemental security income (SSI), or enrolled full-time in school. Nationally, the percentage of American civilians 16 years or older not in the labor force is at a 36-year high of 37.2 percent, meaning more than a third are not holding a job or actively seeking employment (Meyer 2014). This percentage has increased significantly since 2007, in part because of an aging population entering into retirement years, but also due to an increased number of individuals entering into
disability, enrolling in school, or otherwise no longer actively searching for employment after becoming discouraged with the market Shirk, 2014). Currently, over six percent of U.S. adults receive social security disability insurance (SSDI) (Meyer 2014). It is estimated that 31.8 percent of food insecure households, and 38 percent of households with very low food security have at least one adult with disabilities (Coleman-Jensen and Nord 2013). Thus, although the previously mentioned decrease in the unemployment rate appears to be a positive, this underestimates the number of those unemployed as they have experienced difficulty finding work and have stopped actively looking for work (Sherk 2014). These are important trends to consider in the context or low-income families and food insecurity, and to the overall increasing need for emergency food assistance.

USE OF FEDERAL ANTI-HUNGER/ANTI-POVERTY BENEFITS

Table 4.3 shows the number of participants enrolled in the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and Temporary Assistance for Needy Families (TANF), a few of the primary government assistance programs that constitute part of the anti-hunger and anti-poverty safety net in the United States. Data on the number of households that had received an earned income tax credit (EITC) were not collected, but this cash-based benefit is also discussed below.

<table>
<thead>
<tr>
<th>Table 4.3: Enrollment in SNAP, WIC, and TANF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Receiving SNAP benefits</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No, in process of enrolling</td>
</tr>
<tr>
<td>No, do not qualify</td>
</tr>
<tr>
<td>Receiving TANF</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Receiving Women, Infants, Children (WIC) *</td>
</tr>
<tr>
<td>Eligible, enrolled</td>
</tr>
<tr>
<td>Eligible, hoping to enroll</td>
</tr>
<tr>
<td>Eligible, not interested in enrolling</td>
</tr>
</tbody>
</table>

*Only data from WIC-eligible households (those with children under age 5) are presented, n=11.
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Two-thirds of participants (67%, 20/30) were enrolled in SNAP, and for several households, SNAP benefits were the only form of income (meaning they had no cash income) for the household at the time participants were interviewed. This was especially true for mothers looking for employment that were ineligible for or not enrolled in unemployment benefits or TANF. Among those not enrolled in SNAP, five participants (17%, 5/30) were in the process of enrolling at the time of the interview. They were waiting to receive SNAP after either moving from out-of-state, or enrolling for the first time after a recent job loss. Five participants (17%, 5/30) were not eligible for SNAP, generally meaning that they were receiving a gross monthly household income above 130 percent of the federal poverty level for household size (e.g. more than $1,245/month for a single household) (U.S. Department of Agriculture 2014b. Those using emergency food assistance from Daystar Life who were ineligible for SNAP typically had encountered a unique experience in recent months, such as one older woman whose social security check was not disbursed properly, or another man who was caring for his son for several months due to a mental illness. Some larger households were receiving a small amount in SNAP benefits for the number of individuals living in the household and household income. For example, one grandmother, the caretaker for seven grandchildren, was not receiving SNAP benefits for all of the grandchildren since not all of them were officially included in the household size and their change in living circumstances was temporary or recent.

Participants enrolled in SNAP viewed the program as a huge help in avoiding hunger and food insecurity, despite often expressing that the amount of benefits was very minimal and did not adequately cover food needs. One mother, responding to whether her children and she had ever experienced long-term hunger stated, “Not really, because God has been taking care of me with food stamps. I have never experienced that and I hope not to” (Unemployed single mother, 31, four children, $793/mo. in SNAP). In many of the households, SNAP benefits were not viewed as supplemental to other income for purchasing food but as the only food dollars available for the household. Households would try to stretch
SNAP benefits throughout the entire month or as much as possible, and any other income was reserved for paying rent, utilities, and other expenses.

Recent Cuts in SNAP Benefits

Effective November 1, 2013, nearly all households receiving SNAP saw a cut in monthly benefits. The average cut in benefits for a family of three was $29 a month (Dean and Rosenbaum 2013). Interviews with participants, many of whom receive SNAP, highlighted how this cut in benefits had huge impacts on a family’s ability to eat healthy and desirable foods without needing to seek assistance at a food pantry. A tight food budget was further stretched by the cut in SNAP benefits, and the stress over stretching food to the end of the month was increased for most households, even if only slightly. At the time of interviews, the amount in SNAP benefits averaged less than $1.40 per person per meal (Dean and Rosenbaum 2013).

Many of the participants mentioned the need to start coming to food pantries earlier in the month because their SNAP benefits were running out earlier in the month. In fact, several participants mentioned that it was specifically after the cut in SNAP benefits that they started coming to the food pantry for the first time because it altered their budget and they were no longer able to stretch their food dollars throughout the month. A few also mentioned that they planned to return to Daystar every month for food assistance to help feed their household now their food dollars were stretched so thin.

About two weeks we’ve been low on food. Because there are 31 days in the month. They cut everybody. They cut me bad, maybe $30 or more...They made it rougher for us. I mean, literally, they go by how many kids you’ve got and yourself. $600-something was enough for me and my kids, trust me, it worked. With $500-something I’m borrowing money by the end of the month and come to these places [food pantries]. Make it where I don’t have to. (Single mother, 46, three children)

Before they cut down I would run low, but they would have the things they need, but not the things they want. Now that I definitely run low, I don’t even have what they need, or the things they want. You know what I am saying? (Single mother, 32, six children)

In contrast, only two of the participants receiving SNAP (10%, 2/20) did not feel that the cut greatly affected them, even though they acknowledged “every dollar helps.” One woman explained that
the cut did affect her household’s ability to have food for the months subsequent to the cut, but she viewed her struggle to make ends meet as temporary, confident she could accommodate the household budget to stretch food even more:

*I went from $526 to $497. When I had $526, I never had to go to a place to get food because I knew how to manage everything. I’d get a big meat package and spend the rest on fruits and veggies and sides. And that was perfect. So I just got to relearn how to shop with this budget. It’s possible...stock up on canned goods because if nothing else, open up a can of green beans and eat.* (Married mother, 28, one child)

However, when asked what she would do if SNAP benefits were cut any more, she replied, “We wouldn’t be eating the healthiest, let’s put it that way.”

When asked about how further reductions in food stamps would affect their households, participants expressed stress and concern. Many advocated for the government to take a close look at how cuts affect families. Additionally, several participants specifically referred to stereotypes about individuals abusing SNAP benefits, and urged the government to realize that most families are truly struggling to have enough food.

*If they could just see what families go through in a month’s time, or on a daily basis, then they would not even want to cut the food stamps at all.* (Single grandmother, 52, caring for seven grandchildren)

*I’m lucky that it’s [SNAP] there. I don’t know how other people do it, that don’t have it. It is stressful, not knowing if they are gonna take it away.* (Single mother, 34, two children)

Lastly, there was an overall lack of knowledge among SNAP recipients regarding why SNAP benefits were reduced as of November 2013. One older woman on disability who was no longer eligible for the minimum amount in SNAP benefits hypothesized as to why SNAP benefits were cut saying, “They did it to everybody. I talked to all my friends that got like $180, they’re only getting like $160 now, so it was across the board. I think it’s to finance Obamacare, I don’t know.”

**WOMEN, INFANTS AND CHILDREN (WIC)**

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) was discussed as being a help to mothers with young children specifically, although perceptions of the extent
to which WIC was a benefit varied. Among the eleven households with children under age five, all of which were eligible for the program, seven (64%, 7/11) of the households were currently enrolled, meaning that the household was receiving vouchers or electronic cards for a supplemental food package for the children under five (and new mothers) through the program.

During interviews, most women who had a WIC-eligible child in their household, even if not currently enrolled, felt that WIC had the potential to help with securing food for the household because SNAP benefits could be reserved for non-WIC eligible food items.

[WIC] helps out tremendously. As soon as I found out I was pregnant I went to WIC and signed up for it because that’s milk, eggs, cheese, peanut butter, bread. Now they have the fruit and veggie vouchers. That helps out a lot. I think it’ll make the difference this month. I don’t know. I’ll try. Everything’s crazy! (Married mother of one, enrolled in WIC)

The price of milk was mentioned by various participants as being a very expensive food item but a staple food, and this was one of the biggest benefits of WIC: the ability to purchase milk for the household without using SNAP benefits or cash. As explained by one woman whose youngest daughter was no longer eligible for WIC:

They love their cereal. I don’t get WIC anymore so I gotta get them on stamps. I still don’t buy but a gallon, but my middle one, she’s a milk fanatic. Since a baby that girl loves milk. Oh! I miss WIC. I miss WIC so much! I can’t get WIC no more. My [youngest], she’s six. It ends at five. I still miss it. (Single mother, 46, three children, previously enrolled in WIC)

In contrast, a few women enrolled in WIC described benefits of WIC, but also felt the program was less than ideal, referring to difficulty purchasing WIC-eligible products resulting from poor execution of the program in stores.

Sometimes [WIC helps]. Other times it’s more of a hassle at the store than its worth because I’ll get something that I know I can buy on it, and the cashier will sit there and argue with me about it. It’s [the new electronic card system] not ringing up the stuff it should be. (Married mother, 23, two children, one child enrolled in WIC)

Two participants (18%, 2/11), new to the state, were hoping to enroll in Florida’s WIC soon, and had been enrolled in WIC in the past. However, one mother had not enrolled because she forgot about the program when she was pregnant with her youngest daughter.
I was on it, but it has been two or three years...If I used my noggins I wouldn’t have had to buy milk, I could’ve use the WIC, but I forgot to really go get WIC because I was just using my food stamps. That could’ve made a big difference, and the milk and cheese (Single mother, 32, six children, one WIC-eligible child)

Two WIC-eligible households (18%, 2/11) did not seem interested in enrolling in WIC, referencing the hassle of completing enrollment paperwork, the limited food package, and program requirements:

I ain’t got WIC since the 8-year-old...it’s just too much to keep up with all of it. And honestly, I’m lactose intolerant so there’s really—I mean, what do I need all of that milk for?” [It was helpful] when she was on formula, but after that—I mean, even the formula they didn’t cover it the whole period (Engaged mother, 26, three children, one WIC-eligible child)

Interestingly, the one woman referenced limitations of WIC for individuals that are lactose intolerant may have been unaware that in more recent years soy-based beverages and tofu were added to WIC-approved food items, in addition to whole wheat bread and fresh fruit (U.S. Department of Agriculture 2014e).

**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES AND THE EARNED INCOME TAX CREDIT**

Temporary Assistance for Needy Families (TANF), formerly Aid to Families with Dependent Children (AFDC), and the Earned Income Tax Credit (EITC) are main sources of cash-based welfare for low-income households with children that were also mentioned by participants. In contrast to SNAP and WIC, benefits can be used to pay for rent and bills, and are not restricted to food dollars (SNAP) or vouchers for certain food (WIC) (Hoynes et al. 2006). In this study, limited qualitative data were collected on participants’ experiences with TANF and the EITC and how these programs affect food insecurity and hunger experiences; however, only three of the mothers interviewed were receiving TANF at the time of interviews. Two mothers specifically mentioned using money from the EITC to help pay bills and rent. While TANF was beneficial for these women as the cash benefits helped pay for rent and bills, other women who had previously been in the program were no longer eligible but continued to struggle to make ends meet without receiving any income as they searched for employment opportunities after the limit on length of benefits was reached:
Right now I don’t have an income, I am living off the tax return. So I don’t get TANF or anything because they won’t give it to me. They will deny me. I have applied like five times. (Unemployed single mother, 31, four children)

DISCUSSION

Long-term use of various government assistance programs was commonplace for most participants (87%, 26/30), although this was not true of four participants (13%, 4/30). The large percentage of the study sample enrolled in SNAP during the time of their interview (67%, 20/30) indicates that even though SNAP helps combat food insecurity, it inadequately meets the food needs of many households (Jensen 2002; Paynter et al. 2011). Regardless of enrollment in government assistance, there is a continued need for private emergency food assistance, as government benefits are insufficient in meeting the needs of households. The November 2013 cuts in SNAP benefits across the board, although seemingly small, negatively impacted many households, causing some households to need emergency food assistance for the first time in many years (13%, 4/30), or for the first time in their life (3%, 1/30). Consideration of how individual families responded to these cuts contributes to critical medical anthropology (CMA), as macro-level forces such as neoliberal values and policies have led to cuts in government-based programs and assistance for the poor that affect individuals and households in often unexpected or overlooked ways.

Additionally, various food pantry users were ineligible for government assistance programs, yet struggled with food insecurity. Food pantries have been noted to have less stringent eligibility requirements compared to government benefits, which is extremely important for households ineligible for certain government programs (Daponte 2000). Food pantry directors note that the number of people ineligible for SNAP needing to seek food pantry assistance is increasing (Paynter et al. 2011). This has implications for eligibility requirements for certain government programs, as some ineligible individuals continue to struggle to secure food, often due to emergency situations or other circumstances. This also
indicates that per capita household income is not the only factor to consider when determining food needs, an understanding of food budgets that has been emphasized by anthropologists (Baer 1998).

SNAP was perceived to be a huge benefit for families, and households appreciated the freedom to choose food items for their household. SNAP benefits usage reflects other studies showing that SNAP helps with income maintenance, allowing households to reserve cash income for non-food expenses (Andrews and Clancy 1993; Rossi 1998). However, this was not the case for all households, as some participants received the minimum amount in SNAP benefits and relied on other income for food costs. The literature evaluating the SNAP program shows that participating households are usually forced to either make the decision to reduce the quality and quantity of their diet by relying solely on SNAP benefits for food, and they often skimp on other necessities (Rossi 1998).

Because WIC only provides certain food items that are not always appealing to eligible households and enrollment, program requirements, and acquiring WIC-approved food items were sometimes perceived to be a hassle, a few food pantry users chose not to enroll in the program. Also, participants enrolled in WIC discussed the difficulty and frustrations experienced in stores (e.g., items not ringing up correctly, mislabeled items), which suggests considerations of improved implementation of the program at the local level is needed. Low enrollment or retention of WIC-eligible clients, particularly children, has been an ongoing concern of this state-based program nationwide (Jacknowitz and Tiehen 2009; Woelfel et al. 2004). A study by Woelfel et al. (2004) found that WIC clients in New York experienced similar barriers to those mentioned by food pantry users in addition to: difficulty traveling to WIC offices, lack of proper documentation, long wait times at WIC offices, and unfriendly staff. Anthropologists can play a role in ensuring more culturally-appropriate design and implementation of government programs. For example, Bryant et al. (2001) used social marketing research to increase WIC enrollment in Texas. This social marketing ensured that the values and beliefs of clients, as well as cultural norms that may influenced participation in programs were considered in marketing efforts (Bryant et al. 2001). This current study indicates that more needs to be done in St. Petersburg to
encourage enrollment, such as ensuring potential clients are aware of modifications to WIC-accepted items (e.g., additional whole grain options) (Burstein et al. 2014), and reminding women with children under five at food pantries of eligibility and benefits to the program.

The government programs discussed in this section are some of the programs most directly affecting food security issues, either by providing cash income, food dollars, or food vouchers. Additionally, several of these programs such as WIC and TANF have educational/training components meant to promote certain behaviors and increase knowledge of participants (Swann 2010). Although not covered in this paper, evaluation of these programs’ curriculum/components (e.g., on-the-job training for TANF parents, nutrition counseling for WIC-enrolled mothers) would also be vital for improving food security in the community.

OTHER FACTORS AFFECTING FOOD BUDGETS AND ACCESS

Type of Housing and Living Circumstances

Housing in poor conditions was common, although various participants did not report any major concerns with their housing. Table 4.4 shows the type of housing of participants. Half of the participants rented either an apartment (37%, 11/30) or a house (13%, 4/30) without a housing subsidy, and three (10%, 3/30) participants were paying mortgages on their own houses. Eight (27%, 8/30) participants were on subsidized housing, paying little to no rent depending on their current household income. Other participants were interested in being on subsidized housing; however, one woman who had had been living in Florida for two years explained “the waiting list for getting a housing voucher/housing assistance is closed. It’s been closed the whole time I’ve been in Florida actually. You can’t even sign up for it as far as I know.” Four households (13%, 4/30) were currently living in a motel room, either paying a weekly or daily price for the room. The amount households paid for housing varied greatly, from one older woman without a housing subsidy renting for $350/month, to a single mother of two who had lost
her job within the past few weeks renting for $975/month. The estimated monthly amount paid for households living in a motel room also varied, with the three households paying a weekly rate averaging $901/month for housing. One woman, although in a temporary situation, was paying a daily rate of $50-$60/night (which is approximately $1,650/month).

<table>
<thead>
<tr>
<th>Table 4.4: Type of Housing</th>
<th>Mothers/Grandmothers (n=20)</th>
<th>Older Adults (n=10)</th>
<th>Total (n=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>House (rents)</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>House (public or subsidized)</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>House (owns)</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Apartment (rents)</td>
<td>6</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Apartment (public or subsidized)</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Motel</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

When analyzing monthly rent payments, it was clear that individuals paying for a room in a motel paid significantly higher than those renting an apartment. This fact was well-understood by participants paying for motels, but they explained their reasons for not being able to move into apartments, especially the difficulty in paying for an apartment rent deposit. One 26-year-old mother living with her boyfriend and three children explained their living situation:

*My motel takes all my paycheck. [laughs]. I live in a motel since the house burnt down, which has been like a year, so it’s been real hard. Once you’re in a motel, you can’t get back out it seems like...because you can’t afford so much a week for the room and to save up any money is impossible to move out.*

Paying $257/week for the motel room, she went on to explain the barriers to finding a more affordable place to live:

*It kills you man...We’ve been to like five or six motels. There was one cheaper, but they was raising the rent as we was leaving. The further south we go the cheaper they are, but the more shit you have to go through, and you have to watch where you go because some bus routes don’t run after a certain time and I work nights, so I have to make it suitable for everything else. I have to keep in mind about the kids’ schools.*
Utility Bills

Participants mentioned the high cost of utilities as a major stressor and something that contributed to having limited food in the house since any cash was needed to pay the bills first. Utilities were mentioned specifically by several participants as one reason for a limited food budget, especially among participants that did not receive a large amount in SNAP benefits. One 66-year-old married man stated, “We run out [of food] maybe in the middle of the month cause food is so high. And your other utilities and stuff you have to pay for, that’ll take it down with the income.”

One of the common explanations for high utility costs were old, inefficient housing (e.g., poor electric wiring, water leaks, drafty windows). For example, one older woman on SSDI who was paying off a mortgage for her home had come to Daystar Life for assistance paying a $400 electric bill:

_The utilities like the water bill, all the utility bills it looks like every two-three months they’re always going up $13 or $20, and see, my income be the same, all the time. And so the extra adds up and you don’t have the money for it…. In the winter and summer, it’s over $400. But in the spring it’s cheaper. And see, this house I live in, it’s old. I think that’s what it is. I don’t know how but they gotta give me a cut. Something’s gotta give._ (Older woman, 75, living with adult grandson)

When asked whether she had ever looked into an efficiency check for her home, she replied that she had not, saying, “_They charge you—and if a wires broken inside your house, you get charged for that now. If they come in and do anything in your house, they charge you._” While the specifics on her experience with energy efficiency checks from the electric company are unknown, currently there are programs that provide free home energy checks in the area, such as the Home Energy Improvement Program through Duke Energy that may be of benefit to individuals (Duke Energy 2013).

Another reason for some households experiencing higher utility costs was a result of individuals with health-related needs in the household that required keeping the house warmer throughout the winter and cooler in the summer. Although only one woman during interviews specifically mentioned high cost of utility bills resulting from asthma, other clients explained that their bills were high because the air-conditioning had to be kept running to avoid asthma-related health problems.
The house is in poor condition, but luckily the windows are good. $200 a month for a three-bedroom house for electric is not bad. My grandson, he can’t breathe in the extreme heat. He has asthma and allergies. (Married woman, 56, living with husband and grandson, renting space in a house)

To avoid high utility bills, a few individuals placed special emphasis on keeping electricity use to a minimum, either by not using air-conditioning, staying outdoors most of the day, or avoiding using electronics and lights. Older adults living alone were more likely to mention this as a strategy to save money, although one mother also went into detail about this strategy.

I don’t use air at home. I am blessed to be able to tolerate the heat as well as the cold. I love fresh air and just let the windows open. It keeps the cost [electricity bill] very low. Only sometimes when it is really hot will I turn on the air. (Single woman, 67, living alone)

[The electric bill] it’ll probably be $40. During the day, turning the lights on, she’s [daughter] not allowed to. With my roommate, he kept the lights on all day, he had the T.V. Our bills were like $118 and there was just no reason—I’ve never paid—in my house that I had it was like $160. So for me to get a $200 bill in an itty bitty apartment, it’s just ridiculous. (Single mother, 30, one child)

I try to keep [the electricity bill] down. I have to because of the monies that I’m receiving...To be truthful, I’m so busy going to the church and doing this or that so I’m not home. That helps [laughs]. And then my grandson was working and he wouldn’t be there, so there wasn’t no use to have the air on. When I’d come in I’d turn it on to cool the house off and I’d cut it off and just use a fan. You have to learn how to maneuver. (Single woman, 64, living with adult grandson)

Typically, the policy at Daystar Life is to contribute less than $50 toward paying a client’s overdue bill due to limited availability of funds to meet the high demand for assistance. However, periodically throughout the year external funds from Duke Energy’s Energy Neighbor Fund (Duke Energy n.d.) are provided to Daystar Life. These are funds donated from Duke Energy customers and employees that are matched dollar-to-dollar to distribute to social service agencies and earmarked for helping pay utility bills for low-income households. When Neighbor Funds are available, Daystar Life is able to assist clients with larger overdue amounts on utility bills. Thirteen (65%, 13/20) of the women caregivers under 60 and two of the older adults (20%, 2/10) had either received utility bill assistance from Daystar Life before, or were seeking assistance on the day they were interviewed. Some participants had previously experienced their lights being shut off as a result of not being able to pay; however, only one
participant had the electricity turned off at the time of her interview. Recounting previous experiences when the lights were turned off, several participants told their stories:

*The electricity has [been turned off before]. It was off for probably about eight hours. It was horrible. At that point in time I didn’t have custody of my oldest son, so my husband and I were just sweating it out with all the windows open, hoping it would cool down. By the next day my grandmother felt bad enough she turned it back on for me, because I was pregnant and pretty miserable. At that point in time we had no food in our refrigerator [so nothing spoiled].* (Married woman, 23, two children)

*I’ve never had that [electricity] cut off [since having children]. I went through enough of that in my childhood, having them things taken away from me, so I try to work very hard to keep them on. Of course I didn’t always make it on my own, and I did receive help from the state, but I had to get out in order to keep it that way. It was hard [as a child]. We used to get our water cut off, and it came to a point that we used to have to take cold shower, boil water on the stove, the toilet would be overflowing, we used to have to clean the toilet out ourself or use it on top of each other, so yeah. It was very hard. That’s why I was glad I did experience that as a child, to try to prevent it from happening now [with my kids], because it was tough.* (Single woman, 28, four children)

**Cooking Facilities and Appliances**

The majority of participants had kitchens that they perceived to meet their needs in being able to prepare, cook, and store foods, even if they were not their “ideal” kitchen such as a kitchen with lots of counter space (see Table 4.5). However, for those that did not have all of the appliances they needed, particularly those living in motels, the limited amount of food items they were able to prepare or the time it took to prepare certain meals was frustrating or limiting. Nearly one third (27%, 8/30) of the participants lacked at least one major kitchen appliance such as a stove, oven, microwave, or full-sized refrigerator. Several others, although they had all major appliances, mentioned difficulty cooking or preparing meals due to limitations such as only having a two-burner stove, or limited space for food preparation. Only one participant, a woman renting space in a house after being evicted from an apartment, reported renting appliances. She was spending $200/month to rent a stove and refrigerator in addition to paying $600/month in rent:

*If you hear of someone nice enough to donate a stove, I could save a $200/month bill. There is one that I saw at [a store] that I am going to go down there and ask them. Because if I could get both of them for $50 I would turn in the rental ones and I wouldn’t have to pay it again. Even if they are old and decrepit I could cook on anything.* (Married woman, 56, caring for grandson)
For the four households living in motel rooms, one of the biggest problems was the lack of a full-size refrigerator. One of the mothers living in a motel described the difficulty in storing foods that required refrigeration:

*It’s a mini fridge, so you can’t put too much...you can’t put eggs in there because it’ll be spoiled. I tried to get some salad and it spoiled the next day, so I learned not to buy no more salad. There’s only certain types of foods that you can eat. Freezer foods I do buy for them because I keep it on ice because I have bought a cooler to keep it on ice when I move from different motels.*  
(Single woman, 28, four children)

Another woman living in a motel for about a year with only a small, plug-in skillet and microwave for cooking explained:

*It’s not a real kitchen, so we have a thing that cooks, kinda like a skillet type thing. We have to cook everything in one pan, so when I’m done cooking the meat I have to clean the pan and then I have to cook the side. After I cook the side I have to cook the veggie. So it makes it difficult. Like if its breakfast food especially, if we cook eggs or pancakes or anything like that, it makes it 10 times harder because you have one pan. It takes a lot longer.*  
(Woman living with fiancé, 26, three children)

**Table 4.5: Housing and Cooking Appliances**

<table>
<thead>
<tr>
<th></th>
<th>Mothers/Grandmothers</th>
<th>Older Adults</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacking at least one major kitchen appliance*</td>
<td>6/20</td>
<td>2/10</td>
<td>8/30</td>
</tr>
</tbody>
</table>

*Major kitchen appliances include: oven, stove, microwave, refrigerator (not including mini refrigerators)*

**Living Conditions: Cleanliness and Infestations**

Another issue related to housing that affected overall health and wellbeing of households was living conditions, cleanliness and infestations of rodents and insects. Hygiene and cleanliness was reported to affect participants’ comfort of storing and preparing foods. However, data on this topic is limited as only a few participants described this type of housing issue and there were no visits to participants’ homes to assess living conditions. Further studies should investigate living conditions of homes among those visiting food pantries for emergency food assistance to better capture the extent of this issue as it relates to hunger and food insecurity experiences.
One married woman, 23, living with her husband and two kids in a house currently in foreclosure proceedings, explained how in efforts to save $10/month, skipped paying for trash removal for several months, but this created problems with rats:

For a while we couldn’t afford to have our trash taken out, so we were piling it outside the house until we could afford it, and we had rats. They crawled through the awnings into our house and they ate [my son’s] marshmallows. He went to get one out and he noticed these little teeth marks. I was like “no, no, you’re not eating that! Daddy, we need traps!” I think we’ve got all of them. There’s maybe one of them left in there and he’s hiding for dear life. Maybe he’ll stay away, I’m hoping so because that’s just creepy.

This same participant, discussing other issues with her home, stated “My house does not meet code at all. When we got it FHA I swear the inspector felt sorry for us because I have mold spots on my wall.” When I asked her if she thought the mold affected their health she went on to explain:

I have asthma and it’s been reoccurring a lot lately. My husband’s been sick a lot. My oldest son is starting to wheeze and my youngest son—for the first six months of his life, we were in and out of the hospital and we actually had a meningitis test done because we was breathing so hard his chest was going all the way in and expanding out really fast. So we’re thinking that has a lot to do with his lungs. And the insulation and our plugs are still clogged, so that’s kind of a concern [laughs].

Even for participants who did not report any current issues of insect and rodent infestation or other cleanliness issues, memories of past residences that had major issues was common, and several participants mentioned how landlords were not always willing to take action to improve living situations. One mother, remembering the reason why they had recently moved to a new apartment complex, explained:

At the place we lived at before we moved here, the people downstairs had an infestation of roaches. They just sprayed around downstairs and they all came upstairs and we just had to leave because they wouldn’t even do anything. They said that pretty much we had to take care of it, but sometimes you can’t really do anything about it. And I had never killed a roach in my life so it was pretty disgusting. It is hard to keep food...we had to throw a lot of stuff out because they would get in there. (Single woman, 30, one child)

Transportation and Location of Housing

Fourteen (70%, 14/20) participants used public transportation (i.e. bus, trolley) as their primary form of transportation to get around town and shop for groceries. Eleven (37%, 11/30) participants owned
their own vehicle, and four (13%, 4/30) reported that they could easily borrow a car or get a ride from a relative or friend. Only one participant (3%, 1/30), an older man living alone, used his bike as his main way to travel around town (Table 4.6).

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<th>Table 4.6. Primary Form of Transportation</th>
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<td>Mothers/Grandmothers (n=20)</td>
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<td>Car, owned by participant</td>
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<td>Car, easily able to borrow or get rides</td>
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<td>Uses public transportation (bus, trolley)</td>
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Limited access to private transportation played a significant role in shaping how participants strategized shopping for food, the stress of transporting food, as well as the amount of time they spent getting around town. For example, a few individuals who worked and relied on public transportation spent a significant amount of time commuting to work on the bus.

Participants relying on public transportation or walking to and from grocery stores discussed that one aspect of shopping that was difficult was carrying groceries home.

For families with young children, having children accompany the mother or grandmother further added to the stress of getting to and from the store, and limited how much could be carried home.

_The only thing that makes it difficult to me is the transportation, getting back and forth from the grocery store to home. That’s a challenge [laughs], cause I have me, four kids and the groceries sometimes, unless I wait till they are in school to shop...but yeah, that is a challenge. Because I have to sometimes load it up on the stroller. You know how single moms have to do._ (Single woman 31, four children)

Having to shop specifically for lighter items at the store to make carrying groceries home easier was seldom discussed, although it was mentioned by staff at the pantry and a few participants as greatly influencing the shopping experience. One grandmother caregiver, 53, who had been caring for her two grandchildren for seven years reflected on her experiences when her children, and later grandchildren,
were younger. She described how stressful getting groceries home was, as well as how she would strategize which items to purchase based on how much they weighed.

_If I walk to the store I know I won’t be able to get as much, enough, because I have that long route to walk, so I have to think to get something lighter. And if my grandkids come with me I have to carry everybody. I did that for years, walking to the store and walking back with my grandbabies trying to carry one and trying to carry some groceries, and that really is just hard. It breaks you down._

Explaining how using public transportation was a limitation and may even lead to two trips to the store in a day, one single grandmother, 52, caring for seven of her grandchildren explained:

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In contrast, carrying groceries home walking or on public transportation was not perceived as a significant challenge for some participants. One mother explained that her kids helped her carry everything and it was not an issue. It is also important to note that several participants stated that it was not too difficult to transport foods because they could only afford to purchase small quantities of food at a time. This was particularly true of smaller household, as well as households that did not receive large amounts of SNAP benefits. For example, one woman, 62, living alone would walk about two and a half blocks to the nearest grocery store and “take my little cart when I go down there…The money limits how much goes in the cart, so it’s never a problem.”

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Individuals who had access to a car seemed to have less stressful experiences transporting groceries. For those who were able to borrow a car or had their own car, they felt fortunate, and a few emphasized that they could not imagine how they would manage without a car. However, owning a car did not mean the issue of transportation was stress-free. Although individuals with cars benefitted from being able to transport groceries easier, several were stressed about making car payments and paying for gas. For example, one of the women, 34, who had recently lost her job explained how she was almost done paying off her car loan. She was paying $400/month, and said “if I could just get there though.”

She went on to say, “have you seen the price of gas? I mean, how do people—I mean you need a car to
When individuals with cars were low on food, one strategy was to keep less gas in the car, although this added to the stress of possibly running out of gas, as reported by one participant.

Neighborhood safety and proximity to grocery stores, often discussed in the context of transportation, were also discussed by some participants. A few participants without access to cars stated how they would occasionally shop at nearby convenience stores for food at times rather than going to grocery stores. They recognized that prices at convenience stores were more expensive, but more convenient, especially when very hungry. In contrast, other participants, notably one who owned a car, mentioned he would never shop for food at a convenience store:

*Even at the convenience stores they take EBTs, but I wouldn’t go there because I think you lose more when you shop there. I wouldn’t dare go there. That’s why I go to the grocery store. I can’t shop at no convenience store. The prices are double. What do you get? I mean, it’s a convenience store.* (Married man, 66, has a car)

The location of a participant’s home in proximity to stores and public transportation routes also affected how much one had to pay for public transportation which made a big difference. Only one participant mentioned using the trolley rather than the bus, which was perceived as a great benefit because it was less expensive.

*Usually if I go to Wal-Mart I can just jump on the trolley and pay 50 cents to get there and back. Because most of the time we only have one bus pass [for husband that works]. I have to walk eight blocks to Central Avenue from where I live, right now to catch the trolley. But where I’m moving to its only like three blocks to William’s Park, so it’ll be a better location for us when we move. As long as the bus money’s there, I can go anywhere! [laughs].* (Married woman, 28, one child)

Although some participants lived further away from their preferred grocery store than they would have liked, none reported having to travel far to get to a grocery store. Sometimes participants would shop at stores they perceived to be more expensive for the convenience, whereas others would travel further to stores they perceived to be cheaper.

*Not by where I live, like I have to travel across town to get close to the Wal-Mart. There’s a Publix close by. There’s actually two not far apart. But like I said, I’ll go to Publix occasionally to do the meat, but I just can’t do it because they’re all so much more expensive compared to...*
Wal-Mart. My mom thinks it’s crazy that I will drive the extra to Wal-Mart. [Publix] has sales, but even when they do 99 percent of the time Wal-Mart is still cheaper. I don’t care. I’ll still do that extra work, just to make sure. (Single mother, 34, two children)

Shopping in a variety of stores for good deals was discussed as being ideal for stretching food dollars (further discussed below); however, a few participants who relied on public transportation reported being limited in shopping around for deals because the cost of transportation on a limited budget was prohibitive:

I always like to look in the paper before I get [food] and find out where the best spot is to get what where. I’ll just write it all down [and] go to the different places. It just depends on what type of funds I have that month. Like if I have the bus pass to be able to go to all the different places, or if I just got one day’s [pass] to get all of it done. (Married woman, 28, one child)

There was a mixture of perceptions of the transportation system in St Petersburg and how easy it is to get around town. For example, one woman felt the transportation was wonderful in St Petersburg, comparing it to another city in Florida. In contrast, one woman from New England had negative views of the bus system. Views of the transportation system seemed to be heavily influenced by previous experiences and places where participants had lived.

Transportation is probably the hardest. In New Hampshire we have one bus that takes you everywhere, and here you have to take a bus here and there. It’s just being in Florida, its bigger than New Hampshire, so I can understand it. Because if I had better transportation then I probably could have made it [to Daystar Life] earlier and gotten what I needed….I don’t have the money for the bus. It ends up being a lot. I know it is only two dollars, but its two dollars here and two dollars back. (Woman living with boyfriend, 25, one child)

Discussion

In the above sections, I have presented various aspects of the lives of participants including housing and home environment, transportation, and cooking facilities available to food pantry users. Many other costs and challenges that influenced the availability of food dollars were discussed during interviews that should not be overlooked. Some of these included the need for diapers, hygiene items, paper items (e.g. toilet paper), cleaning supplies, laundry-related costs, medicine and medical care, and cellular phones.
Housing and transportation-related costs and conditions can impact a household’s budget, reducing the amount of money available to spend on food. Additionally, certain issues relating to housing, such as cleanliness in households and safety of neighborhoods, effects the overall sense of wellbeing of participants and can also play a role in influencing food-seeking and food preparation behaviors (Dachner and Tarasuk 2002). For this reason, complex issues such as poverty and food insecurity must be approached from a holistic perspective, a fundamental principal of anthropology (Korkmaz Yaylagul and Seedsman 2012).

Housing costs took up a very large amount of monthly income for those not on public or subsidized housing. The type of dwelling that households lived in and various aspects of housing conditions greatly affected hunger and food insecurity experiences in various ways, including directly through the ability to store, cook, and prepare foods, as well as less directly such as needing to spend more on utility bills because of inefficient wiring and air-conditioning. In St. Petersburg, as in many other cities across the country, there is a lack of affordable housing. Generally, housing expenditures totaling more than 30 percent of a household’s income indicate a lack of housing affordability issue or “rent burden,” and the household will likely have a hard time paying for other necessities such as clothing, transportation, and food (Oh 1995; U.S. Department of Housing and Urban Development n.d.). The U.S. Department of Housing and Urban Development (n.d.) reports that a family with one full-time worker earning minimum wage is unable to afford rent for a two-bedroom apartment for fair-market rent anywhere throughout the country without rent burden, and a 2013 report by the Pinellas County’s Department of Health and Community Services indicates that a person earning minimum wage in Florida would need to work 97 hours a week to afford (without rent burden) such a rental (Warren 2013). While subsidized housing was greatly needed for many participants, in 2013 the Pinellas County Housing Authority had 9,000 applicants on a waiting list for Section 8 housing vouchers, meaning applicants must wait months or years to obtain a housing voucher (Warren 2013).
Another important issue regarding housing-related costs was high utility bills. Many clients at Daystar Life come to find financial support for paying high bills. Sometimes these high bills, such as a high electricity bill during the hottest months of the year, are temporary. However, many clients, often living in poor housing conditions, should be encouraged to look into using free energy efficiency inspections in the community or be counseled on how to talk with their landlords about housing inefficiencies or problems if they are renting (during my time volunteering, several clients expressed concern about how to approach landlords to discuss housing issues). Food pantry staff and volunteers may also be able to provide clients suggestions on how to lower utility bills when appropriate. However, staff and volunteers must also be sensitive to the fact that many suggestions for lowering bills provided by power companies are unfeasible in low-income households (e.g. purchasing and installing expensive high-performance windows).

Transportation is another major issue for food pantry users, and cost of transportation can reduce food budgets. The public bus system in St. Petersburg costs $2 for a one-way fare, and an individual may spend $120/month, 13 percent of their income on bus fares if they are living at 100 percent of the federal poverty level (Warren 2013). Although most participants did not perceive to have to travel far to get to grocery stores, St. Petersburg does have geographic areas where residents have to travel more than one mile to a supermarket or large grocery store (Warren 2013). These food deserts, defined as areas with insufficient quality or quantity of healthy food and where food is sold at higher prices, are a major issue in low-income neighborhoods (Bitler and Haider 2011) and can create challenges for limited food budgets.

FOOD INSECURITY EXPERIENCES

Cyclical Nature of Food Insecurity and Related Anxieties

All participants using emergency food assistance at Daystar Life, in some form or another, had experienced food insecurity, although to varying degrees (U.S. Department of Agriculture 2014a).
large percentage of participants had been to food pantries before (97%, 29/30), although a few of the participants were visiting for the first time in many years. Several participants were getting emergency food assistance for the first time in their life. Although the purpose of this study was not to assess the severity of food insecurity as defined by the USDA and there is insufficient quantitative data to assess objective measures of food insecurity, all participants expressed anxiety over having access to adequate food, even if their diet was not actually affected by limited access to food (“marginal food security”). However, only a few participants (7%, 2/30) perceived that their diet had not been affected. These individuals reported using food pantries prior to making sacrifices to their diet (no significant decrease in quality, variety, and quantity of their food). Nearly all of the participants came for food assistance after realizing they were running low on food, or they had run out of food entirely, with the exception of these two participants who were very proactive about ensuring they had enough quality food (as perceived by them) in the house and were able to avoid notable changes in diet prior to coming to get food. The remaining households (93%, 28/30) had at least one member of their household that experienced a reduction in the quantity, quality, or desirability of their diet (“low food security”), or reduced actual food intake due to lack of resources for food (“very low food security”) (U.S. Department of Agriculture 2014a).

Food insecurity and the related anxieties linked with securing food were usually experienced in a cyclical fashion, meaning that access to food and the stress of getting food varied over time. For the large majority, the last week or two of the month (especially for those who received SNAP benefits toward the beginning of every month) meant running very low on food or running out of food. For others who were able to feed their household throughout the majority of the month, the last few days of the month were spent worrying about what to eat.

*The only time I have a freezer full of food is around the 8th when I get food stamps. I have a big family so I’d say two to three weeks before the end of the month [we run low on food].* (Married woman, 26, four children)
By the end of the month, you're trying to throw things together. You're like “hmm, I’ve got some cans. I’ve got some potatoes. I’ve got a little bit of meat and sauce. OK!” (Married woman, 28, one child)

For participants who had consistent full-time or part-time employment, food security revolved around the weekly or biweekly paycheck, although if the household received a substantial amount in SNAP benefits, the large majority of the paycheck was rarely spent on food because paying rent, utilities, and other expenses was top priority. Additionally, since many of those who had employment were not always offered the opportunity to work at least 40 hours, paychecks varied depending on the availability of work, meaning a cyclical change in ability to purchase food. One mother spoke of the varying access to food when she was employed and receiving some SNAP benefits:

I would come up with a strategy to try to spend as much food at the beginning of the month because I received them [SNAP benefits] at the beginning of the month, but also try to save some for the end of the month because I know that’s a hard time for food to last for a whole month. But they [the children] tend to eat a lot and it won’t be enough. (Single mother, 28, four children, waiting for enrollment in Florida SNAP)

The food pantry staff discussed yet another pattern in food insecurity and food pantry usage from year to year. The months following tax season (usually February-May) tend to be slower at the food pantry, as more households are able to pay rent and bills, and make food last throughout the month living off the money they receive from tax credits, especially the Earned Income Tax Credit (EITC) discussed previously. A recent study by Rehkopf et al. (2014) found that there are short-term impacts on health that result when households receive the EITC tax credit, including improved food security. However, even though tax credits helped during these months, the stress of knowing that the money would run out was constantly present, especially for mothers looking for employment.

One woman, 67, who only came to the food pantry as a result of her social security retirement benefits being cut by accident which “threw her for a loop” expressed the view that many low-income individuals do not know how to properly budget:

Most of the poor don’t know how to manage wisely and don’t have a good idea of a healthy diet. Some like to eat good at the beginning of the month, but they starve at the end of the month. I want to be able to eat well the whole month!
Other participants recognized a tendency to want to eat more expensive, desirable, or “fancier” foods at the beginning of the month (often defined as fresh foods and more expensive cuts of meat). However, the majority of participants shared the view that it was inevitable that their food budget was going to run low or run out before receiving more benefits or their next paycheck, regardless of what was eaten at the beginning of the month.

In many ways, the cyclical nature of food insecurity made experiences more difficult or upsetting. The end of the month or when the household experienced money running out was a stressful time. Several participants discussed enjoying better quality foods while food money was available, although they were aware of not being able to splurge too much. For example, one upbeat older man spoke to me about how he and his wife loved to cook and enjoy nice meals at their dining table several times a month, especially toward the beginning of the month, when able to buy more desirable foods such as meats:

“That may be like twice a month, we have a big breakfast. But on a regular day it may be a bagel and a cup of coffee, or a doughnut and coffee, or toast...[showing me a photo of food from his phone] This is on the first of the month, when we can get bacon and eggs, sausage, bacon, eggs and grits. Man, it’s good...That’s why we enjoy it while we got it. And we can eat off of it two or three days. (Married man, 66)

Participants who had earned relatively higher incomes while employed in the past spoke of how drastically their life had changed, and how they could only “dream” of what they would eat in their past. For example, one single man, 76, now on social security retirement spoke of past days dining in fancy restaurants on an expense account from his job. In contrast, about whether he eats at restaurants now, he replied, “I don’t eat out at all. The last time was at a local Greek place, and it was just for a gyro. It was a kind of self-service type of place.”

Emotions were deeply linked with food, and these emotions would fluctuate depending on what food was available in the house. This was especially noted by caregivers to children:

“I always, always make sure I have a ton of Ramen noodles. So if something we get from a shelter is bad, we have our ramen noodles. We had two big packs of chicken wings from this one shelter, and our plan was to fry them, and the dip and everything. I open both of them, and they are rotten as could be. Like, “I guess it is Ramen noodles, again.” My grandson is like “what! You said we could have chicken!” I am like, “Aw, honey, I am sorry”. But he is getting to where he is understanding more. (Married grandmother, 56, caring for grandson)
One single grandmother, 53, caring for her two grandchildren while on disability benefits spoke about her household food situation, recognizing the difficulty in moving from “fancy” foods to everyday foods and spoke of avoiding indulging in food even when it was available:

Most of the time people will invite us over to their house [for holidays] and I try to cook something. Even then, I don’t feel like eating because I am not used to it. And they say, “Well, eat.” But I just don’t want to eat because I don’t want to get used to that food. I want to stay use to the way I am living now. And then people look at us strange because we will just get a little tiny bit and then we will leave.

When I went on to ask her why they would only eat a little bit, she replied:

It will kind of make it worse because you will get the kids wanting it, and I can’t afford to get that for them. I can’t afford to get what other people get with jobs and stuff. I try to get them used to the life they are living, so they won’t expect much else.

DISCUSSION

The severity of food insecurity can fluctuate over time for many reasons. However, when looking at the cyclical nature of food insecurity in the United States for low-income households relying on government benefits, anti-hunger programs, and emergency food assistance, it is evident that it is largely a result of political and economic forces rather than real fluctuations in the availability of food (Anderson 2013; Bread for the World n.d.). The United States supplies enough food to feed the entire country, and there is infrastructure (e.g. roadways) to move the food (Bread for the World n.d.). In the past, communities relying heavily on local food production often experienced fluctuations in access to food resulting from phenomenon such as drought and plagues damaging crops, but in the United States (and globally) this is not an explanation for why a household lacks access to food. Low-income households experience fluctuations in food insecurity and hunger according to policies made by government powers, the global and local economy, and various other macro-level factors that increase income inequality (Anderson 2013). Again, referencing the cut in SNAP benefits in November 2013, SNAP households running out of food before the end of the month provided one of the most evident examples of how political economy often guides fluctuations. This cut was a result of the American Recovery and
Reinvestment Act of 2009 (ARRA) ending, and deciding to proceed with reducing benefits. Decisions made by the national government impacted how long the increase in SNAP benefits would last, which households would see an increase, and by how much benefits would increase (13.6%) (Dean and Rosenbaum 2013). The cyclical nature of food security for participants is that increases and decreases in food consumption, both in quantity and quality, over varying periods of time can be detrimental to health, such as causing weight gain, or developing chronic disease (Laraia 2013). Many of the participants, even when they made the most of times when they had food money or plenty of food available, were well-aware that they would run out, resulting in constant anxiety that worsened as the month progressed and the household food budget ran out. Thus, the suffering and worry experienced by households every month as seen in the example quotes provided in this section, was a result of the political economy.

**STRATEGIES TO PURCHASE FOOD AND SHOP ON LIMITED BUDGETS**

Various strategies used by participants to ensure that food money lasted throughout the month were related to careful planning about the purchase of food for the household, avoidance of using money on more expensive foods (e.g. going to restaurants) and, more generally, obtaining food (e.g., getting items from food pantries, asking for money, going to soup kitchens).

The vast majority of participants were extremely knowledgeable about prices of food, and how prices varied by store. This helped them to be savvy shoppers and stretch food dollars. Some participants even had exact prices (to the cent) memorized, such as one older woman living alone who went into great detail about prices at varying stores, including how much money could be saved by buying certain items in bulk, and how prices of produce varied throughout the growing seasons. Participants, when not significantly limited by transportation or time restrictions, would shop at different stores for different items after researching the least expensive stores for certain items.

Buying in bulk was mentioned as a strategy to stretch food dollars, especially among larger households. Meats were one of the most frequently mentioned foods that would run out by the end of the
month, and also was one of the most expensive items. Buying meats from a meat house for the entire
month was a common strategy for saving money for larger families:

*Like you buy more in bulk in the beginning of the month, that way it lasts longer. And then
towards the end you just—whatever makes a meal makes a meal. [laughs]* (Woman living with
boyfriend, 26, three children)

*Meat-wise, they got a lot of meat stores here. Sometimes just going and getting a big meat
package works. It just depends on how many people are in your household and all of that. Like,
us, we could get a family size meat package and be good on meat for the rest of the month—
sometimes [laughs].* (Married woman, 28, one child)

Participants living in smaller households worried food would spoil or go to waste, or be difficult
to store when bought in bulk. Also, with households not receiving large amounts in SNAP benefits, there
was simply not enough food dollars available at one time to purchase in bulk, even if participants knew it
would be cost-effective over time. However, one older woman who lived alone was very strategic about
saving money by buying in bulk, in part because she was very knowledgeable about how it should be
stored:

*Wal-Mart has the cheapest grits. You don’t need a whole five pounds, but if you buy in bulk you
save money. You can put the grits in bags and in the refrigerator and it lasts a long time.* (Single
woman living alone, 67)

Several participants mentioned that they relied on Wal-Mart’s matching deals program to shop all
in one place while getting the best deals on food items. Others would look for special sales or deals in
grocery stores.

*I guess I’ve been doing it [using coupons] for a while, ever since Wal-Mart started really price
matching, especially the “buy one get one frees.” I will look at all the flyers and at obviously the
things that we need and I just compare. Then I search my coupons. I’ve kinda learned how the
sales work—every few weeks they rotate, so if something’s not necessarily on sale this week, but I
know it’s coming, I’ll hold off on buying it.* (Single woman, 34, two children)

Another strategy used in stores to buy food and cheaper prices included buying generic brands.
Some viewed generic brand food as less desirable, but others felt generic tasted the same. One mother
even mentioned that she preferred generic brands for some food items.

*Off-brand of course. I go to Wal-Mart and Great Value is pretty good. It’s probably like 10 cents
off from the real name brand one, and the juice is better, so that’s what I try to do.* (Single
woman, 26, four children)
If you shop smart—don’t go out and buy the brand name of anything. I mean, sometimes the generic form doesn’t taste bad. (Married woman, 28, one child)

Coupons were used by some participants to help save money when purchasing foods. However, other participants mentioned limitations or reasons why they did not use coupons, such as not remembering coupons or forgetting to look for them, coupons only being for brand name items (which are still more expensive after coupons are applied), or not knowing how to use them effectively.

I will stand in the aisle with the coupons in my hand, talking away to the cashier and never give her the coupons. It happens every time—I gave up on it. My daughters, they do coupons, and they save a lot with it, but I’m just not focused enough. (Single woman, 62, living alone)

One grandmother mentioned how extremely limited budgets make it difficult to use coupons:

I used to [use coupons], when I could buy actual amounts of groceries, but now it is like buying a meal, or I can’t afford the brand that the coupon is. I would do couponing on Sunday afternoons. I would, but I can’t afford what is on the coupons right now. I can’t afford the newspaper either. $1.50, I can’t even do that. (Married woman, 56, caring for grandson)

Several women mentioned that they were interested in learning how to search for coupons and get the most out of them, recognizing that it could potentially save them money.

You know, I would love to [use coupons more]. I was watching a program yesterday on coupons and how this young lady could—I mean, $500 worth of groceries she’ll get it for $50-something. I say, how in the world? I would love to learn how to do that. But I’m not too much on coupons. (Single woman, 75, living with adult grandson)

Canned items and Ramen noodles and other pastas were bought to “stock up on food” in preparation for times when food and resources would run low. This was normally a strategy used at the beginning of the month such as when SNAP benefits or other government benefits were disbursed, with thought for the end of the month. The majority of participants viewed canned items as less desirable than fresh foods and frozen foods, but canned items are oftentimes less expensive than fresh and frozen items.

[If I had more money to buy food] I’d stock up on canned goods because if nothing else, open up a can of green beans and eat. I’ve done that before, when I was pregnant… (Married woman, 28, one child)

Caregivers of children discussed purposefully strategizing to grocery shop while children were at school because children tended to add their favorite food items, especially snacks, to the shopping cart, or beg for certain items to be purchased. Not only did shopping without children help keep the total grocery
cost lower, but it was also mentioned to be heartbreaking to have to tell children that they could not have certain foods.

_Sometimes the store is unorganized and shopping with children can be hard because they want everything that they see, so that’s the only thing I dislike about shopping, because they’ll tend to throw some stuff I don’t even know that it’s in the cart and it hurts me when I get up there and I can’t give it to them, even though I can’t explain it to them. But they’re like “you have it, you have it!” and I’m like “no, this is more important.”_ (Single woman, 28, four children)

**Avoiding Restaurants**

Another way to stretch food dollars was to avoid eating at restaurants. Eating out in restaurants was typically rare (usually a couple times a month) among study participants, although a few mothers did mention doing it on a weekly basis.

*Fast food is the only time we can eat out, and we try to do it a lot. Like get coupons for McDonalds, coupons. You know, you can get a meal or something free—it’s like ‘hey!’ But as far as me spending money, no. Unless it is something I can buy from the dollar menu or, you know, for the kids._ (Single woman, 32, six children)

Fast food restaurants such as McDonald’s and Taco Bell were the most frequently mentioned restaurants where participants would go when they did eat at restaurants, and several of the mothers mentioned only going to fast food restaurants on certain days, or only buying from the dollar menus. The most common reason for not eating out was that it was too expensive.

*We don’t eat out unless we don’t have food to cook ourselves. Dollar menus. Once or twice a month. From experience—my oldest finished 8 tacos in one day._ (Married woman, 23, two children)

*If we can afford it [to eat out] after paying rent and buying diapers and all that stuff, then maybe we’ll go eat at a dollar menu, somewhere like McDonalds of wherever. Because her absolute favorite is Burger King’s chicken nuggets. That’s maybe once or twice a month._ (Married woman, 28, one child)

The majority of participants described the inability to eat out in a way that implied they were being denied a luxury, although a few participants, all older adults, emphasized they preferred eating at home. These participants noted that in addition to saving money, they felt foods prepared at home were healthier, or that they preferred their own cooking.
[I] can’t afford [eating out] [laughs]. Once in a while fast food, you get something from McDonalds or one of those fast food places. But not often... I’ll tell you, to me it tastes better to eat at home. I enjoy it more. (Single woman, 75, living with adult grandson)

I bake. Sometimes I get a boxed cake [mix] and bake, you know, versus getting a box of doughnuts. It’s $1.67… Buying a box of Krispy Kreme doughnuts—I don’t do it anymore. I get a box of cake [mix]. I’ll tell you-Duncan Hines cake, get the icing, I just bake one. That’s the best part. (Wife of 66-year-old man)

Getting Food from Food Pantries

Going to food pantries was yet another strategy to ensure food was available for the household and a strategy to stretch food dollars. Many viewed going to the food pantry as a strategy for getting food when there were few options left for stretching dollars in stores; however, this was not always the case as a few participants would use food pantries prior to running low on food. Visits to the food pantries helped secure food for the household, even if the amount provided would only last for a few days.

Everything [from food pantries] is helpful because I can make a meal out of everything, because I always stock a cabinet of cans, and I always have rice, so whatever I get—I’m gonna make a meal. (Single woman, 32, six children)

If we didn’t have the opportunity to come here and all these other places were not available to us, I guess I could just boil some rice and add a little butter to it and ketchup and I would manage to fill up. It’s not terribly nutritious, but if you’re concerned about nutrition, then you need the proper food to be able to get it. (Single man, 76, temporarily caring for adult son)

Relying on Friends and Family for Food or Food Money

Other strategies to stretch food dollars were to get food from friends or relatives or eat at their home, although this was only mentioned by a small number of participants, most who had relatives and close friends living close. For example, one older woman living alone mentioned how she relied on friends from her church:

I’ll get something [food] from members at my church and things like that. We try to help each other when we get low on certain things.... Usually it’s the ones you’re closer to. They know your problems and you know their problems and you offer and they offer and you can go to each other, things like that. (Single woman, 75, living with adult grandson)
A greater number of participants (33%, 10/30) mentioned eating with family at holidays and sharing the cost of food for such meals.

**Soup Kitchens and Panhandling: Strategies for the Most Food Insecure**

For participants with extremely limited budgets, living out of motels, or very ill, another strategy for securing food for the house was to go to soup kitchens or other locations where prepared, free meals were served. One mother, 25, living with her boyfriend and daughter in a motel told her experience with a soup kitchen:

> I am a very picker eater, and when I went to the Salvation Army’s soup kitchen last night I was just so hungry I just ate what they had. They had a piece of chicken which is cool, and then they had little corn and peas. I don’t really like vegetables. I like potatoes and that’s all, but I ate it all because I was just hungry.

Going to soup kitchens for meals was one of the last resorts for food insecure households. Although participants did not discuss perceptions of eating at soup kitchens specifically, the fact that only a few of the participants with the most limited resources utilized this strategy indicates that there may be stigma about going to soup kitchens.

The same mother who discussed going to soup kitchens also mentioned asking for money or food (panhandling) on the street as a way to get food:

> I live in a motel, so I have asked people there if they have anything they can give. I went to the gas station across the street and asked for a couple dollars so that I can give her something [daughter], I take one bite, but I need something for me as well. I have asked people. I have gone to pantries.

It is unknown if more of the individuals interviewed panhandled as a way to get money for food, but I suspect that several other participants, currently in dire situations with limited resources, may utilize this strategy for obtaining food.
Other Strategies to Acquire Foods

Other strategies mentioned by only one or two participants included: trading food items (usually to help diversify the diet, but sometimes to exchange undesired foods for preferred foods) and receiving fish from neighbors who would go fishing. None of the participants mentioned currently growing their own food, although one older woman was interested in getting involved with a community garden near her house where she could grow her own fresh vegetables, and one married mother of two living in a house hoped to start growing a garden in her yard.

MANAGING THE FOOD: STRATEGIES TO DEAL WITH LIMITED FOOD WHEN COOKING AND PREPARING FOODS

Participants used various strategies to help ensure that the food they had available in the house lasted throughout the month when it came to preparing foods and eating certain foods. When participants were asked about their strategies, most participants provided several strategies, and some used a combination of many different strategies.

Using Filler Foods: Pasta, Noodles, Starches

The most commonly mentioned strategy to making food last was to eat more filling or “filler” foods such as pasta, instant ramen noodles, rice, and potatoes. Although many participants acknowledged that eating large amounts of these foods was not healthy, this was one of the easiest and least expensive ways to feel satisfied and nearly all caregivers and most of the older adults mentioned this strategy.

Ramen noodles and hot dogs! Because you can buy a package of Ramen noodles and they got 6 of them for a dollar, and hot dogs you can buy for a dollar, so yeah, if I can’t get to an organization to get help with food, that’s what we’ll eat. Good thing she [daughter] likes it. [laughs] (Married woman, 28, one child)

When filler foods were used, this often meant that the quantity of meat was reduced. One mother went on to explain that when she ran very low on food, she would have to cut back significantly on meats and use more rice. Very sadly and embarrassed she told me,
When I was down to my last and didn’t have no money, no nothing, I had to try to—I had to make rice and vegetables for my kids, and that really hurt, because I didn’t have anything...They noticed, but they didn’t say anything. The only thing they said was “Mom, its ok.” (Single mother, 26, three children)

Making Large Dishes

Another strategy, mentioned by both large households as well as smaller households, was making big casseroles and other big dishes such as stews and gravies. Filler foods were often used in this type of cooking strategy (e.g., Hamburger Helper, tuna casseroles) and it was also a strategy to have leftovers for several days. Also, soups and stews were viewed as a good option because different ingredients available in the house could be “thrown in” the mix. However, some caregivers mentioned that it was difficult to keep leftovers with children with big appetites, regardless if they planned for there to be leftovers.

I make big casseroles, soups. Stuff that will go a long ways. And a lot of noodles. I add extra noodles to it because, you know, it is not healthy, but to make it last...You can’t eat healthy when you are broke [laughs]. (Single woman, 56, caring for two grandchildren)

I’ve been stretching whatever I have, like making long gravies with rice or whatever so it won’t run out. (Single woman, 64, caring for grandchild)

Substituting Items/Ingredients or Leaving out Ingredients

When food was running low in the home, substituting frozen or canned ingredients for fresh ingredients was very common, since while shopping many families would stock up on the less expensive “cupboard foods” and canned foods. Frozen foods were more commonly perceived as being second best after fresh foods, having a better taste. Some viewed using canned foods, especially canned meats when no other meat was available, as the least desirable food option.

Another form of substitution was using a different ingredient or food options entirely. Substituting cheaper, oftentimes less healthy and less desirable alternatives, or foods already available in the household was also a strategy (e.g., juice mixes with sugar rather than 100 percent fruit juice, less
desirable cuts of meat, ingredients). One single grandmother, 53, caring for her two grandchildren provided the following example:

*When you want to buy oranges, you can’t buy oranges. You have to go look for the little juices for one dollar, make that stretch, or buy a package of Kool-Aid, and even then, you still be thinking about how long it is gonna last because buying sugar costs three dollars. And one time I used syrup and made Kool-Aid. So, you have to compromise. But it came out good [laughs].*

Several participants mentioned that condiments and spices were expensive or hard to keep in the household. Thus, another strategy was to prepare meals foregoing common or preferred flavoring. However, this sometimes made cooking more difficult and, sadly, meant that the food was not as palatable or enjoyable.

*If I had more condiments in the kitchen. You know, condiments can be expensive! I guess life would be more flavorful. But I am blessed with what I have.* (Single woman living alone, 67)

*Not having the right ingredients [makes cooking difficult]. I don’t have garlic, fresh garlic, fresh rosemary. I don’t have anything fresh and I can’t really even buy what I want not fresh. So, it is like, “ok, I have one thing of adobo,” so [laugh], I am even out of garlic powder. It is terrible.* (Married woman, 56, caring for grandson)

**Using Raw Ingredients**

Only a few participants, all women who did not have full-time employment, specifically mentioned making certain foods from scratch to save money. A few more elaborate and time-consuming examples of preparing foods from scratch included using dry beans rather than canned beans (which in this case canned beans are the more expensive option), or making pasta from scratch.

*I make my own ravioli. My husband swears it takes me six hours. It only takes around an hour—if I remember to roll out my pasta dough first cause it’s a 30 minute setting period for the flour to take the water and egg into it.* (Married woman, 23, two children)

**Skipping Meals, Eating Less, and Filling Up on Water**

A few more strategies among households facing more extreme food insecurity were skipping meals (especially breakfast), eating less, and drinking water to fill up. This was more commonly mentioned by some of the grandmother caregivers and older adults. Also, caregivers, when mentioning
these strategies, often made reference to the fact that they did this to ensure the children in the household had enough food.

*If I have enough food in the house, I have two meals a day. That’s it. I don’t do lunch. Sometimes I just have one meal. [I don’t get hungry] because I learned how to drink water. If you’re hungry and drink a couple glasses of water, that’ll kill the stuff that’s hungry in your stomach, but in the next three hours or so it’ll come back, but you just go get yourself another glass of water until dinner, and then you go eat...* (Single woman, 72, living alone)

*Well, [recently] I need to cut down on the amount of meals. So instead of having three meals I cut down to two and it stretches out a little bit.* (Single woman, 64, caring for one grandchild)

*Sometimes we end up eating noodles for a week. And sometimes I don’t eat so I can feed them [grandchildren]. And I will skip lunch and I won’t eat—I will just drink water from out the faucet to try to keep full as long as they can have a bite to eat.* (Single grandmother, 53, caring for two grandchildren)

**Other Strategies for Households with Children**

Other examples of strategies that were only mentioned by a few individuals were allowing kids to eat while at their friend’s house, or making sure that children ate while at school. Also, although not discussed as a strategy, all households with school-aged children were eligible for the National School Breakfast/Lunch Program. Although not all children used this program (one grandmother stated how long lines meant her grandson could not usually get food), some of the caregivers discussed how this program helped ensure more food was available in the house, since children were provided food during the school days. One single mother, 28, living with her four children in a motel specifically spoke about the benefit of the school free lunch program and the benefit of automatic eligibility to the program at a time when she had no SNAP benefits and no other money for food.

*They actually offer free lunch for all the children there [school], so that was a good thing, because I still haven’t been approved for the food stamps and I don’t know if that’s what they’d have to go through in order to be approved for the kids. And they love it [free lunch at school].*

Certain schools in Pinellas County that have at least 40 percent of their students eligible for the school lunch program are labeled Community Eligibility Option schools. Students enrolled in these schools are not required to formally apply to the program (FRAC n.d.-a). As explained in the above quote, this
relatively new program can protect against more severe food insecurity circumstances, particularly when a family has recently relocated and lacks food: children in these situations do not have to wait to receive free lunch.

**Discussion**

Coping with food insecurity is a necessity, because biologically individuals need food to survive, and there are also cultural needs related to food (Hadley and Crooks 2012). Coping strategies to deal with food insecurity must be considered within the context of life circumstances as well as the sociocultural and political economic contexts. When coping strategies are employed to deal with food insecurity, tradeoffs are made, often reducing the nutritional value of foods consumed. Considering the consequences of coping with food insecurity, anthropologists (Hadley and Crooks 2012) describe two types of coping: both food-based and nonfood based coping strategies. The majority of the coping strategies outlined in this section are food-based, dealing with acquiring foods and managing foods, also referred to as “food acquisition” and “supply management” (Hoisington et al. 2002; Campbell & Desjardins 1989). Examples of other types of strategies not directly food-related may deal with management of resources, such as moving in with extended family members to be able to afford more food (Hoisington et al. 2002). These types of coping strategies were not addressed in this study, but warrant research in the future.

Coping with food insecurity not only affects nutritional status, but also mental and physical health (Hadley and Crooks 2012). Some of the coping strategies employed by participants to stretch food were extremely creative and showed planning and cooking skills. However, as noted in other studies with food pantry users, coping strategies to stretch meals did not usually prevent participants from encountering hunger, and many options were less healthy (e.g., eating ramen noodles for a week vs. eating a well-balanced meal) (Hoisington et al. 2002). Coping strategies led to various perceived deficiencies in diets, and an increase in less desirable meals. Fresh foods and meat were two of the food items that participants least desired to give up, and the absence of meat from meals seemed to be emotionally painful for some
participants as they described meals without meat. Fresh meat, especially seafood and steak, as well as other fresh foods were considered prestige items for the large majority of participants. These items were explained to be more expensive than alternative options. Additionally, there was some discussion of more prestigious cuts of meat, such as chicken breast or steak.

Many of the coping strategies mentioned in interviews reflect common coping strategies identified in the literature, even those used globally under very different circumstances. For example, Maxwell et al. (2008) analyzed coping strategies used in sub-Saharan Africa to deal with food insecurity, finding many common behaviors across situations, despite other behaviors being context-specific. Responses that were common across sub-Saharan Africa included: limiting meal size, reducing the number of meals, and eating less of preferred foods. More severe cases of food insecurity led to more severe strategies such as borrowing from other households, hunting wild game, and sending family members away from the household. The last resorts for coping with food insecurity tended to be skipping whole days of food, and begging for food (Maxwell et al. 2008). Interestingly, in this very different context of food pantry users in St. Petersburg, similar coping strategies emerged, and more severe ways of coping occurred in a seemingly similar order (e.g. begging seemed to be the least culturally acceptable). While this study did not specifically ask about participants’ sequence of coping strategies employed, the circumstances and severity of food insecurity of individuals and the coping strategies they used was evident. For example, one of the grandmother caretakers with extremely limited resources compared to other participants mentioned skipping entire meals, not merely reducing food intake. Begging for food, which is commonly one of the least desirable and culturally-appropriate ways to deal with food insecurity, was only mentioned by one or two participants with very limited resources.

In the United States, additional coping strategies have been identified and were also used by many in this study. Such coping strategies include: bargain shopping for food, cooking at home more often, and gardening (which in this study was only mentioned by a few participants as a potential strategy) (Carney, 2012). Also, in developed countries like the United States, there are larger government anti-hunger safety
net programs in addition to private food assistance, which differs from many developing countries, and seeking assistance is a coping strategy to avoid hunger (Paynter et al. 2011).

Ethnography can show how individuals experience food insecurity differently and strategize coping differently. In this study, one example of differing reactions to food insecurity was seen in two of the single men over 60. One of the older men had lived a significant amount of his life on the streets. He made comments about eating to survive, and that he easily would give up more desirable food because it was something he “had to do.” In stark contrast, the other older man discussed the joy of food, and how he preferred to go to the food pantry before he ran low on food he enjoyed rather than cutting out those foods. These different reactions to food insecurity indicate the importance of understanding life circumstances of individuals when considering the coping strategies they employ.

Lastly, coping strategies also varied by other individual factors. For example, one of the main coping strategies was to avoid eating out at restaurants and thus, to cook more at home. However, limited knowledge on how to cook limited about a quarter of participants. This indicates the potential for programs to offer cooking classes; however, it is important to note that more than half of participants felt they were quite skillful with cooking, and thus would not perceive the need for cooking instruction.

HEALTH, WELLBEING, AND THEIR RELATIONSHIP TO FOOD INSECURITY

Health Status of Participants

During interviews, participants were asked to self-rate (on an ordinal scale from “very poor” to “excellent”) their health status, the health status of other members in their household, and to identify any major health issues (see Table 4.7). Fifty-three percent of participants ranked their health as “good” or “excellent.” Looking at subgroups, a higher percentage of older adults evaluated their health as “poor” or “very poor” (30%) compared to mothers/grandmothers under 60 (10%). Only 25 percent of partners (spouse, boyfriends) living in the household were reported to have a “good” health status. Children under
18 years of age living in the household were perceived to have better health than adults, all of the children having “good” or “excellent” health.

Unfortunately, no data are available on how participants perceived the mental health status and physical health status of household members to differ. It is expected that the majority of participants tended to respond to the question about “overall health status” primarily in reference to physical health. For example, one mother who had a child with extremely severe ADHD reported her children having “good” health, despite discussing with me the daily struggles as her caregiver, and the struggles her daughter would face throughout life (e.g. inability to have a job). Despite this limitation on being able to fully capture health status, when considering these data alongside qualitative data from interviews, it appears that physical health is often the first thing that comes to mind when responding to these types of questions, indicating mental health issues may be underreported or discussed less among this population. These data also suggest that, despite many concerns about the health and wellbeing of children in food insecure households, their parents often perceive their children’s health to be “good” or “excellent.”

All of the older adults mentioned having at least one chronic health problem. Many of the health problems mentioned require a modified, healthy diet for proper management, such as diabetes and chronic high blood pressure and cholesterol. The two older adults who reported having very poor health each had very severe conditions: one had Hepatitis B and C and was told to be terminal, and the other was on dialysis for kidney failure. Seventy percent of caregivers under 60 reported having a chronic health problem, and half of the partners had health issues. Some of the health issues mentioned in this group included: asthma, high blood pressure, high cholesterol, various mental health disorders, anemia, and diabetes. Forty-eight percent of households with children had at least one child with a chronic health problem. Health conditions among children that were mentioned by multiple participants included asthma and ADHD.
Table 4.7: Health Status of Participants and Household Members

<table>
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<tr>
<th></th>
<th>Mothers/Grandmothers</th>
<th>Older Adults</th>
<th>Total</th>
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<tr>
<td></td>
<td>% (n)</td>
<td>% (n)</td>
<td>% (n)</td>
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<tr>
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<td>Good</td>
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<tr>
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<td>30 (9/30)</td>
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<tr>
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<td>10 (1/10)</td>
<td>7 (2/30)</td>
</tr>
<tr>
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<td>20 (2/10)</td>
<td>10 (3/30)</td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
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<td>0 (0/1)</td>
<td>0 (0/8)</td>
</tr>
<tr>
<td>Good</td>
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<td>100 (1/1)</td>
<td>25 (2/8)</td>
</tr>
<tr>
<td>Fair</td>
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<tr>
<td>Poor</td>
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<tr>
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</tr>
<tr>
<td>Fair</td>
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<td>0 (0/1)</td>
<td>48 (10/21)</td>
</tr>
</tbody>
</table>

*Participants were asked if members in their household had any health problems or health issues. Any chronic health problem/issue (e.g., asthma, mental health problems, chronic high blood pressure) mentioned were categorized as the household member having a health problem.

PERCEPTIONS ON RELATIONSHIPS BETWEEN HEALTH PROBLEMS AND FOOD INSECURITY

Various health issues and diseases, many of them briefly mentioned above, were mentioned and discussed during interviews within the context of food insecurity experiences. Some of the health issues discussed are highlighted below, alongside several examples provided by participants of how these health issues were linked with food insecurity experiences and limited income.

High Cholesterol, High Blood Pressure, and Diabetes: Diet-Sensitive Health Problems

Many participants mentioned that they had high cholesterol (13%, 4/30) or high blood pressure (33%, 10/30), and five participants (17%, 5/30) had diabetes. As previously indicated, limited food budgets and resources severely limited the ability to consume healthy, well-balanced diets. However,
participants discussed doctors prescribing special diets to manage these health conditions. Special dietary needs varied, but often consisted of avoiding high sodium foods, eating more fruits and vegetables, reducing fat and red meat intake, avoiding processed meats, and eating less carbohydrates. Several participants (13%, 4/30) mentioned the stress of trying to afford healthier food options on a limited food budget in order to properly take care of their health conditions.

“My doctor tells me I’m sick, I need to eat better, and I can’t afford to do it! And these places [food pantries] give you the healthy stuff that you can’t afford to buy at the store. And I feel like I’m in compliance with my doctor when I’m doing that. He said to change my ways. I’m trying to.

(Older woman, living alone)

Two participants (7%, 2/30), although they mentioned having these health conditions, seemed to be so limited in their ability to purchase special diets that they dismissed the idea that they need to significantly change their diets for health management. During interviews, some participants with diabetes, high cholesterol, and high blood pressure never discussed any changes or considerations that they made when preparing foods for the household as it related to their health. This was particularly true for one grandmother caring for her grandson. Although she had diabetes, high blood pressure, and high cholesterol, she seemed more concerned about feeding her grandson than changing her diet for health reasons. Additionally, she would skip meals often. She seemed complacent with not eating healthier, in part because she admitted enjoying some “less healthy foods”, but also discussing how she had to stretch foods by adding rice and other foods she should avoid. However, she also mentioned that if she had more money she would buy more fruit. Discussing her health she explained,

“Well, if I listen to the doctor there’s a whole lot—I really can’t eat anything. But I try to cut back on sweets and soda pops and also the white foods I’m supposed to cut back on like rice, bread, and grits.

Participants did not specifically discuss their own diet-sensitive health conditions as occurring as a result of poor nutrition, with the exception of one young mother who felt she developed diabetes after eating poorly for many years. Otherwise, these diseases were discussed more in terms of how to maintain health.
Well, I actually am not sure how I got diabetes, but I can tell a huge difference in what I ate before and after. Before, I was not healthy at all. I was like a junk food junkie. And now I eat a lot healthier. I try to get a bit of everything from the pyramid [food]. have some every day. I feel like it’s hard though cause—it’s hard going from pantry to pantry and some of the pantries aren’t open.

This young diabetic mother felt “it [the stress in her life] fluctuates my sugar a lot.” She went on to explain one of her strategies for controlling her sugar levels when she did not have money for food:

If my sugar is really low and I don’t have anything, I will go ask for a dollar and they have dollar sodas here. And like I said, I am not really supposed to drink sodas. But I found that it will bring the sugar up and I will get Sundrop, the 99 cent Sundrop, a 2 liter. (Mother living with boyfriend in motel, 25, one child)

When discussing how diet and primarily frying foods affected the health of her household, one mother recognized that poor diet can result in health problems, but she did not believe it was affecting her children’s health or her own health currently:

I mean, it could affect my health, but I am healthy. I don’t have any high blood pressure or high cholesterol, so I know one day, I am getting older, so I know it could affect my health, but it is what I grew up on. And I know I need to change that for my kids too, what they are used to eating. I know I need to change the way I eat, but [laughs]...

This suggests that even though knowledge about healthy foods is present, family traditions and food preferences make it difficult to change dietary behavior, in addition to the high cost of healthier foods.

**Depression, Anxiety, and other Mental Health Issues**

Several participants (10%, 3/30) were on disability for mental health disorders, and since they could not work as a result of their mental illness, this greatly affected household income and subsequently food security. Others (7%, 2/30) struggled with mental health issues without receiving disability, but ultimately their mental health affected their food insecurity experiences.

Depression was mentioned by three participants and described by one man, 76, as when “even simple things become a horrible chore, an obstacle.” One single mother, 34, with two children who had recently lost her job explained how depression can affect one’s ability to prepare foods for the household, especially more time-consuming meals that may be more nutritious:
It’s just like some sort of depressive mood that you just don’t want to go [cook]. You know they’ve gotta eat, but you’re not really mentally up for it because you just have so much else on your mind, like getting a job and all that. They kind of just get little basic stuff [hot dogs, macaroni and cheese], and they seem content with that. I mean, I know it’s not completely healthy for them. They should have their stuff.

Three participants (10%, 3/30) had been dealing with bipolar disorder (formerly called “manic depression” and thus referred to by two of the three participants) for most of their life. Bipolar disorder was described by these participants as affecting food insecurity in several ways. In addition to going through depressed periods where day-to-day tasks were difficult to accomplish (e.g., cooking, shopping), mania resulted in “shopping sprees” where money that could be better spent on food or other necessities was spent. One single woman, 62, with bipolar disorder explained that after her bills from her disability benefits were paid (by secure benefits), any “left over” money disbursed directly to her was meant for her food budget. However, during manic episodes, sometimes this money was spent recklessly on non-food items:

_The thing I have to be careful of is I can become manic. I can spend $200 on Avon. I can go in the store and buy everything I see. Candy, just like this [indicating she bought it in handfuls]. Everything seems to be calling to me and I have to be careful in those times because then I don’t have any food to eat and I’ve got all this crap._

One man, 76, with bipolar disorder spoke of how the disorder changed his whole life trajectory thirty-some years ago, as he once had a well-paying job and savings, but recklessly spend the money on poor investment decisions while experiencing manic episodes.

_There are people who take advantage of people in a vulnerable state. That’s what happened to me and I knew right after I did it [made poor investment] I made some mistakes and to get the money returned—for a guy that’s had some formal education I did some stupid things._

He also spoke of how difficult it was for him to adjust to a new lifestyle living off of social security retirement alone, without savings, the result of manic behavior:

_I sometimes fantasize about what my life would be like today …It’s a difficult adjustment. It took me a long time to throw out the ambition and the courage to come to Daystar a couple of years. I was just like “it’s not me, I can’t do that.” They’re all of those unfortunate people. And here I am, one of those unfortunate people myself._
In addition to depression and manic depression, stress and anxiety was yet another mental health issue discussed. Stress and anxiety were the most common mentioned effects on participant’s health that resulted from limited food dollars and limited food in the house. Not only were they discussed in terms of managing other diseases, but in certain cases they were major mental health issues interfering with daily life:

*Stress and anxiety. I suffer from all of it. Every day I get up in the morning and the stress hits. And you don’t want to be stressed out, even when you want to be happy, in the back of your mind you’re thinking “well, what am I going to do, or what is going to happen today, if the lights are going to go off, or the water is going to go off.” You know, it [the stress] comes right back.*

(Single woman, 53, caring for two grandchildren)

One single mother of four, 28, although she had never been diagnosed with an anxiety or panic disorder, described her experiences with severe panic attacks. She was clearly affected by her difficult past and current living condition, which consisted of recently escaping from a domestic violence situation and living in a motel with no income. Her stress and anxiety, at times, gets so bad that she is unable to eat and worried for her children’s wellbeing:

“I tend to have anxiety attacks because I get so stressed, so that’s why I say I’ll try to cover up the stress because it’ll come to the point that I can’t breathe or I’m about to faint or something and I don’t want that to happened around my children. I’m trying to cope with my stress and my breathing...I haven’t really gotten help for it, because it’s something I try to control myself, but I know since I’ve been here I need to go find something because it done been a time that I couldn’t even eat because I had a really bad panic attack.

**Overweight/Obesity**

Many caretakers of children (19%, 4/21) discussed how it was difficult to deal with picky eaters and to serve foods that were appealing but also nutritious for children. One married mother of one, 28, very aware of the effects of poor diet on the future health of her child, spoke about her own experience being overweight, and how she hoped her child would not have to deal with it:

*Sometimes she [daughter] gets to where all she’ll want is chips, so I’ll try and go find the veggie straws of something like that—I try to make it healthy, because I’m overweight. I don’t want my daughter to pick up on that and become like me. Because when you’re overweight, you’re tired,
you don’t have the energy, plus all the other health problems that you could potentially have. I just don’t want her to be like me. I want her to be healthy. So I learned you have to start young.

Again, coping strategies often meant buying less nutrient-dense and more junk foods (with high calorie count) that were cheaper. Unhealthy weight gain was also discussed by a few participants as a result of choosing certain foods, as well as having to eat microwave and other convenience foods when the ability to cook or the amount of free time to preparing home cooked meals was limited.

I would say some of the microwave food—it’s probably too much in calories and stuff and we probably get a little fat off of it, but it’s something that we need to eat, to survive, to try to not get sick or anything. (Single woman, 28, four children, living in motel)

Four participants (13%, 4/30) mentioned that they had specifically been told by doctors to try and cut down on certain high calorie or fattening foods to improve their health or that of their children.

We try to stick with a little more healthy because his [boyfriend] daughter can only eat certain things and my daughter is overweight and his daughter is overweight, and the doctor is after us to cut down certain things. So we try to buy a little more healthy. (Single woman, 32, six children)

Thus, not only did participants face concerns over making foods stretch, but they were worried about weight management issues.

Summary of Other Health Concerns and Food Insecurity Experiences

Other health concerns were discussed both in the context of food insecurity experiences and limited income. For example, chronic back pain for one woman meant difficulty and pain cooking for long periods of time. One participant’s treatments from prostate cancer meant that he was paying a large amount of medical bills, limiting his food budget further. Another mother with a child with sensory disintegration disorder spoke about how her child had to have a constant supply of marshmallows or else he would melt down and have tantrums, and could only eat dried fruits (which are sold at a much higher price than fresh fruits) because he could not tolerate the texture of fresh fruit. Poor dentition, mentioned specifically by two women but likely experienced by many, meant the inability to eat certain foods, and intense and constant pain that was extremely expensive to get fixed by a dentist. One woman’s severe
psoriasis could not be treated because insurance viewed it as “cosmetic”, but it was perceived to make it very difficult for her to find a job.

Thus, while some health issues food pantry users have may not require special diets, health conditions were shown to affect food insecurity experiences. Not all participants automatically linked their health issues specifically with food insecurity experiences, but they oftentimes felt these health issues as an integral part of their life experience and hardships.

**DISCUSSION**

Many types of diseases and other negative health conditions have been studied in relationship to food insecurity. Food insecurity increases the risk for many health conditions, and in addition, poor health increases the likelihood of experiencing food insecurity; the relationship is multidirectional and complex (Atkins and Guisti 2004; Colby 2010). This study provides various ethnographic examples of how food insecurity and poor health are intimately linked. For example, bipolar disorder led one man to poorly invest his savings during his working years, which subsequently led him to experience a tight budget and an insufficient food budget in his retirement years. In another case, experiencing household food insecurity led one woman to experience panic attacks that were so severe she was afraid she would pass out.

While examples of these specific health issues are extremely important, there are much broader concerns for the health of individuals using emergency food assistance. Anthropologists have contributed to a broader understanding of health, and focused on the social contexts of health (Levin and Browner 2005). In 1946, the WHO defined health as “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity” (Levin and Browner 2005). Following this definition and anthropological understandings of health, all individuals in this study had poor health, as food insecurity experiences cannot be described as a “state of complete mental and social well-being.” While not all participants identified a specific disease or pathology, all expressed ongoing stress and worry, both
as a result of limited food, but in many other aspects of their life (e.g., employment, housing). It is also important to view health as a process, not as a static condition (Levin and Browner 2005; McDowell et al. 2004). Again, simply because a participant did not have a health condition, it does not mean food insecurity has not negatively affected them, or their future health status (McDowell et al. 2004). One participant mentioned that she realized she would need to start eating healthier because she was getting older. However, considering health as a process, there is concern for all individuals that are experiencing food insecurity, at any time.

Organizations serving low-income and food insecure populations must recognize that their clients face an unequal burden of disease and are in need of special diets. Food choices in households with children are rarely made without consideration of the child’s food preferences, further placing strain on caregivers to prepare healthful and desirable meals (Dammann and Smith 2009; Walsh and White 2010). Older adult caregivers in particular, as well as mothers, may be hesitant to ask for special foods if they are concerned that it will limit the amount of food that is given to the household, as they place the health and happiness of children in the household before their own.

CONCLUSION

Food is a commodity and in the United States a household’s access to food is largely dependent on the amount of income available to spend on food. For this reason, low household income is closely linked with food insecurity. This chapter provided a holistic view of food insecurity experiences by outlining the life circumstances of food pantry users, and how various institutions and systems influence food security. Limited resources resulting from both chronic poverty as well as emergency or short-term circumstances strain food budgets. When there is a lack of affordable housing or housing in poor conditions, transportation is costly and time-consuming, and poor health means the need for special diets or diverted food dollars to pay for medicines, food security is often compromised. A plethora of coping strategies are used to limit the effects of food insecurity and stretch food availability as long as possible,
one of the last resorts being the use of emergency food assistance. However, these strategies rarely prevent food insecurity and often result in reduced nutritional status. In addition, the resulting stress, anxiety, and concern is tremendous and there is a deep emotional connection to foods based on culturally-mediated values. While data suggest some differences by subgroup (women with children under 18 and older adults), ultimately food insecurity experiences across groups have many commonalities and indicate that macro-level policies (e.g., policies that increase income inequalities, limited affordable housing, lack of job training) play a large role in how these experiences are shaped at the household level.
CHAPTER FIVE: CONCLUSIONS AND IMPLICATIONS

INTRODUCTION TO CHAPTER FIVE

This thesis has presented the food insecurity and hunger experiences of food pantry clients in St. Petersburg, Florida. In this chapter, I summarize the main anthropological concern and key findings from the study, and discuss how they contribute to the fields of Anthropology and Public Health. I then discuss the limitations of this study, and future research directions. To conclude, I outline implications and recommendations of this research for local emergency food assistance providers (with specific consideration of Daystar Life Center) and macro-level policies that must be changed to help address the issue of food insecurity and hunger in the United States.

MACRO-LEVEL FACTORS INFLUENCING MICRO-LEVEL FOOD BEHAVIORS AND EXPERIENCES

Food insecurity in the United States can largely be attributed to broad, structural factors that limit the ability of marginalized, low-income individuals to access adequate food. By collecting personal and household accounts of food insecurity experiences and coping behaviors and analyzing them alongside considerations of government policies (e.g., cuts in SNAP benefits, history of food assistance) and the national economy (e.g., post-recession recovery), this study considers how macro-level forces influence micro-level behaviors and issues. Additionally, I consider how local level organizations such as Daystar Life, the food pantry where interviews were conducted, experience changes in clientele, demand for services, and organizational strategies to provide services based on these broader macro-level systems. Although I also discuss how this study contributes to understandings of culturally-mediated behaviors and
values of food, the major anthropological issue of this study is how food insecurity experiences are shaped largely by broad policies and systemic problems that ultimately affect the individual, compromising their health and wellbeing.

SUMMARY OF FINDINGS

Food pantries are a vital component of the anti-hunger safety net in the United States, and food pantry clients are an important demographic to consider for better understanding and addressing food insecurity. Employing participant-observation as a volunteer at Daystar Life, a faith-based agency that offers food assistance in addition to other forms of assistance (e.g., utility bill assistance, clothing, personal hygiene), I explored the ways in which low-income individuals seek out and receive assistance services, the day-to-day processes and environment of a food pantry, and the food items available and distributed to clients. While volunteering at the food pantry, I heard about a multitude of recent crisis situations of households experiencing hardship, and the long-term dependence on food pantries to aid in satiating hunger and the need for food. In-depth interviews explored the food insecurity experiences of two vulnerable groups: households with children and older adults. Twenty women caregivers to children under 18 and 10 older adults (over 60) were interviewed to explore the demographics of these two groups of food pantry clients, their efforts to acquire and manage food for their household, and the effects of food insecurity experiences on their health and wellbeing. Examined alongside review of other research on food insecurity and hunger and informal interviews with the director at Daystar Life, this thesis addresses the following research questions:

1. What are the sociocultural, economic, and environmental barriers to accessing food for low to no-income families?
2. How are the items disseminated at food pantries utilized by households?
3. How do food insecure families perceive the effects of food insecurity on their health and well-being?
4. What is the overall experience of hunger for study participants?

There was a diverse group of individuals seeking emergency food assistance, and each household’s story conveyed real life examples of failures of the State to ensure access to adequate food for all, a human right and biological need. Participants predominantly represented households at or below the poverty line that were eligible to enroll in government food assistance programs, as well as households above the cut off limit for eligibility (above 130 percent of poverty for gross monthly income and 100 percent of poverty for net monthly income) (U.S. Department of Agriculture 2014b). Households faced both chronic hunger and short-term emergency situations of food insecurity. Many of the households seeking emergency food assistance were experiencing extreme economic hardships resulting from changes in life circumstances such as the addition of new individuals to a household, relocation to the area, or the loss of a job. Nearly all participants utilized food pantries at a time when their household food budget was running very low, and the trip to the food pantry was one of the last resorts for acquiring food.

Limited employment opportunities and limited government benefits for unemployment, disability, and retirement were the primary economic resources for households. Low wage jobs and part-time jobs providing insufficient hours played an integral role in food insecurity experiences. The job market was a stressful, uncertain, and ever-fluctuating aspect of food insecurity experiences, directly limiting the food dollars available to a household. Women with children and older adults were greatly affected by difficulties in the workplace, whether it was discrimination prior to finding a job (e.g., ageism) or the ability to difficulty in finding a work schedule that accommodated the needs of a household (e.g., having childcare, sufficient time to cook at home).

Insufficient affordable and adequate housing and housing-related costs limit the ability of households to afford, store, and prepare foods. Other factors affecting food budgets included high utility bills, conditions of housing such as cleanliness and safety, and the cooking facilities available.
Transportation costs, both gas for vehicles and bus passes, and limited or slow routes on public transportation further constrained food budgets, as limited access to transportation influenced the ability of individuals to shop around for low prices and transport foods and increased the time spent to move around town.

Government food assistance programs, especially SNAP, greatly aided eligible households in securing food, but the amount in benefits was insufficient to meet the need for a diverse, desirable, and healthful diet, let alone to last throughout the month. The November 2013 reduction in SNAP benefits from the 2009’s Recovery Act’s boost in benefits to aid in recovery came at a time when food insecurity remained high and households continued to struggle in recovering from the recession (Dean and Rosenbaum 2013). Participants and their households were notably affected more than it would seem for a relatively small reduction without taking a close look at the household level. The household experience of benefit reductions for the food insecure can be explained by the words of one mother, “It just makes everything twice as hard.” Nearly all participants were well-aware of the exact amount their benefits had been cut, indicating they counted every food dollar. Stories from food pantry clients provided details on how this cut was experienced. The boost in benefits between 2009 and 2013 kept some participants from seeking emergency food assistance, but after the cut these individuals could no longer stretch food dollars and needed emergency food assistance. The reduction resulted in the need to completely re-accommodate a food budget, often by decreasing the quality or quantity of meals throughout the entire month, especially cutting out meats, and adding additional stress on top of chronic stress.

Typically, food pantry clients, prior to going for emergency food, had already taken significant measures to stretch their resources and to carefully stretch food dollars while acquiring foods. When purchasing foods, participants would shop for cheaper foods, generic brand foods, and look for bargains and special deals. Also, some participants would share food with friends and family. While a small minority used food pantries to prevent reduced quality of quantity of food, the large majority are experiencing food insecurity that actually resulted in reduced quality and quantity of food. Participants
commonly reported eating more filling foods such as ramen noodles, pasta, and rice, eating monotonous foods, and going without preferred foods such as seafood, more expensive cuts of meat and poultry, fresh produce, and spices and flavorings. Mothers and grandmothers living with children reported reducing their intake of food to ensure the children received sufficient food. In households with the greatest food insecurity, mothers and grandmothers reported drinking water to take away hunger, and skipping entire meals.

Food insecurity and hunger was stressful, upsetting, and anxiety-provoking. Lack of access to foods that were satisfying, culturally acceptable, and diverse further exacerbated the negative impact of food insecurity because of the emotional connections to food and concern for others in the household, especially children. Overall, many food pantry clients or members in their household faced some type of chronic health issue, and all adults over 60 reported at least one chronic health condition, many that require modifications to diet for proper management of the condition such as diabetes, high blood pressure, and high cholesterol. Some participants discussed how food insecurity experiences and stress led to poor mental health such as depression and anxiety, as well as poor physical health such as diabetes and overweight. Additionally, some health conditions were reported to play a role in leading to food insecurity, such as bipolar disorder, which may lead to manic episodes with frivolous spending, or physical conditions that limited the ability to prepare meals or diverted resources from food budgets to pay for treatments or care. However, when discussing their health, many participants tended to emphasize how food insecurity limits management of poor health rather than how food insecurity led to poor health.

CONTRIBUTION TO THE ANTHROPOLOGY OF FOOD INSECURITY AND CRITICAL MEDICAL ANTHROPOLOGY

Within the anthropology of food insecurity literature, there is a special emphasis placed on understanding the context of issues and how the specific context uniquely effects experiences and behaviors (Hadley and Crooks 2012; Lambert and McKevitt 2002; Maxwell et al. 2008). This thesis on
food insecurity experiences captures the struggles of households during a specific moment in time, shortly after the reduction in SNAP benefits for all households in November 2013 (Dean and Rosenbaum 2013). It shows how a seemingly small (as perceived by Congress) change in national government benefit levels after economic downturns and slow economic recovery affects low-income households, their ability to make food dollars stretch sufficiently to avoid hunger, and how the usage of food pantries is affected by cuts such as the visible increase in demand for services. This example of a macro-level policy determined by Congress influences micro-level factors, from local food pantries experiencing high demand, households reducing the quality and quantity of food and experiencing increased stress and concern for future security, and the internalized suffering of hunger felt by the individual. Ultimately, these cuts in government benefits are a reflection of neoliberal values that have led the U.S. government to reduce government spending on social welfare. Within the field of critical medical anthropology, there has been an emphasis on political economy and anthropologists’ roles in understanding failures of political, economic, and sociocultural systems, and developing socially just systems and less emphasis on how cultural values and household usage of food influence food insecurity (Farmer 2003; Good et al. 2010). This study contributes to this literature on the political economy of food insecurity by focusing on this specific macro-level challenge (cuts in government food assistance benefits as a result of neoliberal and anti-welfare values), as well as how many other macro-level factors (e.g., job market conditions, affordable housing availability, food markets) are challenges to accessing adequate food for the poor. I provide personal stories about how food insecurity affects the individual emotionally and physically. By focusing on both macro-level and micro-level, understandings of how one effects the other (ultimately the macro on the micro) become clearer.

Scheper-Hughes (1990) emphasizes that critical medical anthropology must consider the “anthropology of affliction” and not only the “anthropology of medicine,” which supports biomedical views and interests. Biomedicine tends to emphasize visible problems, and separates the body from the mind in regard to health. In contrast, an anthropology of affliction recognizes that unmet needs and
desires “can set off an explosion of illness symptoms” and illnesses often begin with “tragic experiences” (Scheper-Hughes 1990:194). The food insecurity experiences of participants in this study are examples of tragic life experiences that cause pain, stress, sadness, and affliction. Additionally, food pantry clients recognize and interpret their suffering and ill health in various ways, such as how food insecurity causing illness, or how limited resources make management of health problems very difficult if not impossible. Understanding of life circumstances is needed to understand the health and wellbeing of food insecure individuals.

One of the underlying implications of this research on food insecurity is that food insecurity in the United States results primarily from an unjust labor market and other economic practices. As has been pointed out in other works on food insecurity, food insecurity is not synonymous with poverty, but the intimate relationship is clear (Daponte 2000; Paynter et al. 2011). Unjust economic structures ultimately create income inequality, one of the major challenges and concerns that has been pointed out by many scholars (Berkman and Kawachi 2014; Corak 2013). Since the late 1970s and early 1980s, income disparities between the rich and the poor has continued to increase in the United States. This has many negative results which includes the slowing of the economy, as the rich tend to accumulate wealth rather than circulate it (Corak 2013). The stark contrast between rich and poor effects opportunities for low-income families to accrue assets, opportunities (e.g., better paying jobs, education, health), and economic resources, which ultimately provides security (Corak 2013). It is in this context that food security is severely threatened, and leads to the troubling suffering of so many in the United States. Macro-level factors continue to create and perpetuate income inequality and food insecurity, and subsequent poor health and wellbeing. Individuals are left without a sense of agency, have low self-esteem, and suffer in many ways (Berkman and Kawachi 2014; Corak 2013). Many examples of the troubling economic inequality were highlighted in this thesis. One of the clearest examples of this unjust and troubling economic structure and how it affects low-income households is when a single mother of one who works overtime at a minimum wage job still needs to access emergency food assistance.
While I emphasize the desperate need for changing macro-level systems to truly make an impact on increasing food security, in this study I also consider household-level changes in the context of food preferences, community resources (e.g., access to food pantries), and household dynamics and decision-making. Alongside considerations of macro-level forces, considerations of household-level factors has several benefits and captures food insecurity holistically. First, alongside macro-level policies, considerations of coping strategies employed by participants to stretch their resources shows how, although certain behaviors may extend food and improve food security, they are often inevitably insufficient in avoiding hunger and are insignificant compared to the large impact macro-level changes could make. Secondly, behaviors discussed in this thesis indicate ways in which people adapt to the limitations created by macro-level structures. Additionally, participants’ accounts of making foods stretch and foods they eat provides examples of cultural values of food preferences and behaviors and culturally-appropriate coping behaviors (Messer 1984).

CONTRIBUTIONS TO APPLIED ANTHROPOLOGY

This study contributes to efforts to raise community awareness in St. Petersburg, FL about the struggles of families and the drastic impacts food insecurity has on both physical and mental health and wellbeing. Local policymakers and program administrators providing such needed assistance must learn about the individuals they serve to best implement services and actions to meet their needs. Findings from this research provide information to assist Daystar Life Center and other food pantries in developing best practices to reach clients in need, such as removing barriers to accessing services, addressing limited nutritional options, and understanding the reasons and circumstances in which food pantries are accessed. This research also provides data to help inform policy on the gaps and failings of current food and nutrition programs.

An educational booklet on hunger, Putting a Face to Hunger: The Lives Behind the Statistics, was the deliverable for the grant funding this research (see Appendix C). This booklet was created for
advocacy purposes for Daystar Life and other community agencies. It was developed in collaboration with the executive director at Daystar Life, my advisor who is a professor of applied anthropology, and a graphic communicator/designer. The director, Jane Walker, has a thorough understanding of service providers’ and clients’ needs, and many years of experience hearing the needs and struggles of low-income individuals, thus her input in developing an appropriate interview guide and disseminating findings was invaluable. Roberta Baer, my academic advisor, has a firm understanding of best practices for interview development and data collection, as well as knowledge on how to highlight key points in deliverables for applied studies with community organizations. The graphic designer, Jose Alberto Arriola, has a firm understanding of ways in which the public engages with visual materials such as how statistics are interpreted visually, and how to present information in ways that are aesthetically pleasing and easy-to-understand for the reader.

Thus, this interdisciplinary collaboration in the creation of the educational booklet contributes to applied anthropology, and shows how studies can be disseminated to the public to raise awareness. Graphic design/communication is a field well-equipped for mass dissemination of information in meaningful and impactful ways (Swanson 1994) and considers the impact that design can have on an audience’s ideas and attitudes about the topic it is presenting (Frascara et al. 1997). The collaboration between anthropologists and graphic designers can be fruitful considering the expertise of both in relating information to varied audiences. Future collaborations between anthropologists, designers, and services providers and advocacy groups can further incorporate considerations of how the intended audience will interpret the presentation of information, such as through social marketing research (Biroscak et al. 2014; Bryant et al. 2001) and user-centered graphic design (Frascara et al. 1997). In addition, such collaboration can be used to properly portray messages to positively impact audiences and promote positive change on social issues (Frascara et al. 1997). Because of this, interdisciplinary work on educational and advocacy materials can be fruitful, and help disseminate findings from ethnographic studies in succinct, attractive, and digestible reports to intended audiences.
CONTRIBUTIONS TO PUBLIC HEALTH

The socioecological model (SEM) is a model frequently utilized in the public health field to provide a framework for understanding multiple factors that influence certain health behaviors or health outcomes, including healthy dietary behaviors and nutritional status (Robinson 2008). Public health approaches to improving nutrition and health among low-income individuals must consider the constraints present in the multiple levels of influence of the SEM to improve quality of public health policies and programs (Gregson et al. 2001). The macro-level forces discussed in this thesis (e.g., institutional racism, economic and political policies) are examples of the public policy/societal level of influence of the SEM which includes policies and laws regulating or supporting access to healthy diets (Robinson 2008). Participants coped with food insecurity in different ways, but coping strategies were guided by the social norms and standards that influence behaviors, examples of the community level of influence. Discussions regarding interactions with friends and family, such as food preferences of others in the household as well as the amount of food others in the household eat, are examples of the interpersonal level of influence. Lastly, participants discussed knowledge about which foods are healthy, and how to prepare foods and stretch food dollars, and their personal attitudes regarding certain foods. These are examples of the intrapersonal level of influence. Interventions aimed at improving the dietary behaviors and nutritional status of food insecure households must consider how the various levels of influence interact, and can help provide sensitive and culturally-appropriate interventions for target populations (Robinson 2008). For example, in this thesis I indicate that despite a participant’s knowledge of which foods are healthy and how to prepare foods (intrapersonal), an inadequate amount of food assistance benefits (public policy/societal) or having a child in the household who is a picky eater (interpersonal) greatly restricts individuals from eating healthy diets. Oftentimes, food pantry clients experience multiple levels of influence that negatively affect their ability to eat healthy foods or improve their nutritional status. Further analysis of data collected in this study is warranted to identify and consider the SEM of food insecurity and hunger for food pantry clients.
Public health has continually emphasized nutritional education as a way to positively influence diets (Wardle et al. 2000; Weimer et al. 2001), while underemphasizing larger policy and system-level issues. This thesis presents many of the individual and household constraints health education programs must consider when working with low-income individuals to improve nutrition and health. The limited amount of resources to acquire and prepare healthful meals (e.g., limited time for working individuals to prepare meals, limited cooking utensils and kitchen appliances) are shown to be very important. Health educators can use this information to improve services to low-income clients, or as the basis for further exploring barriers to adequate food and how individuals would like services to overcome them. This study shows how broader system and policy-level changes are needed to address public health policy and food insecurity, and nutrition education alone will not improve dietary intake. Additionally, this thesis provides ethnographic data about certain cultural values of food (e.g., perceived need for meat to make meals). Promotion of certain food items or meal compositions that are very uncommon to households will likely fail in uptake without careful consideration and planning for implementation.

Public health places emphasis on understanding and reducing health disparities (Frohlich and Potvin 2008). This study holistically considers how low-income households face a disproportionate share of the disease burden as a result of life circumstances as well as insufficient access to food. I briefly consider how social issues such as institutionalized racism against blacks/African Americans, or workplace discrimination against older adults can cause a disproportionate burden of food insecurity and subsequent poor health among these populations. Public Health practitioners, by addressing food insecurity and increasing access of healthy diets, fulfill the ultimate goal of public health; to improve the health and well-being of communities. The health of communities can be measured in many ways, such as looking at mortality rates or prevalence and incidence of disease. This thesis uses a broad definition of health and provides examples of both specific health issues common among food pantry users, as well as details about how food insecurity experiences in their entirety affect so many aspects of life, thus influencing health and mental and emotional wellbeing. In this vein, many of the concepts of the life
course model (Elder and Shanahan 2006; Richardson et al. 2013) such as “human agency embedded in social context,” the timing and duration of life events, and “linked lives” (i.e. how an individual’s social network shapes health and wellbeing) are shown in this study (Richardson et al. 2013). Although this thesis does not label findings using the life course terminology, participants’ events and life experiences provide examples of “trajectories, transitions, and turning points” which all have significant impacts on health (Richardson et al. 2013:69-70). Chronic food insecurity is shown to be a cumulative exposure to risk, and emergency situations such as the loss of a job or a cut in benefits can be considered turning points that change the life trajectory of individuals (Richardson et al. 2013). Future research should consider the hunger experiences of food insecure individuals in the context of the life course approach.

The analysis of how cuts in SNAP benefits affect food insecurity also has important implications for public health and medical services. The November 2013 cut in SNAP benefits will negatively impact not only the health and wellbeing of low-income families, but also has severe implications for health as cuts mean individuals will run out of food earlier in the month than before cuts (Seligman et al. 2014). Reductions in SNAP will increase levels of food insecurity, and low-income individuals with health issues such as diabetes will subsequently experience increased admission to hospitals for hypoglycemia as they continue to medicate but eat insufficient foods (Seligman et al. 2014). In fact, Seligman et al. (2014) showed that in California low-income individuals experience a 27 percent increase in hypoglycemia hospital admissions during the last week of the month compared to the first week when SNAP benefits are distributed. Discussions about the cost effectiveness of ensuring individuals have adequate access to food is further supported by this thesis, showing qualitative examples of how individuals have coped with reductions in SNAP benefits, as well as how access to food decreases toward the end of the month as food budgets run out, and the high prevalence of health problems for food pantry users.
LIMITATIONS AND FUTURE RESEARCH DIRECTIONS

Although this study employed both participant-observation while I volunteered at the food pantry and in-depth interviews with clients, one of the major limitations of this study was the absence of participant-observation of food pantry clients in their homes or out in the community (e.g., shopping, using public transportation). Data collected from participant-observation outside of the food pantry would further validate and triangulate findings, and whether participants’ responses in interviews were similar or different than their actual experiences or behaviors. Additionally, participants participated in a one-time interview, and thus data on changes in each household over time is unknown. Multiple follow-up interviews with participants would have contributed to understanding how food insecurity changes throughout a month and over time. For example, it is unknown whether participants who reported waiting on approval for government benefits were able to obtain assistance, how long it took for approval, and how the household adjusted to access to benefits. Since recruitment and interviews took place on the same day as participants were seeking food assistance, I was unable to build strong rapport. This likely influenced the level of details and openness about their food insecurity and hunger experiences. Future studies should consider addressing these limitations by employing methodology better suited to address rapport-building and changes over time.

In regards to recruitment and composition of the study sample, there are several limitations to note. Demographic data on all clients served at Daystar Life were not available for this study, and thus I was unable to analyze how the demographics of the sample compared to the overall demographics of clients. However, the study sample only represents food pantry clients who fell under one of two categories: women caregivers to children under 18 and adults over 60 and not an overall representative sample of clients receiving assistance from the agency. Thus, findings from the sample do not capture the experiences of other households, and also underrepresents the number of homeless individuals seeking assistance as many homeless do not fall under either of these two categories. Additionally, although I recruited and interviewed clients during both morning and afternoon hours, I was present at Daystar more
frequently during the mornings, meaning there may be a slight underrepresentation of those seeking services later in the afternoon. One of my afternoon interviews highlighted how this may affect findings; the mother was unable to receive food from the food pantry on the day she was interviewed because she arrived late in the afternoon due to having to walk a far distance with her young daughter. Some clients at Daystar Life come to seek Traveler’s Aid (a program that assists individuals who are stranded travelers in crisis) and tend to have much longer visit at Daystar Life (Traveler's Aid International n.d.). Thus, when recruiting individuals, if I was aware that the client was speaking with a volunteer who primarily meets with Traveler’s Aid clients, the individual was not approached, meaning that these individuals may be underrepresented in a random sample of clients meeting the study criteria. During recruitment, only one individual that I approached to screen for study eligibility spoke a language other than English (a Spanish-speaking man who likely would have qualified as an older adult seeking food assistance) and thus was unable to participate in the study. Future studies should investigate how non-English speakers’, individuals seeking Traveler’s Aid, and other subgroups’ experiences of food insecurity in St. Petersburg may differ from experiences presented in this thesis.

Topics that emerged outside of the semi-structured interview questions, each by only one or two participants, that were sensitive to participants, included explanations of domestic violence, family members who had been incarcerated (such as a grandmother caregiver whose child had been incarcerated), trading SNAP benefits for non-food items, and sanctions resulting from the selling of SNAP benefits. There were several interviews where I perceived omission of other details may have provided more complete understandings of experiences, such as one mother who explained that they had a lot of additional expenses to pay each month, but did not want disclose additional details. While these experiences were rare among the study sample, future studies should consider delving into these more sensitive topics within the context of a study better suited to address them, and where the participant is aware that they will be asked to discuss these issues. Lastly, the interview guide did not capture the self-reported mental and physical health status of participants and members of their household separately but
rather as one overall category. In hindsight, it would have been beneficial to collect these data separately as participants likely responded to the question of “health status” as predominantly “physical health status.”

RECOMMENDATIONS

Despite the important role of food pantries and other agencies providing emergency food assistance, families seeking food assistance through food pantries face challenges to food security that cannot adequately be remedied with emergency food assistance alone. Careful consideration of how changes in macro-level food policies and government funding for programs in the anti-hunger safety net affect the most at-risk for hunger is needed. While there are macro-level, systematic changes that must change in order to address hunger and food insecurity in the United States, currently there is a need for non-governmental assistance to get food into the households of those in need. Food pantries play a critical role in both supplementing individuals, as well as emergency situations. In this section I outline recommendations to address food insecurity and hunger both at the local level, as well as recommendations for changes to macro-level policies.

Recommendations for Local-Level Emergency Food Assistance and Helping Agencies

Organizations such as Daystar Life Center that provide emergency food assistance alongside other social supports are well-suited to address multiple situations clients encounter simultaneously. Staff must train volunteers at food pantries to recognize that their agency may be one of the first places individuals go to seek assistance, and can play a crucial role in connecting individuals with other services and programs.
**Addressing and Recognizing Health and Emotional Wellbeing of Clients**

Clients’ lives are filled with stress and anxiety that result from food insecurity and poverty in all other facets of life. Incorporation of stress management programs or referrals to free counseling or relaxation classes in the community may be helpful. This is likely unfeasible in many agencies serving the poor, but even training of volunteers and staff to be aware of and sensitive to potential mental health and emotional wellbeing of clients is important to ensure considerate and appropriate service implementation. Considering the findings from this study, food pantries and organizations such as Daystar that provide a wide range of services to low-income individuals are an ideal place for public health practitioners to work and contribute to addressing needed services for clients. If placing public health professionals in food pantries is unfeasible, placement of pamphlets and other health-related information appropriate for the target populations should be considered to help link individuals with services.

**Accommodating Special Dietary Needs of Households with Children and Older Adults**

Households with children and older adults face unique challenges to food security and oftentimes experience painful, complex hunger experiences. When possible, food pantries should take into consideration the special needs of these populations. Overall poor health and chronic health conditions indicate the need for modified diets for optimal health and wellbeing. It is important that food items are available to meet the special dietary needs of these individuals. In households with older adults and children, older adults may not mention their special dietary needs for fear of not receiving sufficient food items for others. Ideally, the dietary needs of all members of the household should be taken into consideration. Of course this is not always feasible considering reliance on donated and available food items.
Addressing Unique Needs of Relative Caregivers and other Non-Traditional Households

The large number of relative caregivers using food pantries, particularly single grandmothers, suggests that further efforts must be given to help address the economic hardships these adults go through in raising their grandchildren. New national-level policies that reduce barriers for enrolling additional members of a household to government assistance programs are needed. However, local agencies can help these non-traditional households access available services.

Cooking Classes and Meal Ideas for Food Insecure Households

Many of the participants in this study had an incredible wealth of knowledge about how to stretch food dollars and cook creatively. However, some participants felt they were unable to stretch food dollars as much as they would have liked because of their limited cooking skills or lack of familiarity with cooking certain food items, limited time, or not knowing details or recipes for slow cookers. The expertise of individuals who have successfully used extremely limited resources to prepare diverse meals should be valued in future programming, as these individuals have become experts on creative recipes and other techniques. Making the assumption that a household is unable to make food last throughout the month because they are “not knowledgeable about how to cook/shop/make food stretch” is inaccurate, and can be demeaning for families that have honed these skills over time out of necessity. Utilizing the expertise of individuals who have become experts on creative recipes and other techniques empowers individuals, and can create opportunities for increased community connectedness.

Additionally, low prestige meals such as rice and beans, are inexpensive, but because they are low prestige, while they may satisfy hunger, they are not viewed as satisfying meals. Recipes that promote the incorporation of low-cost food items that can create tasty, desirable, and healthful meals such as “ethnic dishes” can help raise the prestige of meals composed of low-cost ingredients. For example, refried or black beans can be a central part of meals, and households can consume them on “theme” nights such as “Mexican food night” or “Cuban food night”.

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**Removing Stressors: A Transportation-Related Recommendation**

In addition to the stress of having limited food or worrying that their water or electricity might be turned off, food pantry clients face other life stresses. Food pantries and other helping agencies can recognize other stressors and help to minimize this stress. For example, participants at Daystar Life that drove talked about how they were afraid of receiving a parking ticket, as the large majority of parking spaces directly surrounding Daystar Life are two-hour parking spaces. To eliminate this stress, the City of St. Petersburg should consider recognizing that social service agencies may require longer visits downtown, and accept stickers (sheets of paper) for clients at such places to allow longer parking privileges. This simple recognition can help relieve one of the many stressors and costs (receiving a parking ticket) that clients face while visiting such agencies.

**Recommendations/Suggestions for Lowering Utility Costs**

When appropriate, for households experiencing high utility costs, provide a list of recommendations on how to lower costs, but while considering limited budgets. Also, counsel clients who indicate being fearful of speaking with landlords about their rights to adequate housing and how to speak with landlords when appropriate. While volunteering at Daystar Life, some volunteers counseled participants on these issues and the suggestions were well-received.

**Table Swap for Unwanted Food**

While not all food pantries are capable of allowing clients to select which foods they would like to receive, foods that will not be used by households are sometimes distributed and will go to waste. Food pantries can create a “food swap” table where clients are encouraged to leave any undesired items on the table, and take an equal number of foods that the household will be able to use. This suggestion that has been used in other food pantries across the nation will reduce food waste, and also allow clients to have a more active role in increasing access to items they would like for their household (Feeding America n.d.).
Volunteers spending any significant amount of time speaking with the diverse clientele often come to realize that individuals seeking services come from all walks of life. There are stories that volunteers who speak with clients hear on a typical day, showing how circumstances can change, and learning how people adapt to new circumstances. A large number of food pantry volunteers may be from wealthier backgrounds. The comparison and contrast of life experiences between the rich and the poor is continually needed to emphasize the stark contrasts in life experiences based on income level, and socioeconomic status. Additionally, many of the clients at food pantries recognize the value of sharing their story and are willing to share their story. Sharing stories to advocate for national-level changes as well as to increase resources for a local food pantry can be effective.

Food pantry staff and volunteers are well-placed to be leaders in continued efforts to advocate for systemic change, because they see day-to-days struggles, fluctuations in need, and ways in which the larger institutions are failing low-income households. This is something that the director at Daystar Life has done extensively, and since the time of data collection, Jane has been a leader in working for increased public transportation. In regard to advocacy and community awareness and mobilization efforts, it is recommended to continue employing the term hunger alongside discussions of food insecurity. This is important considering how hunger connotes deprivation, suffering, and day-to-day, chronic struggles. Absence of the term is often perceived by the public to signify experiences are less severe or short-term, all of which can limit resources devoted to addressing food insecurity (Himmelgreen and Romero-Daza 2010). When creating advocacy materials, directly stating the importance of using the term hunger to adequately describe low-income households’ experiences may be effective in bringing public awareness to the ways in which politics can downplay the suffering of so many. For example, when the USDA first decided to remove the term hunger from statistics on households with limited access to food, one Washington Post article clearly expressed the government’s avoidance of the term by entitling the article “Some Americans Lack Food, but USDA Won't Call Them Hungry” (Williamson 2006).
Recommendations to Address Food Insecurity at the Macro-Level

Through a political economy lens, anthropologists have shown that illness and disease among low-income individuals can be explained by institutional, national, and global contexts (Baer 1997; Levin and Browner 2005). The following are recommendations for addressing the root causes of food insecurity and the broader institutions and systems that perpetuate poverty.

Provide Qualitative Accounts of Food Insecurity to Supplement National Statistics

Hunger experiences are far more complex and multidimensional than what measures of food insecurity capture for national statistics. The chronic stress, anxiety, and depression that often accompany food insecurity at the household level is often left out of food insecurity discourses (Himmelgreen and Romero-Daza 2010). Qualitative studies on hunger experiences are important for both advocacy as well as supplementing food insecurity statistics.

Provide Adequate SNAP Benefits to Cover the Cost of Healthful Diets

In this study, the cut in SNAP benefits, a national policy change, has resulted in increased food insecurity, increased usage of coping strategies among food pantry users, and overall increased worry about food. There is a clear need for the government to increase the amount households receive in SNAP benefits and other forms of food and income assistance in order to address the issue of food insecurity and healthy diets.

Increase Availability of Public and Subsidized Housing

Considering so many low-income households face rent burdens which greatly limits food budgets, and because the demand for subsidized housing greatly outweighs the current availability of such housing, there is a great need to increase funds and availability of public/subsidized housing. This can
prevent households from becoming homeless and living on the streets, shelters, or motels. Individuals in these circumstances often face the most severe levels of food insecurity and hunger.

*Increase Federal Grant Opportunities for Food Pantries and Soup Kitchens*

Considering that the demand for private, local emergency food assistance has increased, and emergency food providers have noted the inability to sufficiently meet demand, the federal and state governments should increase the amount of grant opportunities and other forms of assistance to aid agencies in meeting the demand. Of course, if government benefits such as SNAP are increased so that food pantries are no longer needed for long-term supplementation of food budgets, there will be less of a demand for emergency food.

*Reduce Income Inequality*

The most overarching recommendation that can reduce food insecurity and hunger is to address the increasing income inequality between the rich and the poor in the United States. Although there are many factors that contribute to increasing income inequality, some recommendations for remedying this issue include: raising the minimum wage so that single-income households can sufficiently meet the needs for their household without government benefits; increasing tax credits for low-income households so they are able to accumulate savings in case of emergencies and to increase food budgets so they can afford more healthful diets; provide better educational and career-training opportunities for low-income households so that they are able to find better employment opportunities. All of these recommendations require considerable restructuring of the political economy of the country, but ultimately they are the only true solution to solving food insecurity and the suffering of the poor.
SUMMARY

In this chapter I discuss the main findings from this research on food insecurity experiences of food pantry clients in St. Petersburg, Florida. Food insecurity experiences were diverse and represent both chronic hunger and short-term need for food assistance. Households had limited resources primarily attributed to difficulties experienced in the job market, as well as limited government benefits for disability, unemployment, and retirement. The costs and challenges associated with housing, utilities, transportation, and other needs were part of the food insecurity experience as they limited food dollars and the ability to prepare and access foods, and contributed to stress and anxiety. Although government food assistance programs, especially SNAP, greatly increased access to food for eligible households, ultimately the amount in benefits was insufficient in achieving food security. Households had to reduce the quantity and quality of food, and despite employing many strategies to cope with limited resources, ultimately food ran out and they had to seek emergency food assistance. Food insecurity was discussed primarily as a challenge to managing poor health, but also as a cause of poor emotional, mental, and physical health.

Next, I discussed how this study contributes to the findings contribute to the anthropological literature on food insecurity and political economy, as well as the field of public health. This study highlights how macro-level forces constrain low-income households’ ability to access food, and how changes in policy affect the household and individual, ultimately creating hunger and poor health and wellbeing. To a lesser extent, findings show culturally-mediated coping strategies and food preferences. Findings also indicate that public health educators must consider dietary choices in the context of larger systems that limit individuals, and recognize that limited resources must be addressed in order to improve health among low-income households. This research was used to create a booklet to raise community awareness of hunger, highlighting how anthropologists can collaborate with other disciplines and service providers to create tools for advocacy and ensure public dissemination of research findings.
This chapter outlines some of the limitations of this study and indicates future research directions. The primary limitation of this study is the lack of participant-observation outside of food pantries which can provide greater insight on food insecurity experiences and address potential differences between what participants report and what they actually think and do. To conclude, I have outline recommendations to local emergency food providers that can help improve services to clients, as well as advocate for increased local resources to fight hunger. Ultimately, I recommend that macro-level factors such as unjust economic systems and unlivable minimum wages, as well as discrimination and other systemic issues in society must be addressed to truly make a lasting improvement in low-income households’ access to adequate food.

In summary, food insecurity can easily be broken down and studied from a nutritional perspective, considering the health consequences of dietary insufficiencies. However, food insecurity and hunger experiences are much larger and deep cutting than that, and concerns about nutrition are secondary to the suffering of food insecure households. Food pantries are one of the last resorts for households to secure food when household resources are unable to meet the needs of households. Food insecurity must not be separated from the larger issue of poverty and all of the other insecurities that are an integral part of the poor’s daily struggles. Food insecurity is intimately linked with insecurity resulting from inadequate housing, job security, income, retirement, transportation, and health care, as well as systemic problems such as discrimination and other unjust practices. Anti-hunger advocacy efforts must share the story of all of these aspects. There is an immediate need to get food into the hands of those most needing it, and there is equally the need to address the larger issues that limit access to food for so many, the root causes of income inequality in the nation which ultimately create food insecurity. Anthropologists must continue to engage in research on food insecurity and hunger experiences that capture the human emotions and needs, while placing it in the context of markets and systems. The history of government food assistance programs has shown to be heavily influenced by the political will of the masses. Now is
the time for another push by the masses to consider why there is the increasing need for emergency food assistance and government food assistance for so many.
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APPENDIX A: IRB STUDY APPROVAL LETTER

RESEARCH INTEGRITY AND COMPLIANCE
Institutional Review Boards, FWA No. 0001669
12901 Bruce B. Downs Blvd., MDC035 • Tampa, FL 33612-4799
(813) 974-5638 • FAX (813) 974-7091

2/12/2014

Nora Arriola,
Community and Family Health
12905 National Dr
Apt C
Tampa, FL 33617

RE: Expedited Approval for Initial Review
IRB#: Pro00015707
Title: Understanding US Food Insecurity and the Detrimental Health Effects on Economically Disadvantaged Families by Putting a Face to the Numbers

Study Approval Period: 2/10/2014 to 2/10/2015

Dear Mrs. Arriola:

On 2/10/2014, the Institutional Review Board (IRB) reviewed and APPROVED the above application and all documents outlined below.

Approved Item(s):
Protocol Document(s):
Protocol_ver1

This study involving child participants falls under the minimal risk category 45 CFR 46.404: Research not involving greater than minimal risk.

Consent/Assent Document(s)*:
Adult_consent_ver1.pdf
Assent_children_12-17_ver1.pdf
Parental_CONsent_ver1.pdf

*Please use only the official IRB stamped informed consent/assent document(s) found under the "Attachments" tab. Please note, these consent/assent document(s) are only valid during the approval period indicated at the top of the form(s).
It was the determination of the IRB that your study qualified for expedited review which includes activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the categories outlined below. The IRB may review research through the expedited review procedure authorized by 45 CFR 46.110 and 21 CFR 56.110. The research proposed in this study is categorized under the following expedited review category:

(6) Collection of data from voice, video, digital, or image recordings made for research purposes.

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with IRB policies and procedures and as approved by the IRB. Any changes to the approved research must be submitted to the IRB for review and approval by an amendment.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

[Signature]

John Schinka, Ph.D., Chairperson
USF Institutional Review Board
APPENDIX B: INTERVIEW GUIDE

Interview Guide

1. Have you ever used the food pantry before? Was it helpful? Thinking of the last time you were here, how was Daystar able to help you/your family?

2. Why did you come to the food pantry today? How long have you been low on food? What things have you done before coming to the pantry to make sure you/your family had enough food?

3. Who cooks the foods for your family?
   Do your kids ever cook with you?

4. What kinds of foods does your family commonly eat?
   What is a usual 1) breakfast 2) lunch 3) dinner 4) snacks

5. Are there any foods you wish you could eat more but do not? Why do you not eat ____more? (money, getting to the store, hard to store/carry, not knowing how to cook it)

6. What makes cooking for you and your children hard?

7. When and where does your family usually eat meals? Who eats together? About how often do you eat out, and where do you eat?

8. Where do you get food/go shopping to food? Why do you shop at some stores over others? (coupons, special deals)

9. When choosing what food to purchase, what are the most important things you consider? (price, health, easy to make, easy to carry home, quantity)

10. What do you dislike about grocery shopping? / What makes grocery shopping hard?

11. How often does your family run out of food before you had money/food stamps to buy more? What did you/would you do?

12. Has the water or electricity in your house ever been shut off? How did this affect what you were able to cook/eat? Do you ever try to limit cooking to save on electricity or water bill costs?

13. Can you think of a time you ever had to prepare or eat food that you didn’t really want but did because it was the only choice? (spoiled foods, bad tasting foods, repetitive/same foods, unhealthy/cheap food)

14. Do you think the foods you get at the pantry are helpful? Healthy?

15. What is the kitchen in your house like? Can you easily make food (uncooked food, frozen food) in this kitchen?

16. What is your main way of cooking? (oven, stove, microwave)

17. Do you share groceries/foods/meals with any neighbors or friends and family? How often and why?
18. What about the way you live affects your health? How?
19. Do you think that the foods that you eat affect your health? How?
20. Have you noticed any changes in your health or the way you feel because of not having food or certain kinds of food? Your children’s health or the way they feel/act?
21. Have you had a cut in the amount of food stamps that you are getting recently? How has that affected what you buy?
22. If you had extra money to buy more food, what would you buy?
23. If you had less in food stamps, how would that change what you buy?
24. When you go to buy food, how do you normally pay? Have you ever had any hassles because of paying with ___ or not having a certain account?
25. Do you know that food stamps are accepted at the farmer’s market in St. Pete? Have you used your stamps there? Why or why not?
26. As your child grows older and eats more, have you found it more difficult to afford foods for your family?
27. How do you use food stamps differently throughout the year when there are special occasions such as holidays or birthdays?
28. Do you think certain people are more likely to not have enough food or be hungry? (older people, families with children)
29. How long have you been aware of the USDA foods? Are these foods helpful to you?
30. Are there things about St. Petersburg that you think makes it difficult to have food in the house, or get food? (public transportation system, things are spread out, not enough stores)
31. Do your kids have access to a reduced lunch at school? Do you think that it is more difficult to have enough food in the house over the summer/weekend when your kids are not in school?

Demographic Questions
1) What was your age at your last birthday? _________
2) Are you married?
   □ married □ single □ divorced □ widow □ living with partner □ other
3) What is your race/ethnicity?
4) How many adults over 18 live in your household? ____ How many children under the age 18 live in your household? ___ What are their ages? _______
5) What is the highest level of school that you finished?
6) In what type of housing do you live?
   □ house □ trailer □ apartment □ motel/hotel
7) Do you rent or own your home? __________
8) In your home, do you have a working:
   □ Microwave □ Oven □ Refrigerator □ Freezer □ Stovetop/Range
9) Is there anything else that you wish you had that would make cooking easier? _____
10) About how many times in the past 5 years have you come to this or another food pantry?
   For which of the following reasons:
   ☐ food  ☐ baby formula  ☐ baby items (diapers)  ☐ sanitary items
   ☐ medicine  ☐ help with utilities  ☐ job search help  ☐ general computer
   ☐ help with applications  ☐ birth certificate  ☐ mail  ☐ other

11) Do you have a job right now?
   ☐ full-time  ☐ part-time  ☐ unemployed but looking  ☐ unemployed but not looking
   ☐ disabled  ☐ retired  ☐ other

12) How do you get around?
   ☐ car  ☐ bus  ☐ walking

13) What is your monthly household income?
    ______ SNAP  ______ TANF  ______ WIC  ______ S.S.  _____ disability
    ______ PT/FT  ______ child support  ______ other

14) What are your main expenses?
    ______ housing/rent  ______ electricity  ______ water  ______ gas
    ______ phone  ______ car payment  ______ car insurance  ______ child care
    ______ other

15) How do you rank your health?
    ☐ very poor  ☐ poor  ☐ fair  ☐ good  ☐ excellent

16) What are the major health problems that you have?

17) How do you rank your children’s health?
    ☐ very poor  ☐ poor  ☐ fair  ☐ good  ☐ excellent

18) What are the major health problems that your children have?

19) Are there any foods you are not supposed to eat?

Concluding Questions

1) If you could tell someone that has the decision to increase or cut the amount of support given to
   people on food stamps or other supports for people (food pantries), what would you tell them to
   help them understand why these services are needed?

2) Are there any questions that I haven’t asked that you think I should to help get a better picture of
   your experiences with having limited food?
Putting a Face to Hunger
The Lives Behind the Statistics
Stories from families who experience food shortages in St. Petersburg, FL, told in their own words

Cover illustration by 9-year-old girl
Introduction

This booklet of hunger experiences is one of the primary results of a 2013-2014 ACOR Grant from Allegheny Franciscan Ministries awarded to Daystar Life Center in St. Petersburg, FL. Daystar Life worked in collaboration with Nora Arriola and Roberta Baer, Ph.D. from the University of South Florida’s Department of Anthropology to collect stories from clients using emergency food assistance. Between February and May 2014, we conducted twenty interviews with mothers and grandmothers living with children under 18, and ten interviews with adults over 60 years of age.

In this booklet, we present some of the stories from women alongside children’s drawings of what hunger looks like in their community. We thank the families who shared their personal stories with us in hopes of raising awareness about hunger in their community. Because of the personal nature of the stories, we have changed the names of those whose stories are presented here.

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Executive Director  
Daystar Life Center

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University of South Florida

Roberta Baer, Ph.D.  
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What is the purpose of this booklet?

For those who have never experienced choosing between food and other basic necessities it is hard to imagine why, in a land of plenty, people experience hunger on a regular basis. Food availability is more than having monetary access; it is about transportation to get the food, adequate housing and utilities to safely prepare and store the food, and dealing with a fragile budget that can collapse with one small emergency.

Through years of working with the poor and advocating for just policies, the most effective tool has been presenting real life situations. A mother’s pain from hearing her child cry because of hunger cannot be translated into numbers. These real life stories of the daily struggles of those living in poverty in the Tampa Bay give a glimpse of the faces the statistics represent. People are harder to ignore than numbers.

It is our hope that this booklet reaches a wide range of audiences and motivates them to take actions to end hunger. This booklet can also be used as a resource for teaching others about the multifaceted human cost of hunger, from the daily stress and anxiety of securing food for one’s family, to the harmful impact on child development resulting from inadequate access to food. We all have a role to play in ensuring that people are able to meet the basic need for adequate food.
Hunger and Food Insecurity in the United States

In 1968, the CBS television documentary Hunger in America shocked the U.S. population as children were shown suffering from severe malnutrition and hunger-related diseases. Increased public awareness on child hunger spurred a greater amount of public support for food assistance programs. Food and nutrition programs in the U.S. have led to the drastic reduction of severe hunger and malnutrition since the 1960s.1

Although severe hunger has become increasingly rare, temporary hunger and reduced dietary intake still commonly occur in low-income households. Other health concerns have resulted from lack of access to nutritious foods, especially overweight and obesity. The social and physical stress of lack of adequate food is another important aspect of hunger.

In 1989, the U.S. House Select Committee on Hunger defined household food security as follows:

All people obtaining a culturally acceptable, nutritionally adequate diet, through nonemergency food sources at all times.2

Since 1999, there has been a significant increase in the number of food insecure individuals in the U.S.3 Public interest in hunger and food insecurity has fluctuated over the years and the topic has reemerged as an important social issue. In part, this is a result of increasing knowledge about the negative social and health effects of food insecurity. In addition, the increase in economic hardships and high levels of underemployment Americans face as a result of the most recent economic recession have created concern for food insecurity.4

SNAP Benefits Cut

The American Recovery and Reinvestment Act of 2009 (ARRA) increased SNAP benefits across the board to ease hardship caused by the economic recession. Starting in April 2009, maximum monthly SNAP benefits increased by 13.6%.5

On November 1, 2013, the boost in SNAP benefits ended, and nearly all households with SNAP saw a cut in their benefits. The average cut for a family of three was $29 a month. This cut affected more than 47 million Americans, nearly half of them children. The current 2014 amount in SNAP benefits averages less than $1.40 per person per meal.6

Some of the stories in this booklet show how a seemingly small reduction in a household food budget can have huge impacts on a family’s ability to eat healthy, desirable food as they struggle to have enough food throughout each month.

References:
How many households in the U.S. are food insecure?

Food insecurity has increased significantly in the U.S. since 2001. In 2001, 10.7% of U.S. households were food insecure, compared to 14.5% in 2012. In part, this increase reflects high unemployment rates and the economy of the nation resulting from the 2007-08 recession.¹

1 in 6 Households with food insecurity³

1 in 17 Households with very low food security⁴

According to Map the Meal Gap:

15.9% 21.6%
US Florida
17.9% 27.6%
Percentage of individuals that are food insecure
Percentage of children that are food insecure

Average Cost of a Meal
U.S. Florida Pinellas Co.
$2.74 $2.88 $2.98

Why consider hunger in a broad context?

In order to better understand and make progress toward eliminating hunger in our community, many factors must be taken into account to understand the hunger experience and why so many households have limited food. Being at risk for hunger is not simply a matter of how much income an individual makes; many other factors play a role in influencing a household’s ability to have food.

Factors that can influence food security

¹ Coleman-Jensen, Food Insecurity Increased in Most States From 2001 to 2011. USDA, Jul 1, 2013. http://goo.gl/1t2cX5
Why is the Hunger Safety Net so important?

We asked clients, based on their experiences, what they would tell policymakers about why government programs like the Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), and the National School Lunch and Breakfast Programs are important, in addition to assistance from food pantries. Here is what they said:

I see families, I see small children out there on the streets and they need help. The solution is not to cut back but to maybe give some more, because I can't see it getting any better. By cutting back you're just taking a terrible problem and making it worse.

*Woman in her 60s living alone, on disability*

I have a seven-year-old and I can't afford [food]. Fifty dollars is a lot of money to cut from food stamps. That's why a lot of people are here, because they've reduced it. Fifty dollars is like a whole week. Especially a kid my daughter's age, they're growing so they're eating more, and I just don't think that they think about that.

*Single mother of one, employed full-time*

People have bona fide hardships like losing a job or new additions to the family, and the agencies help to tide them over or to supplement. Having food pantries is important because there are people that fall through the cracks and don't qualify for assistance. People on food stamps suffer with things like changing work hours and schedules. It can be hard to document if hours are cut, and to get more food stamps that month. The optimal thing is to be totally independent, but there are struggling families.

*Woman in her 70s living with her grandson, on Social Security Retirement*

Just think about the kids. It is not their fault the way everything is going. They can cut anything else, just don't cut food because we've got to feed the kids!

*Single mother of 5, looking for employment*

What my boyfriend makes is what pays our rent at the motel and that is about it. His job is supposed to be full-time but it is a restaurant business. If they're slow they cut people, so his hours vary.

*Mother of one, boyfriend has full-time job*

12-year-old girl

"Help, I'm starving Bert!" - "I will help you Ernie."

8-year-old girl

"Mommy, I'm hungry.
I need food"
I always like to look in the paper and find out where the best spot is to get what food where, but sometimes I don’t have enough money to get a bus pass and go to all the different places... And if you’re only getting $100 in food stamps, even for one person, it’s not gonna last a month. Plain and simple. No matter how well you budget.
*Mother of one, husband has full-time job*

I think if they cut food stamps that would be a big mistake because they will be cutting half of society out too. Lots of people is starving, have probably even died. You got lots of people that will starve more and it will just start lots of chaos. Even with the money that the government gives, people struggle with that every day.

If you don’t have the proper funds to go back to school, you still have to struggle. I want to go back to school to be a CNA, and the first thing they told me was you can’t go back to school to get your GED unless you take the TABE test and that is $50 up front.

*Single woman in her 50s raising her 2 grandchildren, on disability*

There are a lot of single mothers out here that need food stamps and that helps. They don’t have jobs. It is hard to find a job. They have children that could go hungry. I will let them eat before I let myself eat...

*Single mother of 4, looking for employment*

Think about people that have just lost jobs and can’t find jobs. To expect a family to live on next to nothing and still stay healthy...It’s impossible.

*Married woman in her 50s, raising grandson, husband has part-time job*
Jenny’s Story

Single mother living with her 4 young children
Currently waiting to be approved in FL, expects to receive around $800/month
No other income
Unemployed but looking for a job

Women, Infants, Children (WIC)
A federal assistance program through the Food and Nutrition Service (FNS), an agency within the USDA.

- Provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and children up to age five that are at nutritional risk.
- In most states, WIC participants receive monthly checks or vouchers to purchase specific foods to supplement their diets with specific nutrients needed for healthy mothers and babies.
- WIC foods include: infant cereal, iron-fortified adult cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, peanut butter, dried and canned beans/peas, and canned fish.
- Fresh fruit and vegetables, whole-wheat bread, and soy-based beverages and tofu were recently added to WIC-approved food items.

Some individuals face hunger and seek food assistance during transitional periods of their life. Below, Jenny shares her current situation, living in a motel after fleeing from a domestic violence situation. Her story shows how starting a new life can be extremely challenging and stressful, and affect household food security. Even being resourceful and knowledgeable on how to “stretch a dime” can be difficult.

I’m new to the area, I came to Florida because I was basically running from a domestic violence situation. I came here trying to get away, not knowing that I was gonna be in the situation that I’m in. But I have to be strong about it. I can’t be weak because that’s gonna show through to my children. Right now we’re jumping from motel to motel paying $50-60 a night, so basically I’m homeless. It’s been really hard. I have to call my family and see if they can help me. They help out the best way they can. I’m still looking for different places as far as help, but a lot of people in this county have been a really big help, sending me to the right places.

I just recently tried to sign up to receive food stamps, so it’s a process with them. And I’m not sure what the cutoff age is here, but I think I can sign my youngest up for WIC. I think they’re still the age to get it.

It’s been a few weeks that we haven’t really had food. One day we didn’t really have much, just probably like a few dollars. I spent my last few dollars on a scratch off and I ended up winning $50, so of course that was lucky for me and I just went to get some food, but it was the food that—it wasn’t so good, but it was cheap. It was something that was able to feed them. I know how to stretch a dime. Of course I didn’t eat it, because I just didn’t do it, even though I did taste it. It was just hard for me to endure that. But as long as they got to eat, they didn’t know. Food is food to kids. Yeah, it was a hard time for me to go through that.

The motel only has a mini fridge and microwave. Using the microwave is not the way I usually cook, but it’s something that will get my kids food. At the motel I can cook TV dinners in the microwave, or try to make them some bacon, something they’re used to so they won’t be so stressed and worried. "Mom, why are we eating microwave food?" It’s different, but it’s food so they’re happy about it. I would say some of the microwave food isn’t so good for our health—it’s probably too much in calories and stuff and we probably get a little fat off of it, but it’s something that we need to eat to survive, to try to not get sick or anything.

I have seen changes in the kids recently because the new situation’s making it harder to get certain things and they’re wanting a lot more, especially since I don’t have any funds to buy them things right now. They have—their attitude has changed. They get more angry with each other. I teach them to share of course, but they feel like if it’s theirs it’s theirs, so sometimes they don’t want to share.

Rachel's Story

Grandmother raising her 2 grandchildren

$100/month

$725/month from Supplemental Security Income (SSI)

Unemployed due to disability

Supplemental Security Income (SSI)

- U.S. government income supplement program
- Provides stipends to low to no-income individuals aged 65+, blind, or disabled to help them meet their basic needs.
- Funded by tax revenues, not Social Security taxes

Rachel has been raising her two grandchildren alone for the past seven years and began coming to the food pantry 3-4 years ago. She struggles to make ends meet every month. Her story highlights the everyday stress many face when they constantly worry about having enough money to pay bills and have food to last them the entire month.

Right now I am receiving food stamps and getting a check [SSI] and it's just not enough to make ends meet. I was working and then got robbed when I was leaving from the job. They shot me in my chest and my back and my hip. I only get $100 in food stamps and I am raising my grandkids, and they are teenagers. And then my bills are killing me. So I have to go to different organizations to help me out with bills and food.

This month just started, so I don't have any food. So it has been about a week or something. It is like this every month. We just try to eat different foods, basically just put it together. We mostly eat sandwiches, toast, noodles, or whatever. Sometimes we eat eating noodles for a week. And sometimes I don't eat so I can feed them. And I will skip lunch and I won't eat—I will just drink water from the faucet to try to keep full as long as they can have a bite to eat.

The food that costs too much, I don't try to get that. We can't afford it. We don't want to starve on all that stuff that I can't afford to get. I like broccoli and cauliflower and stuff like that, just fresh vegetables to make salads and stuff. And that is hard to get. I don't get that because you have to think about how long it lasts in the household. I have to choose to either get the chicken that I can stretch, or the salad that I know is going to be gone in one day. Because whenever I cook we try to eat half and make that other half last for the next day, so they can have something when they get out of school. And then they try to eat as much as they can at school.

[When I shop] I go with coupons and I look for foods going out-of-date because they drop the price down. That is how I shop. I am always looking for deals and stuff. When I walk to the store, I know I won't be able to get as much, enough, because I have that long route to walk, so I have to get something lighter. [When] my grandkids [were little] I had to carry everybody. I did that for years, walking to the store and walking back with my grandbabies, trying to carry one, and trying to carry some groceries, and that really is just hard. It breaks you down.

The hardest thing for me is sometimes it is just so heartbreaking because I feel like I can't give them what they want. I want them to just go to school and get their education, but somehow they don't want to go because they are hungry. My granddaughter likes to play sports, but she's saying, "Grandma, you know, I will be too hungry out there." And then she is a straight-A student and so it kind of hurt me not to have the proper food in the house because she is doing so good in school.

Having the children with me and the price of things is what makes shopping hard. Kind of like when you go in the store and you really need something, and you just break down because you can't get it. And they just take everything away from you [in the checkout line]. But you have to keep all of that inside of you because of the kids. You can't show it in front of the kids. That is the hardest thing.

With a low income you can't eat properly. That affects my health. And stress on a daily basis. Stress and anxiety.

Every day I get up in the morning and the stress hits. And you don't want to be stressed out. Even when you want to be happy in the back of your mind you're thinking "well, what am I going to do?" or "what is going to happen today?", if the lights are going to go off, or the water is going to go off. The stress comes right back.

Grandparents as Primary Caregivers

Grandparents often face challenges supporting an additional dependent on a fixed income. Many grandparents lose or quit jobs to care for their grandchildren, and have increased expenses such as housing, healthcare, clothing, school expenses, and food. Financial hardships can impact the emotional, mental, and physical well-being of both the grandparent and grandchildren.

7 million
Grandparent heads of household that have a grandchild living with them

3 million
Grandparents with primary responsibility for meeting grandchild's basic needs

1 in 4
Grandparent caregivers living in overcrowded conditions

1 in 6
Grandparent caregivers paying more than half their income in rent

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Sandra's Story

Single mother living with her 4 children
Recently unemployed, looking for a job
$674/month
Living off earned income tax credits (EITC) at time of interview

Earned income tax credit (EITC or EIC):
- A federal tax credit for low to moderate-income working households
- Amount of tax credit depends on recipient's income and number of children in the household
- Maximum EITC benefit for eligible households in 2013:
  - Without children: $487
  - 1 child: $3,280
  - 2 children: $5,372
  - 3 + children: $9,044

Minimum wage 2014

| National | $7.25/hr | $2.13/hr tipped employees |
| Florida  | $7.33/hr | $4.91/hr tipped employees |

- The EITC is very important to the wellbeing of low-income individuals and families, especially considering the unpredictable nature of work and family life.
- There are political debates about whether increasing EITC benefits or raising minimum wage is better for the country's economy.

As a single mother who is no longer eligible for Temporary Assistance for Needy Families (TANF), a program designed to help needy families achieve self-sufficiency, Sandra is desperately searching for a job. Her story highlights the concerns of the unemployed and the underemployed.

Right now I don't have an income. It is so hard. I am looking for work now. I was working at McDonald's, but McDonald's was cutting my hours down to 4 hours a week. I cannot live off of that.

I was getting $793 in food stamps, but it was cut to $743. When I was working they cut me down to $674. Actually, I need to tell them I am no longer working so they give me the $743 again. I definitely noticed the cut [in food stamps], because at $793 I wanted to stretch it. I was also getting welfare [cash assistance] and they cut me off of that, and then they told me that after 48 months you can't get welfare anymore. That's the money, for rent and stuff like that. That was about 2 or 3 months ago. Welfare told me I couldn't get it anymore. They will deny me. I have applied like five times.

So, right now I had a tax return come back and that is how we are living right now until I find a job. I am hoping I find a job. I am looking every day. I look every day. I use the computers here [at the food pantry]. I am hoping to find a job because that money goes fast, and I am trying to pay up my rent. Oh God, I don't want to be in a shelter or nothing like that! I am hoping to find something before this money runs out! But God is going to bless me. I am not going to think like that. He is going to bless me.

It is getting harder and harder I hear, so, I mean I am even hearing that they may cut food stamps off, but I am not sure about that. I am hoping they don't because that is going to make a lot of families struggle. It is hard. Especially when you have children, you know, it is hard. My son is 11 now. He is eating more. Sometimes whatever my little children don't eat, he will take their plate. Yeah, he eats a lot.

Mary’s Story

As a single mother looking for a job, Mary struggles to find affordable, healthy meals for her children. Her story highlights some of the difficulties that are linked with the hunger experience, such as not being able to have a home-cooked meal at home for the holidays, and the difficulty in carrying groceries home without any personal transportation.

I have 5 kids and I am a single parent, and I was in need of food. The kids’ father wanted to help out with $5 for food, but what can I buy with $5? So, that is what brought me to the pantry today. I have been low for about 2 weeks. This month the stamps went really fast. The stamps start again next week.

When we are low on food it makes it hard to cook because the kids want certain types of food. Now that we just moved to a new house a month ago we are working on getting furniture, so we don’t have a dining table, so most of the time it is in front of the television or the kids are in their room. But we eat at the same time.

With my last house, Save-A-Lot was right behind my house, but now it is probably like a mile. I walk it. That limits how much I can carry home. In fact, right now, some things I was given here [at the food pantry] I can’t take home. And sometimes I will get snacks at the corner store, which is more expensive.

It is easier for me to go grocery shopping alone because if I bring the kids with me I can’t budget too well. But I love grocery shopping. When I do have the kids, they pick out certain things and I pick out certain things. But when I am low on money and the kids they want this and that, I feel bad if I can’t give it to them. But if I have the money, we go all together. Sometimes my family helps me, but I don’t have family here so it is kind of hard. But most of the time I come to local pantries.

It is sad sometimes because when I am low on food and the kids want extra, I have to tell them to think about what we are going to have for the next day, what we are going to have for the next meal. We eat a lot of rice because it is cheap. Rice, because rice is a staple. It goes with anything. I find myself lately cooking rice with chicken or whatever meats we have. Or noodles. Like noodles, it is cheap, so the kids might just eat that for a week or something.

The electricity and water have been cut off before. I didn’t have no job. Yeah, there have been times when the electricity was off and I wasn’t able to cook. Like, a couple years ago, Thanksgiving. I wasn’t able to make Thanksgiving for the kids, so we had to go to a family member’s house on my kids’ father’s side of the family. So, yeah. And of course there is a turn on fee [after the lights are cut off].

Hopefully I will get my tax refund back tomorrow. I need it! I worked some last year.

\[1\] Prices from Walmart, Tampa Bay, July 2014

Accessing Healthy Foods

Food insecure households have limited access to healthy foods and as a result may choose inexpensive, calorie-dense foods.

Mary nutritionists foods tend to be more expensive, especially fresh foods. Less nutritious, filler foods can last longer in the household with a limited budget.

\[\text{\textbullet\ $2.18 \ Ramen noodles, 12 pack} \]
\[\text{\textbullet\ $2.98 \ Broccoli, One bag} \]

Inadequate diets have the potential to cause long-term consequences. Food insecurity is especially harmful to children who require consistently nutritious diets as they grow and develop.

Food insecure children have an increased risk for:

\[\text{\textbullet\ Health and development issues} \]
\[\text{\textbullet\ Behavioral issues and social difficulties} \]
\[\text{\textbullet\ Poor academic performance} \]

4 Poor academic performance: hard time concentrating, missing days of school, repeating a grade level.
The Emergency Food Assistance Program (TEFAP):

- A Federal program administered by the Food and Nutrition Service (FNS), an agency within the USDA
- Helps supplement the diet of eligible low-income individuals by providing emergency food and nutrition assistance at no cost.
- The USDA purchases and packages the foods and gives states food and administrative funds to assist in distributing the foods.
- Each state receives an amount of food based on the size of the low-income and unemployed population in the state.
- Food banks distribute the food to food pantries and soup kitchens that serve the public.
- Types of food available vary based on state preference and market conditions.

I came to the pantry today because my Social Security check was cut in error. It was reduced by $300. They thought I had a change in my income. When I was informed of that I was shocked. I certainly returned the information they requested. I am trying to have a hearing to get that money that was cut replaced. I usually can budget well and never run out of food. The error really threw me for a loop. Just because of this month and last month – that’s why I have come to the pantry.

I eat very well for a poor girl. Thank God for Aldi and Winn Dixie and Publix for their “buy one, get one free” deals. Aldi is really good for poor people. They really make eating healthy affordable. You can get grapefruits for 49 cents. Really the only thing hard about cooking is not having what you want to put in whatever you are cooking, or having enough of what you want. To buy groceries I use my cart. I take the bus, so the cart can get heavy. I’m not that excited about going grocery shopping.

My religious training teaches me to be a good steward. My mom also gave me good examples of how not to waste and be thrifty, and I learned a whole lot from my own experiences. I learned not to waste. I don’t use the air at home. I am blessed to be able to tolerate the heat as well as the cold. I love fresh air and just let the windows open. It keeps the electric bill very low. Only sometimes when it is really hot will I turn the air on.

Quite often I eat things I don’t really want to. There are things that I prefer to eat. I wish I could have the oxtails or a T-bone once in a while. I would like to eat the more expensive vegetables like chard, that is very expensive, and snow peas. I can’t really afford to eat asparagus either. But I am practical, so I will buy things that are seasonal. I try to be reasonable.

I was getting just $16 in food stamps, and so I found it really wasn’t even worth the hassle. I would pay for food with the little cash I did have. When I signed up for them again with this whole thing of cutting the Social Security, it went up to $30. I hadn’t heard of it going up, so I was surprised. But with $16 it wasn’t worth the hassle. At that time I had a bad eye and I couldn’t even see the paperwork to fill out, so I didn’t apply, and I just lived within my means.

I have known about USDA food [TEFAP] for a long time. Good news travels fast. I use it about every month. There are so many things available to people that need help and the agencies are sensitive to the needs of the people. Food costs a whole lot more now than it used to. And the church and the government – they don’t waste it, they will give it away.
Trudy’s Story

Trudy has worked most of her life, but after experiencing some mental health problems she is now unable to work and receives disability. Trudy was previously receiving the minimum amount in SNAP benefits, but she has recently started to go to food pantries because she is no longer eligible for SNAP and it has really hurt her budget. Told by her doctor that she must eat healthier, especially as she ages, she finds herself stressed about following doctor’s orders.

I’ve been coming here for about 4 months because that’s when they cut my food stamps. It seems like every time you go to the store things are more expensive. Maybe it’s just 3 or 4 cents but its every week. And after a while you notice that you’re getting less and less food for the same amount. Since they took away my food stamps it was a hardship. It was only $16, but that was milk and bread and cheese and eggs. That would take that much money off of me for that week and I could spend it on other things, maybe cleaning supplies for the house. It just made everything more affordable.

My doctor tells me I’m very sick. Diabetes and high cholesterol. That’s what’s wrong right now. He tells me I’m very much in danger of things starting to shut down. I need to eat better, more fruits and vegetables, and I can’t afford to do it. Every time I see myself getting low I head out the door to the food bank, and it helps. The foods I get at the pantry last. It’s like a Christmas package! It is. Really is. Foods at food pantries are very helpful because they give you the healthy stuff that you can’t afford to buy at the store. And I feel like I’m in compliance with my doctor when I’m doing that. They’ll give you strawberries, lettuce a lot of times, fresh fruit and vegetables. They really do up right.

When buying something usually I’m thinking “how many meals can I get out of this?” because I can’t afford to buy something that’s just one or two meals. That can’t happen. By the time I get up to the register I have to have seven meals for supper at least in my cart. I’d like to eat more salad. And I just don’t have the money to buy dressing right now. I have a dollar and some change on me. That’s it. Everything I have to pay for the apartment and bills, and then whatever’s left over goes on groceries, and sometimes that’s only $20. I dislike seeing something I’d really like to have and I can’t afford it. That makes me sad. Shrimp. Oh, I love shrimp. I just look at it and go on. I get the breaded stuff-like the fillets in the box, where you get maybe 6 pieces of it, so that lasts for a while.

Eating things you don’t like—that happens a lot. If a holiday or a birthday is coming up, like my daughter’s birthday, I save up. That week I’ll get mostly macaroni and cheese and hot dogs. And that’s not healthy, but it’s affordable.

I have to be careful where I store foods. I have rats. I’ve been living in my apartment 5 years and a lot of stuff that you would think would be unusual is in my freezer. That’s where I put things if I don’t want them to be contaminated.

Food Insecurity and Disability1, 2

There is a strong link between disability and food insecurity.

- A disability may limit the type or amount of work an individual can do.
- Adults in households with a disabled family member may need to spend time caring for them, limiting their ability to have paid employment.
- Individuals with disabilities often have more expenses (higher medical costs, special medical equipment, and special diets).
- Some disabilities make it difficult for the individual to shop and prepare meals.

The negative health effects of poor diets resulting from food insecurity may be even more detrimental for adults with disabilities.

Food Insecurity Rates:

- 31.8% of households with very low food security have an adult with disabilities.
- 38% of households with less food security have an adult with disabilities.
- 24.8% of households with some food security have an adult with disabilities.
- 12% of households with higher food security have an adult with disabilities.

Taking Action to End Hunger
What you can do to help

Public Policy Advocacy

- Public Policy Advocacy is crucial in the fight to end hunger. Federal programs already in place work effectively to get food to those who are most in need, but limited funding and budget cuts threaten the success of these programs. The most effective way to eliminate hunger in the U.S. is to improve and expand federal nutrition programs that provide those at risk with the resources they need to buy foods for a healthy diet.
- Call or write your elected officials in the local, state, and federal government and tell them you support strengthening the anti-hunger safety net programs such as SNAP, WIC, the National School Lunch Program, and the Emergency Food Assistance Program. Stay up-to-date on current issues regarding related policies to help support your advocacy efforts.

Raise Awareness

- Speak with your friends, neighbors, religious organizations, and other community organizations about hunger in the U.S. and let them know why you support strengthening programs working to end hunger. Spread the word through social media (Facebook, Twitter, YouTube).
- Teach your children about hunger in America and encourage them to volunteer and find ways to help end hunger.
- Host events that raise awareness about hunger such as a documentary viewing about hunger or sponsoring a hunger banquet (see Oxfam America for details).
- If you know of individuals that may qualify for food assistance programs, help link them with agencies that can help enroll them for benefits.

Get Involved and Contribute

- Volunteer at a local food pantry or soup kitchen. You can volunteer your professional skills (accounting, graphic design, capacity building, etc) or perform direct service tasks (preparing and serving meals, speaking with clients, organizing foods, helping enroll people in SNAP and other benefit programs online).
- Organize a food drive or donate food to your local food pantry or to local food drives in your community.
- Provide monetary donations to agencies that serve the hungry.

- At the local level, programs such as Florida Impact and the Tampa Bay Network to End Hunger are working to help end hunger. Visit their websites to find out how you can help.
- Find out what your faith community is doing to help and get involved.
- Call Tampa Bay’s 2-1-1 and find out locations where you can volunteer close to your home.

Tampa Bay Network to End Hunger
http://www.networktoendhunger.org/

Florida Impact
http://www.flimpact.org/

Making a Change in Your Community

Additional resources

Community Collaborators

Daystar Life Center has provided direct assistance to the poor since 1982. We are a grassroots, community-supported, and primarily volunteer-run organization providing basic needs, services, and advocacy for the poor. Currently, Daystar Life impacts the lives of more than 40,000 children, women, and men annually. Services provided include: food, clothing, personal hygiene, and medication assistance. We also help with transportation and housing needs including rent and utility bills, assistance to obtain/replace personal identification, a secure mail service, haircuts, bike locks, Volunteer Income Tax Assistance (VITA), and online benefits assistance with ACCESS, Unemployment, and jobs. Staffed primarily with volunteers, 96% of Daystar Life’s resources provide direct assistance to our neighbors in need.
http://daystarlife.com/

Contact: Jane Trocheck Walker, Executive Director
727-894-5323
jane.walker@daystarlife.com

The Department of Anthropology at the University of South Florida places a special emphasis on Applied Anthropology, meaning that we want the research we do to help solve real world problems. Anthropology is well-equipped to study complex social problems by looking at issues in a broad context. We have experience in evaluating the impacts of social service programs in the community and advocating for social justice.
http://anthropology.usf.edu/

 Allegany Franciscan Ministries is a non-profit Catholic organization, rooted in the tradition and vision of the Franciscan Sisters of Allegany. Our mission is to serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. Since awarding its first grant in 1998, Allegany Franciscan Ministries has invested nearly $69 million to 1,400 organizations serving those most in need.
http://afmfl.org/

Alberto Arriola is a graphic designer in Tampa, FL. We thank him for his time and expertise in designing this booklet.
http://albertoarriola.com
I'm so hungry I can eat the bark or grass!

12-year-old boy

Daystar Life Center
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http://daystarlife.com/