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LIVING ON A FOOD PANTRY DIET

Living on a Food Pantry Diet

by

Kathryn M. Jackelen, LSW

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members
David Roseborough, PhD., LICSW, ACT
Courtney Flug, MSW
Lynn Vettel

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

LIVING ON A FOOD PANTRY DIET

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By Kathryn M. Jackelen, LSW

Research Chair: David Roseborough, Ph.D., LICSW, ACT

Committee members: Courtney Flug, MSW and Lynn Vettel

Abstract

In 2011, food insecurity affected one in six Americans. In order to achieve food security, many families turn to food pantries with options less healthy than traditional supermarkets. A survey with 32 multiple choice and short-answer questions was distributed at a food pantry in the Twin Cities area to measure food pantry usage and demographics. One hundred forty-six respondents participated in the survey. Seventy-five percent were female, with a mean age of 51, and almost half of the respondents reported having children. Just over half had someone in the home employed (either part- or full-time). Almost two-thirds of the respondents reported that at least half of their monthly groceries come from the food pantry. Nearly half of the food pantry users also receive government food assistance (SNAP—Supplemental Nutrition Assistance Program). Seventy-three percent of the respondents reported that the food pantry did not limit their ability to eat nutritiously. The findings indicate that food pantries are no longer for emergencies only. Additionally, findings suggest that clients could benefit from having access to healthy foods through SNAP. Other implications include changing the composition of food pantries (decreasing unhealthy foods and increasing produce and protein) and educating donors about the value of donating healthy foods.

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Nearly one in six Americans was food insecure during 2011. Food insecurity is defined as “uncertain of having, or unable to acquire, enough food for all household members because they had insufficient money and other resources for food” (Coleman-Jensen, Nord, Andrews, & Carlson, 2012, p. 5). Food is a basic need and in 2011, one in five households with children was food insecure at some point during the year (Coleman-Jensen et al., 2012). This means that the households’ food did not last long enough (until they had more money to get more food), households were unable to afford to eat balanced meals, and some were eating smaller meals or skipping meals entirely so that other family members could eat (Coleman-Jensen et al., 2012). The 2011 food insecure statistic (14.9 percent) confirms that the trend of hunger rates being on the rise since 2005, when hunger rates were 11 percent (Coleman-Jensen et al., 2012).

In an attempt to alleviate this hunger need, the federal government offers three major food assistance programs: Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the National School Lunch Program, and Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food Stamps Program). All of these programs are means-tested, and a family’s or individual’s income has to be low enough to qualify for these food assistance programs. A household of four qualifies for SNAP if their net income is less than \$1,921 a month (USDA, Supplemental Nutrition Assistance Program, 2012).

For those families who qualify for one of the major food assistance programs, some find that the assistance does not last through the entire month. Paynter, Berner, and Anderson (2011) found that “food stamp benefits are not enough to lessen reliance on the food assistance network” (p. 50). In a client survey completed by a local food pantry in

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April 2012, about one third of the food pantry users reported participating in SNAP. Some families do not qualify for food assistance programs, yet their incomes do not cover the costs of basic expenses. Berner, Ozer, and Paynter (2008) found that the working poor are forced to make choices between transportation, childcare, healthcare and food. Both of these groups (those who receive food stamps and those who do not) turn to private food pantries to fill this hunger gap.

Feeding America, a national umbrella organization made up of 200 member food banks across the country (food warehouses who distribute food to local food pantries), provides emergency food relief to 37 million low-income people annually, which is a 46 percent increase since 2006 (Feeding America, 2012). Food pantries provide free food and groceries to those in need, and were originally intended for *emergency* food relief, or temporary relief in times of economic hardship (Biggerstaff, Morris, & Nichols-Casebolt, 2002). This is no longer the case. In the research brief *Food Banks: Hunger's New Staple* (2011), Feeding America reports that “food pantries have become an ongoing part of the complex coping strategies many households employ to make ends meet each month” (p. 8). They go on to report that there is no significant difference in employment status among recurrent clients; of those employed and unemployed, about 30 percent of each group were recurrent clients (visited a pantry every month for 12 months) (Echevarria, Santos, Waxman, Engelhard, & Del Vecchio, 2011). Visiting the food pantry is no longer for emergencies only.

Families and individuals who use a food pantry also have to contend with unhealthy food choices when turning to this form of food assistance. When using the food pantry, clients do not have access to the healthier foods that are offered at a grocery

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store. Some food pantries do not have freezers or refrigerators for fresh food, and many food pantries are supplied with food that has been donated, which limits what is available based on what the donors choose to donate (low-cost, unwanted items). Multiple studies have been conducted on the quality of low-cost foods and on diets of those who use food pantries. The results show that food pantry clients' nutritional intake is "suboptimal" (Duffy, Zizza, Jacoby, & Tayie, 2009, p. 418). Jacobs Starkey, Gray-Donald, and Kuhnlein (1999) report that "frequent food bank users had lower intakes of folate, protein, vitamin C, calcium, magnesium, and zinc" (p. 887). Much of the food that is available at a food pantry is "high in simple carbohydrates, sodium, and dietary sugars and low in protein, dietary fiber, vitamins, and whole grains" (Companion, 2010, p. 641). Research shows that relying on a food pantry to meet basic needs denies one the required nutritional intake to be healthy (Bell, Wilbur, & Smith, 1998; Companion, 2010; Duffy et al., 2009; Jacobs Starkey et al., 1999; Jacobs Starkey, Kuhnlein, & Gray-Donald, 1998; Paynter et al., 2011).

In "Living on the edge: Examination of people attending food pantries and soup kitchens" published in *Social Work* in 2002, Biggerstaff, Morris, and Nichols-Casebolt call attention to the fact that nutritional well-being is not directly a focus of social work practice, but that it "is an important component of healthy biopsychosocial functioning" (p. 267). Social workers serve low-income people and people living in poverty. Social workers also serve people with health conditions, sometimes related to obesity and diet-related diseases. Hunger and the way in which clients meet this hunger need are factors that need to be considered when serving clients. Social workers are in the unique

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position of educating and advocating for clients in the connection between hunger and access to healthy foods.

A food pantry in the west Twin Cities metro area is such a place where social workers can impact the nutritional health of its clients. A survey was given out to food pantry users to gain a better understanding of SNAP and food pantry utilization, assess client-need in regards to dietary and nutritional needs, and evaluate program services.

Literature Review

Food Insecurity

Although not everyone has experienced the feeling of not knowing where their next meal might come from or wondering how long until the hunger pangs will subside, the number of people who face those questions is increasing. Food insecurity refers to a family's ability to access food. The USDA's definition of food security includes four levels: High food security (no food-access problems); Marginal food security (one or two indications, usually related to anxiety around food-access, and no changes in food intake); Low food security (reduced quality of diet, no changes in food intake); and Very Low food security (disrupted eating patterns and reduced food intake) (USDA, Economic Research Service, 2012). Following the National Nutrition Monitoring and Related Research Act of 1990, a collaboration of federal and private researchers developed a survey measure to obtain data on food insufficiency (USDA, Economic Research Service, 2012). This measure provides the public and policy makers with annual information on the health of our country in relation to food access.

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The most recent statistics show that in 2011, almost 15% of U.S. households were food insecure, with one-third of those households having very low food security (Coleman-Jensen, Nord, Andrews, & Carlson, 2012, p. v). This means that sometime during the year, a family had to miss a meal, or maybe eat a meal that did not satisfy their hunger. An August 2012 report from the Food Research and Action Center reports that nearly one in five households were unable to afford enough food during the first half of 2012 (Food Research and Action Center). Food prices continue to rise and as do the number of families who are unable to make ends meet. Of the 50.1 million individuals who are food insecure in the United States, 16.7 million of those are children (22.4% of all children) (Coleman-Jensen et al., 2012, p. 8). The ability to track our country's food insecurity brings to light how many vulnerable people are struggling among us.

One might think that it is only families living in poverty who are the ones to be food insecure, but reports show that unemployment and high housing expenses are stronger predictors of food insecurity than poverty (Bartfeld & Dunifon, 2006; Feeding America, 2012; Paynter et al., 2011). "More than half of poor households are not considered food insecure...and more than half of food-insecure households are not poor" (Bartfeld & Dunifon, 2006, p. 922). Middle-class families are reporting food insecurity. Feeding America's "Map the Meal Gap" reports that "58% of those struggling with hunger actually have incomes above the federal poverty level" (Feeding America, Map the Meal Gap: Overall Executive Summary, 2012), while Rose (1999) found that "50% of households affected by hunger have incomes above the poverty level" (p. 518S). Feeding America's 2010 "Hunger in America" study reports that "in 2009, 36% of all households served by Feeding America had one or more adults working." According to

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the USDA's "Household Food Security in the United States in 2011" report, seven percent of households who are at or above 185% of the federal poverty line are food insecure (Coleman-Jensen et al., 2012). Nord and Brent's 2002 article, "Food Insecurity in Higher Income Households" found that "food insecurity and hunger did not decline to negligible levels until income rose to about five times the poverty threshold" (p. 7). Households with jobs and income still find themselves with unmet basic needs.

When a family is food insecure, studies have shown that adults will skip meals so that their children can eat, or older children will eat less than younger children (Coleman-Jensen et al., 2012, p. 5), and some parents encourage the children to "be strong" until they are able to provide more food (Olson, Bove, & Miller, 2007, p. 204). With the change in economic climate over the past 5 years, more and more previously food-secure families are finding themselves in new situations related to hunger. Although some families may come to accept this new way of life and ever-present feeling of hunger, there are resources available to those who want to improve their family's well-being.

Food Assistance

When families are faced with hunger, two formal systems are available to help alleviate this need: public (government) assistance or private (charitable organizations) assistance.

Food stamps/SNAP. Government food stamps have been around since the mid-1960s. Eligibility is tied to poverty guidelines, which were first set during the 1960s and based on research that a family spent about one-third of their annual income on food (Feeding America, Map the Meal Gap: Executive Summary 2012). Government food

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assistance programs adjust these guidelines so that a family can make 130%-185% of the poverty guideline and still qualify for public food assistance (Feeding America, Map the Meal Gap: Executive Summary 2012). The 2012 poverty guideline for a family of four is \$23,050 a year; 185% of the guideline for a family of four is \$42,643 (U.S. Department of Health and Human Services, 2012). A family of four with this annual income (or less) could qualify for public food assistance. Table 1 shows the maximum income a person or family can make in order to qualify for SNAP (after formulaic deductions are considered). Table 2 shows the maximum benefits an individual or family would receive; 30% of the family's monthly income is subtracted from this amount to find the actual benefit (this is because SNAP households are expected to spend 30% of their resources on food) (USDA, Supplemental Nutrition Assistance Program, 2013).

Table 1

Income Eligibility for SNAP

Household size	Gross monthly income (130 percent of poverty)	Net monthly income (100 percent of poverty)
1	\$1,211	\$ 931
2	1,640	1,261
3	2,069	1,591
4	2,498	1,921
5	2,927	2,251
6	3,356	2,581
7	3,785	2,911
8	4,214	3,241
Each additional member	+429	+330

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Table 2

Maximum Benefits for SNAP

People in Household	Maximum Monthly Allotment
1	\$ 200
2	\$ 367
3	\$ 526
4	\$ 668
5	\$ 793
6	\$ 952
7	\$ 1,052
8	\$ 1,202
Each additional person	\$ 150

According to the Food Research and Action Center, 46.6 million people participated in the SNAP program in July 2012. This number has continued to rise since 2000, with more than one in seven Americans enrolled in the SNAP program (Food Research and Action Center, SNAP/Food Stamp Participation, 2012; Paynter et al. 2011). SNAP to Health, a Health and Medicine program of the Center for the Study of the Presidency and Congress, reports that 67% of people who are eligible for SNAP actually participate in the program. Daponte (2000) and Verpy, Smith, & Reicks (2003) found similar numbers of food stamps participants among food pantry users. Martin, Cook, Rogers, & Joseph (2003), surveyed households with incomes below 185% of the federal poverty line and found that 53% of those eligible participated in the food stamp program. Accordingly, Paynter et al. (2011) report that “many more who are eligible for the

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program never apply at all” (p. 29). The government provides assistance with food, but the assistance is not being used to its full capacity.

Researchers have looked into the reasons why eligible people do not apply for food stamps. Martin et al. (2003) report that people believed they were not eligible or they had difficulty with the application process. Biggerstaff et al. (2002) adds that the lack of information about the food stamp program precludes some people from participating. And others, more specifically seniors, participate in the food stamp program at low rates because they felt there was a negative stigma attached to participating in the program and they had misinformation about the rules of the program (Martin et al., 2003). They report that these families feel that receiving food assistance from a food pantry is more socially acceptable than using food stamps. When eligible people choose not to participate in SNAP, they will sometimes turn to private food pantries instead.

Although SNAP is the government’s way of addressing the hunger issue in the United States, Paynter et al. (2011) report that SNAP is not enough to lessen reliance on the private food assistance network. Paynter et al. (2011) looked at data from 10 food pantries in North Carolina. Using a regression model to compare “receiving benefits” to “length of time a client has a relationship with a food pantry” they found that “when a client receives food stamps this tends to lengthen the time a client seeks assistance rather than shorten it” (p. 50). The SNAP recipients in this study reported not having enough food and experiencing chronic hunger. This is reiterated in Bartfeld and Dunifon’s (2006) article: “food stamp recipients are consistently found to have higher levels of food insecurity than low income non-recipients, a result generally attributed to self-selection

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among eligible persons with the greatest need” (p. 922). Research also shows that families run out of food stamps before the end of the month (Berner et al., 2008; Daponte, 2000; Martin et al., 2003). The government offers food assistance to alleviate food needs, yet many hungry families do not to participate in this form of food assistance whether by choice or misinformation.

Food pantries. Multiple studies show that families use more than one form of food assistance to meet their family’s hunger needs (Berner et al., 2008; Daponte, 2000; Martin et al., 2003). Many turn to food pantries, whether they participate in the SNAP program or not. There has been an increase in the use of emergency food pantries over recent years (Berner et al., 2008; Feeding America, 2012; Martin et al. 2003) as more families turn to the private sector for food assistance. Mosley and Tiehen (2004) report that “households are not substituting one form of assistance for the other but rather are accessing multiple types of assistance when necessary” (p. 267). In Daponte’s 2000 article, “Private versus Public Relief: Use of Food Pantries versus Food Stamps among Poor Households,” she concludes that “Households using Food Stamps and/or food pantries report a greater degree of food insecurity than those not using these two forms of assistance. Apparently, these two forms of food assistance do not alleviate all food insecurity” (p. 80). Bartfeld and Dunifon, (2006) report similar findings for food stamps participants; the combined assistance is still not enough.

Importantly, employment does not prevent one from being food insecure. Berner et al. (2008), Biggerstaff et al. (2002), Feeding America (2010), and Paynter et al. (2011) found that the working poor who are trying to make ends meet make up anywhere from 25% to 39% of the clients at food pantries (depending on the study). This seems to

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contradict the myth that food pantries are for the homeless and extremely poor. When looking at “emergency” clients versus “long-term” clients, Berner et al. (2008) found that employed individuals were part of both groups; there are employed individuals who use food pantries on a regular basis. Both Berner et al. (2008) and Paynter et al. (2011) found that those who are employed have other expenses that they had to tend to, such as mortgages or utilities; food is sacrificed so that these bills can get paid. A trip to the food pantry is becoming as regular an occurrence for some working families as a trip to the grocery store. And working families are not the only demographic turning to private food assistance.

Much research has been conducted to measure indicators of food assistance or food pantry use. Berner et al. (2008) reports that job loss is the main reason for using a food pantry, followed by general financial hardship, and then change in housing situation. Biggerstaff et al. (2002) found respondents’ top three reasons for seeking food assistance to be they were “working poor and cannot make ends meet;” they were “disabled and cannot make ends meet;” or they were “unemployed and cannot make ends meet” (p. 272). In Daponte et al.’s 1998 article, results show that main reasons for beginning food pantry use was “loss of job”; “increase in housing expenses”; and “a child recently being added to the household” (p. 54). Families who find themselves in a variety of financially difficult situations are turning to food assistance.

Many studies have looked at the demographics of food pantry clients. Results vary but overall, 30%-56% of food pantry clients are children (Biggerstaff et al., 2002; Feeding America, 2012; Starkey et al., 1998). African Americans and Hispanic households disproportionately use food pantries compared to other racial groups

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(Biggerstaff et al., 2002; Daponte, Lewis, Sanders, & Taylor, 1998; Feeding America, 2012; Paynter et al., 2011). And more than half of food pantry clients do not own a car (Daponte et al., 1998; Feeding America, 2010; Martin et al., 2003). Most studies found that 25%-39% of those using a food pantry were employed (Berner et al., 2008; Biggerstaff et al., 2002; Feeding America, 2012); and most found the majority of clients do not have a high school diploma (Biggerstaff et al., 2002; Daponte et al., 1998; Feeding America, 2012; Martin et al., 2003). In stark contrast, however, a study from Montreal, Quebec, found a high percentage of food pantry clients to be college-educated (38.8%) (Starkey et al., 1998). In the U.S., Daponte (2000) found that households with higher educational attainment are more inclined to use food stamps over food pantries; she theorizes that “these households would be better able to navigate through the food stamp application process” (p. 75). Studies have looked at not only who uses a food pantry but also how often these families turn to one.

Past research has measured food pantry frequency and duration of receiving services. Daponte et al. (1998) reports that most food pantry clients use the food pantry once a month. Feeding America (formerly Second Harvest [1998]) found that one-third of food pantry users receive food for 12 months or longer (Biggerstaff et al., 2002). Both Paynter et al. (2011) and Starkey et al. (1998) found that food pantry clients relied on food pantries for long-term food assistance rather than “emergency” assistance “without promise of solutions for bettering their situations” (Paynter et al., 2011, p. 49). Even with frequent food pantry visits and long duration of use, food pantry clients still reported being food-insecure (Daponte, 2000; Verpy et al., 2003). Emergency food pantries are becoming a mainstay in some American households’ food supply.

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Whether trying to navigate the different government systems or trying to take care of themselves on their own by using a private food pantry, families are finding that the food assistance available in the United States does not meet the hunger needs that such programs are intended to relieve.

Food Pantry Diet

Food pantries do not meet the nutritional needs of the approximate 37 million users (Feeding America, 2010). Research shows that those who have access to supermarkets that provide healthy food “tend to have healthier food intakes” (Larson, Story, & Nelson, 2009, p. 75). That is good news for people who can access supermarkets, although data show that not many individuals consume the daily recommended servings of fruit and vegetables when given the choice (McCormack, Laska, Larson, & Story, 2010). People who are limited to food pantries, however, do not even have the same food selection as they would at a supermarket. Studies that surveyed or interviewed food pantry clients found that families served meals less nutritious than desired, in other words, “more likely to have scrimped on nutrition...and less likely to have eaten balanced meals because of the cost” (Daponte et al., 1998, p. 54). In Hoisington, Shultz, and Butkus’ 2002 study of food pantry users in Washington state, a participant simply states “when you don’t have the money you can’t think nutritionally” (p. 330). Choosing nutritious foods usually not an option for food pantry users.

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Most food pantries stock foods that have a long shelf life and lack nutritional value. Companion (2010) explains that

while the food items in pantry stocks represent needed calories and serve to reduce feelings of immediate hunger, they also represent a high energy-density contribution to recipients' diets. The food options that typify a pantry distribution box are all high in simple carbohydrates, sodium, and dietary sugars and low in protein, dietary fiber, vitamins, and whole grains (p. 641).

Living on a food pantry diet makes it nearly impossible to follow dietary recommendations because of the nature of the food pantry. Foods found in a food pantry tend to be food that others do not want or foods that are inexpensive (based after all on volunteerism and charitable donations that do not require refrigeration). Duffy et al. (2009) found that clients using a food pantry in Alabama reported “no fruit consumption, no whole fruit consumption, no whole grain consumption, and no consumption of dark green or orange vegetables or legumes” (p. 416). More specifically, studies have looked at the nutrient intake of food pantry users and found that frequent food pantry users had low intakes of folate, protein, vitamin C, calcium, magnesium, and zinc and attribute this to limited access to meat and fresh fruits and vegetables. “Drewnowski (2007) and Andrieu et al. (2006) demonstrate that low-cost diets tend to provide fewer micronutrients per kilocalorie than higher-cost diets” (Companion, 2010, p. 636). As a result, food pantry users may be leaving with food, but it is most likely food that will be lacking in nutrients.

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The consequences of this inadequate diet lead to malnutrition, obesity, diabetes and cardiovascular diseases. Starkey et al. (1998) reports food pantry clients had a mean Body Mass Index that was higher than the recommended healthy range; Daponte (2000) reports that 21% of food pantry clients were obese whereas Duffy et al. (2009) found 49% of food pantry clients to be obese. Each researcher also found 4% and 17%, respectively, to be severely underweight (Daponte, 2000; Duffy et al., 2009). Food-insecure families who visit food pantries are faced with the limited food options that do not provide the necessary nutrients to prevent chronic health conditions for their family members. This problem is aggravated by the effects of chronic stress which is known to have an impact on obesity (Food Research and Action Center, 2013).

In summary, there are existing surveys to measure food insecurity in this country as well as research related to the utilization of the food assistance that is available to those who are food-insecure. This researcher surveyed clients at a food pantry in the west metro Twin Cities area to understand their food assistance use, as well as their access to healthy foods and other dietary needs and compare the results to previous studies that examined food assistance usage.

Conceptual Framework

The conceptual framework used to analyze the data in this research project is the *life model* proposed by Carel Germain and Alex Gitterman in 1980.

The life model came out of the philosophy and traditions of the settlement house movement (neighborhood-based facilities where residents lived and worked together for community improvement) from the late 19th century. The life model, a derivative of the

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ecological perspective, holds that there is an interdependent relationship between a person and their environment. The ecological perspective posits that people adapt to their environments; “adaptive person-in-environment exchanges support and release human potential and growth, health, and satisfaction” (Gitterman & Germain, 2008, p. 54). The primary focus in the life model is to decrease stress by mobilizing people’s strengths and to improve environments so they are more responsive to people’s needs.

The main feature of the life model is “professional function,” stating “the purpose of life-modeled practice is to *improve the level of fit* between people and their environments, especially between human needs and environmental resources” (p. 72). The *Social Work for Social Justice Principles* of “Community and the Common Good” and “Solidarity” are exemplified in this model; these principles focus on the importance of strengthening relationships among all people and promoting well being at all levels. As social workers, we can work to promote well being and decrease stress by strengthening relationships between people and their environment.

Individuals feel stress in situations where there is a poor fit between them and the environment. Gitterman and Germain present three ways in which people navigate this stress (active adaptation): 1) change one’s self to take advantage of the environment’s opportunities; 2) change the environment so it is more responsive to one’s needs; or 3) change the person-in-environment transactions “in order to achieve improved fit” (Gitterman & Germain, 2008, p. 55). This research project examines all three methods of adaptation.

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By surveying the food pantry clients, data was gathered on the relationship between the clients and their particular environment. Knowledge was gained about the clients' strengths and stressors in relation to alleviating their hunger needs. Specifically, in meeting their hunger needs, the survey sought to answer the question, "Are the clients adapting to their environment?"

Client feedback concerning the food pantry indicated what products or services work well or ineffectively with the hope that the environment will adapt to the clients' needs. Specifically, this research hoped to learn about the clients' expectations about the food pantry. Additionally, does the food pantry meet these expectations? If not, how can the food pantry adapt to meet their needs? What is the best way to improve the level of fit for the client and the food pantry? These are questions that this research project hoped to answer. The life model is used to analyze the data from the survey with the goal of supporting human potential and growth, health, and satisfaction from the knowledge gained.

Method

This research project serves as a program evaluation of an existing food pantry in the west metro Twin Cities area and examined how those clients use the food pantry to meet their dietary needs, including other food assistance resources that are available to them. The research design is primarily quantitative with some qualitative aspects; a survey with some short-answer questions was administered to collect the data.

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Sample

The food pantry serves families and individuals who live in eight west-metro cities: Wayzata, Plymouth, Orono, Hamel, Long Lake, Minnetonka Beach, Medicine Lake, and Medina; although no one is turned away if one needs food. The food pantry is open Mondays, 4:00pm-5:30pm; Tuesdays, 3:00pm-4:30pm; Wednesdays 9:00am-11:30am and 4:00pm-7:30pm; and Fridays 9:00am-11:30am. Clients who live in the service area can visit the food pantry every two weeks.

When visiting the food pantry, clients meet with an Intake Volunteer, who enters their visit into a database. First-time users must present a photo ID, and a piece of mail to serve as proof of address in the service area (except for those who are homeless and without a mailing address) and then meet with a case manager to go over basic resources and services. Return-visitors meet with an Intake Volunteer only and then are able to access the food pantry. The intake serves as a way to keep track of client visits and update any contact information. A survey was distributed to clients who visit the food pantry during a two-week period in January 2013 (one survey per household).

Roughly 200 families visit the food pantry on a weekly basis. Each year, the agency that runs the food pantry administers a client survey to gain feedback about services. This research project used this pre-existing format to gather more detailed information about the clients' use of the food pantry. About 115 food pantry clients participated in the 2012 survey and so a similar response rate was expected for this survey. This is a convenience sample because the survey was administered at one food pantry in the metro area and the participants were voluntary.

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Protection of Participants

A letter explaining the study and participation in the study was attached as the cover letter to each survey (Appendix B). Participation in the survey was voluntary; completing the survey served as consent. There were minimal identifying questions on the survey; respondents remained anonymous. Respondents submitted completed surveys into a secure box to maintain anonymity. Spanish and Russian surveys were translated to English; translators signed confidentiality statements to ensure the privacy of respondents. This agency has used volunteers to translate surveys in the past, and this survey was translated using the same procedure. Due to the vulnerable nature of the sample, data collection did not begin until this research project was approved by the University of St. Thomas' Institutional Review Board (IRB) to ensure the protection of clients involved in the research. The IRB did not suggest any changes or recommendations with their review.

Data Collection

When a client enters the building to visit the food pantry, the client is instructed to take a number to determine when it is their turn. During the two-week data collection period, the client was offered a survey at the same time that he or she took a number. The survey stated that participation was voluntary. Participation in the survey did not affect food pantry access or usage. Also during this two-week period, case managers offered the survey during client meetings to increase sample size (these clients may have been in the building to meet with their case manager only and not visiting the food pantry, so this was an additional way to disseminate the survey). The clients who

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received a survey from their case manager returned their completed surveys into a secure box, without pressure or coercion from their case manager.

Measurement

The survey was one sheet (double-sided) on letter-sized paper (Appendix C). Surveys were offered in English, Spanish, and Russian. The introduction to the survey explained the purpose of gathering client feedback, which would be used for a research project at the University of St. Thomas/St. Catherine University School of Social Work, and that participation was voluntary. A statement explained that the responses will remain anonymous. The primary survey comprised of 32 questions, made up of nominal and ordinal levels of measurement (Yes/No questions and Likert scales) as well as short-answer questions. Some of the survey questions evolved from the April 2012 survey and were discussed with the Direct Services Supervisor at the host agency. This supervisor and the Food Pantry Manager reviewed and provided feedback about the questions. Additionally, a Nutrition Educator from the University of Minnesota Extension Office who teaches in this food pantry reviewed and provided feedback as well. The final survey was approved by the research chair. Other questions were created based on surveys found in the literature. The final section includes routine demographic questions to gain information about food pantry clients, such as gender, age, employment status, household makeup, and car ownership.

The major themes in the survey focused on: clarifying responses from last year's survey; client perspective on dietary needs and the nutritional value of available foods; and the relationship between SNAP and food pantry utilization.

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Data Analysis

Responses were compiled into a spreadsheet after the two-week data collection period. Nominal questions, such as those that include a Yes/No response, were coded as “0” for “yes” and “1” for “no.” Ordinal questions, such as the Likert scale questions, were coded based on the number of choices available in the response. Short-answer questions were compiled into themes. Descriptive statistics for each question is reported.

Based on the literature, results were compared for age and SNAP participation, employment and food pantry usage, and determining how nutrition affects a food pantry visit for a household with children.

Strengths

Since the host agency conducts a client survey each year, a system was already in place to conduct a follow up survey. The clients are familiar with the measurement and have participated in previous food pantry surveys. Feedback was provided by the Program Director, the Food Pantry Manager, and the Nutrition Educator to ensure that the questions were clear and relevant to the research question. The survey was short and simple which allowed completion of the survey while participants waited to use the food pantry. Participants remained anonymous due to the nature of the measurement. This study engaged the broader literature; results from this study were compared to results from previous research that examined demographics and food stamp usage at other food pantries around the country. Further, the results provided additional information to this agency about who uses their food pantry and what existing needs still need to be met.

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Limitations

One of the major limitations of this research is that it was conducted at one site only, rather than at multiple food pantries in the area. Since the questions on the survey were primarily quantitative, there was some data that was not available to the researcher if a qualitative measurement had been used, such as interviews. For example, there were short-answers that could have been elaborated on but due to the nature of a survey, there was not a chance to ask clarifying questions. Because the survey was voluntary, some clients chose not to participate in the research which affects the data and accuracy of client feedback. The survey was available for two weeks, and because households are able to use the food pantry once every two weeks, there should not have been any duplication, however, due to the anonymity of the survey and the distribution from case managers, there was no way to ensure that only one person from each household filled out only one survey.

Findings

During the survey's two-week distribution period in January 2013, 529 households utilized the food pantry. Most of these clients were offered a survey before they entered the facility; additional clients were offered surveys through their case manager. A total of 155 surveys were returned (123 in English, 27 in Russian, and five in Spanish), a participation rate of nearly 30% (29.3%). Five of the Russian surveys and four of the Spanish surveys did not have a translated letter of consent at the time of distribution, and so those surveys were not used in the findings ($N=146$). The analysis of this data paints a picture of the experience of living on a food pantry diet.

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Demographics

Three times more women than men filled out the survey ($n=98$ women and $n=33$ men). The average age of the respondents was 51 years old, within an age range of 19 to 91 years old. The median household size was 2.5 members, with the range being one to 12 household members. Most households ($n=128$) reported having one to six people, with an additional respondent reporting nine household members and another reporting 12 household members. Sixty-four of the respondents (about 47%) reported that they had children under 18 years-old living in their household. Fifty-six percent of the respondents ($n=75$) reported that a household member is working either full- or part-time. Just over 80% of the respondents reported that they own a car ($n=99$). The demographic data collected show us *who* is using the food pantry (Table 1 and Figure 1), while other questions from the survey tell more about *how* clients use the food pantry.

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Table 3

Demographics of Food Pantry Respondents

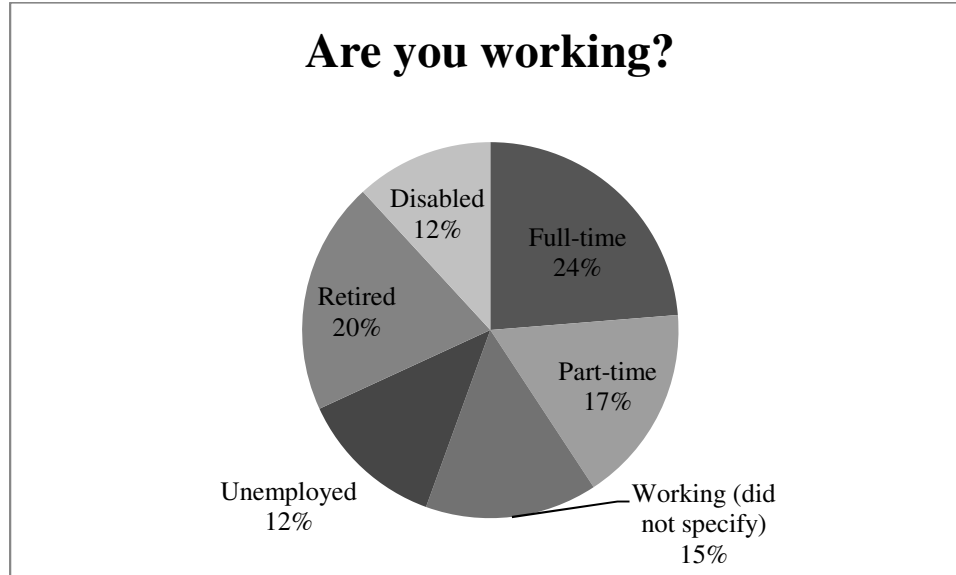
Gender	
Male	33 (25%)
Female	98 (75%)
Age	
Mean	51
Age range	19-91
Household size	
Median	2.5
Range	1-12
Children in household	
With children	64 (47%)
Without children	71 (53%)
Employment	
Someone employed	75 (56%)
<i>Full-time</i>	32
<i>Part-time</i>	23
<i>Did not specify</i>	20
No one employed	60 (44%)
<i>Unemployed</i>	17
<i>Retired</i>	27
<i>Disabled</i>	16
Car ownership	
Own a car	99 (81%)
Do not own a car	23 (19%)

(Percentages are based on the number of people who answered the question.)

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Figure 1

Employment Status



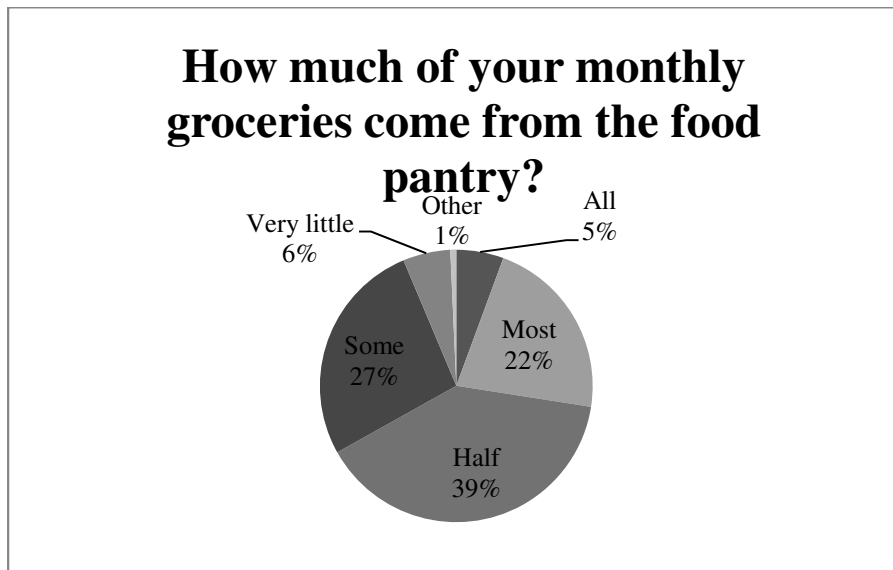
Food Assistance Usage

One survey question asked, “How much of your monthly groceries come from the food shelf?” Using a Likert Scale, the participants could choose between “All,” “Most,” “Half,” “Some,” “Very little,” or “Other amount.” Almost two-thirds of the respondents ($n=95$) reported that at least half of their monthly groceries come from the food pantry, with more than 25% ($n=39$) reporting that “most” or “all” of their monthly groceries come from the food pantry (Figure 2).

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Figure 2

Percentage of Groceries from the Food Pantry



For those families that have at least one person employed (part- or full-time), 53 respondents (71%) reported that at least half of their monthly groceries come from the food pantry.

The survey also consisted of a series of “yes” or “no” questions related to food stamps/SNAP. The survey queried if the household participated in SNAP, if they knew what SNAP was, if they knew where to apply for SNAP, if they had ever applied for SNAP, and if they knew if they were eligible for SNAP or not. Of those who answered the question ($n=131$), 45% of households ($n=59$) reported that they participate in SNAP, which is an increase from last year’s survey results of 34%. Of those households who are using both the food pantry and receiving SNAP/food assistance, 26 have someone in the home who is employed (45%). When looking at age and SNAP usage, the mean age of those respondents who report participating in SNAP ($n=59$), is 53 years-old, while the

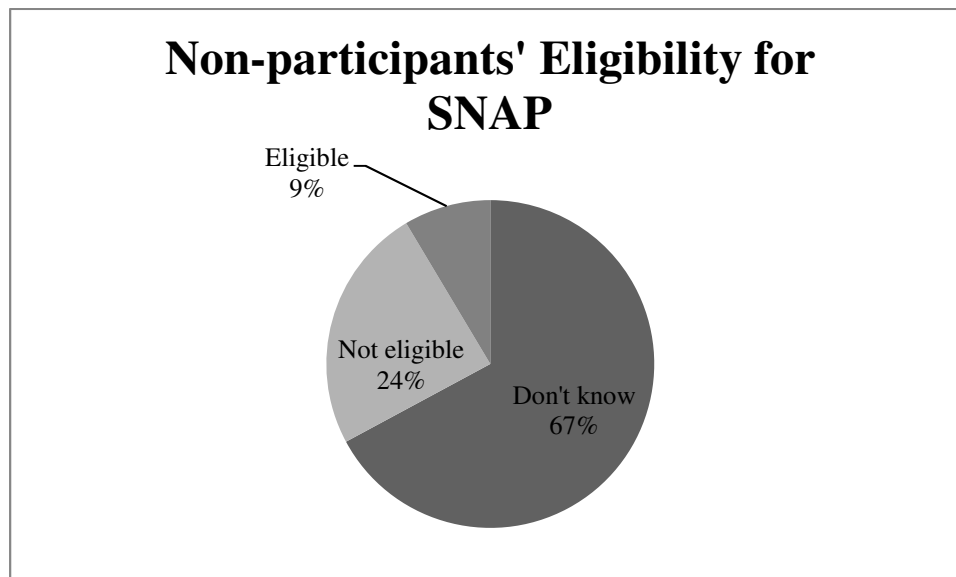
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mean age of those who report that they are not participating in SNAP ($n=72$) is 48 years-old.

Although some families use both the food pantry and food assistance, other families report relying only on the food pantry. Seventy-two of the respondents reported that they do not participate in SNAP (55%). Of the 72 who do not participate in SNAP, 47 (65%) did not know if they were eligible or not. Seventeen respondents (24%) reported that they had applied for SNAP and learned that they were *not* eligible. Of those 17 households, 14 of them have someone in the home who is employed. Six respondents reported that they had applied for SNAP and learned that they *were* eligible but chose not to participate (Figure 3).

Figure 3

Eligibility of Those Not Participating in SNAP



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A short-answer question asked, “If you choose not to participate in SNAP, why?” but none of these respondents answered this question. A handful of other respondents who are not eligible for SNAP, however, did answer this question. Comments varied, but included: lack of knowledge about SNAP; a belief the respondent did not qualify (or was just barely over the qualifying limit); difficulty getting “all the paperwork in;” and finding it to be of “little help.” Of the 64 households that reported having children in the home, 26 of these households reported that they receive SNAP whereas 38 of the households with children do not use SNAP (11 of these being “not eligible,” five “eligible,” and the rest not knowing if they are eligible).

The survey also asked if respondents participate in any other food assistance programs and listed other food assistance programs. Of the 38 households with children who are not receiving SNAP, nine reported that they are participating in WIC (Nutrition program for Women, Infants, and Children). The income threshold for WIC is higher than for SNAP, so it is possible that one could be eligible for WIC but make too much money to receive SNAP (USDA, Supplemental Nutrition Assistance Program, 2013; USDA, WIC Income Eligibility Guidelines, 2013). Twelve respondents reported that they used another food assistance program, such as NAPS (Nutrition Assistance Program for Seniors) or Fare for All (a food distributor with low costs by buying food in bulk). The data show that although families are accessing different, and sometimes multiple, forms of food assistance, the clients at this food pantry tend to prefer the food pantry over government food assistance.

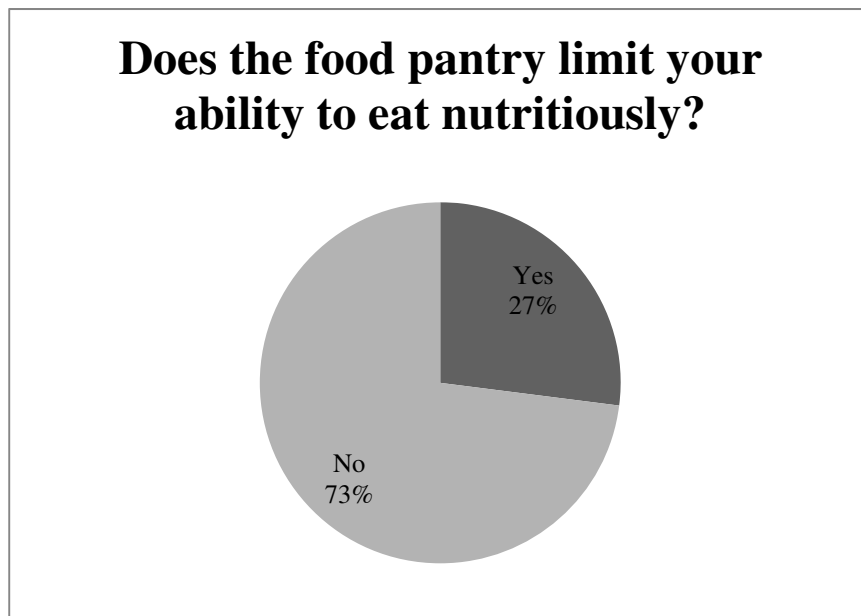
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Nutrition

Since research shows that the food available in the typical food pantry is not very nutritious, this researcher posed the question, “Does the food shelf limit your ability to eat nutritiously?” Almost three-quarters (73%) of the respondents ($n=100$) reported, “No,” that it does not limit their ability to eat nutritiously. Of those respondents who reported that the food pantry does not limit their ability to eat nutritiously, 61% ($n=61$) report that at least half of their monthly groceries come from the food pantry and 42% ($n=42$) have children living in their household. About one-quarter (27%) of the respondents ($n=37$) felt that the food pantry did limit their ability to eat nutritiously (Figure 4).

Figure 4

Attitudes toward the Nutritional Limitations of the Food Pantry



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A follow-up question involving short-answers allowed the respondents to explain how it limits them, with the findings mentioned below.

There were short-answer questions in the survey that provided qualitative data. The short-answers were coded into themes for each question. When asked *how* the food pantry limits their ability to eat nutritiously, the four most common themes were “not enough variety,” “not enough produce,” “high fat,” and “expired food” (in descending order). The themes that involved produce and fat content concern nutrition, but the other themes focus on the composition of the food pantry and the quality of the food supplied by the food pantry. A follow-up to that question asked how the food pantry can do better and the most common themes for that question were “better/more produce,” “more protein,” and “more variety” (in descending order). These responses were directed more towards the nutritional component of the food pantry and indicated that some users of this food pantry are aware that the food provided is not as healthy as food available in a grocery store. Additionally, a short-answer question inquired about respondents’ dietary needs. Eight out of 28 respondents reported that they had Diabetes, four reported that they were lactose intolerant, and four reported that they follow a vegetarian diet.

Summary

These findings capture a segment of the population who use a Twin Cities food pantry. 529 families used the food pantry during the two-week period when data was collected, with 146 of the 155 surveys analyzed (a 29.3% response rate). The data provide a general idea of who uses the food pantry, how they use it (supplemental to food

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stamps, in place of food stamps, etc.), and how they feel about the nutritional value of the food that is available to them in the food pantry.

Discussion

This research paper set out to discover more about the clients who use the food pantry in a west Twin Cities family services center and how they use the food pantry in order to meet their hunger and nutritional needs. This section will go into further analysis of the findings, highlight similarities with previous research and distinguish differences from previous research, and examine the potential applications for social workers.

Interpretation of Findings

Demographic findings showed similarities and differences from the research literature. This research found that almost one in four (24%) clients using the food pantry has someone in the home working full-time. In response to the question regarding employment status, some clients did not indicate whether their status was full- or part-time, therefore, there is potential that more clients are fully employed. All together, fifty-six percent of clients using this food pantry have someone employed in the home in some capacity (either full- or part-time). These numbers reflect the results from previous studies: Berner et al. (2008), Biggerstaff et al. (2002), Feeding America (2010), and Paynter et al. (2011) found that the working poor, trying to make ends meet, make up anywhere from 25% to 39% of the clients using food pantries (depending on the study). These statistics reflect the notion that working families have other expenses to tend to (mortgages, utilities, etc.), therefore, food is sacrificed and, consequently, these families

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have to turn to “emergency food assistance” we know as privately-run food pantries (Berner et al., 2008; Paynter et al., 2011).

Food pantries are no longer *emergency* food support for only those who are homeless or unemployed. This study’s findings also showed that the food pantry is used by those who one would not consider to be in a crisis situation. While 44% of respondents reported that no one in the home was working, most of these respondents reported being retired or disabled. In fact, only 12% of the respondents using the food pantry are unemployed and, presumably, able to work. Food pantries are typically thought of as being used in times of crisis, (for example, those who have recently lost a job and cannot afford to pay their bills). That group makes up just over one-tenth of the respondents, a small percentage compared to the rest of the respondents. The majority of non-working individuals and families who use this food pantry are those whose financial situation is not going to change by simply gaining employment; these individuals are unable to work due to a disability or are past the age of retirement. There is nothing *emergent* in their financial situation. The face of the “typical” food pantry client is, therefore, working or unable to work due to age or disability, and as a result, not able to meet basic hunger needs.

Children are another demographic group that is affected by hunger. According to the USDA’s research on food insecurity in the United States (2011), 22.4% of all children are food insecure (p. 8). Of those respondents using this food pantry, 47% had children in their household ($n=64$). These findings demonstrate that many of the respondents are families with children that utilize food pantries to secure their children’s basic hunger needs.

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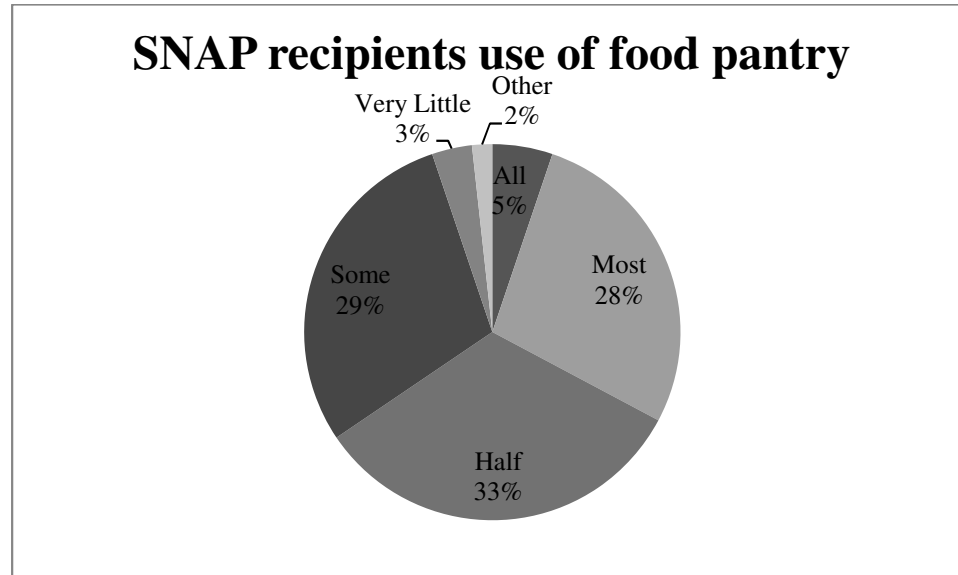
One demographic finding in this study that diverges from the research literature was car ownership. Feeding America (2010) reported that 60% of food pantry users do not have access to a working vehicle. Martin et al. (2003) found that more than half (55%) of food pantry users do not own a car. In this research paper's findings, 81% of respondents reported that they drove to the food pantry with their own car, with the other 19% reporting that they do not own a car. This is most likely due to the location of the food pantry. This food pantry is located in the suburbs and serves a large geographical area. It is not within walking distance and there is not a strong public transit option for most food pantry users. The suburban area that it is located in is more affluent than the surrounding metro area, which may also explain the divergence from previous research.

Not only did this research find that it is those who are employed, those who are unable to work, and those with children who are turning to the food pantry to satisfy hunger needs, it also found that many respondents also receive support through food stamps (SNAP). Forty-five percent of respondents using this food pantry reported receiving government assistance to put food on their tables. Upon further exploration of the 45% who receive SNAP, almost two-thirds reported that they get half or more of their monthly groceries from the food pantry (Figure 5). These data support the literature which has found that the government's food support system is not enough to alleviate hunger and meet basic hunger needs alone (Bartfeld & Dunifon, 2006; Bernet et al., 2008; Daponte, 2000; Martin et al., 2003; Mosley & Tiehen, 2004; Paynter et al., 2011).

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Figure 5

Percentage of Groceries from this Food Pantry for SNAP Recipients



Thirty-five percent of food pantry users with someone working in the home were also receiving SNAP. Fifty-five percent of households with children reported receiving SNAP or WIC. It is clear that families and individuals have no choice but to use multiple supports to meet their basic needs.

Although 45% of the food pantry users report receiving SNAP, many of the respondents did not know if they were eligible for SNAP, and some ($n=6$) reported that were eligible and chose not to participate in SNAP. In Martin et al.'s (2003) research, reasons for not participating in the food stamp program included stigma, belief of not being eligible, and a difficult application process. Although only four respondents specifically stated reasons for not participating in SNAP, the reasons mentioned are consistent with Martin et al.'s research findings (believed not to be eligible and difficult application process). This food pantry is located in an affluent part of the Twin Cities

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area; it is possible that some of the residents in this community make enough money that they would not believe that they would qualify for SNAP (and they may not). These findings, however, could also be a reflection of the stigma associated with receiving public benefits; if a family is trying to hide the fact that they need assistance securing basic needs, using a government-issued EBT (Electronic Benefit Transfer) card at a local grocery store in an affluent community may create embarrassment or a sense of shame. People may prefer the relative anonymity of visiting a food pantry over the risk of the perceived stigma of using food stamps in their local grocery store. Previous survey results from this food pantry showed that some clients believed they would not have access to the food pantry if they were receiving food stamps; a misunderstanding of the complex system of food assistance.

Another finding that is consistent with the literature was that at least thirty-nine percent ($n=52$) of the respondents did not know of the SNAP program. For the short-answer question inquiring “If you choose not to participate in SNAP, why?” one respondent wrote about their lack of knowledge of SNAP. This response is consistent with previous research that found lack of information about the food stamps program prevented people from participating (Biggerstaff et al., 2002).

After analyzing *who* uses this west metro food pantry, and *how* they use it (especially in relationship to SNAP), this research also analyzed the dietary and nutritional aspects of using a food pantry. Food that is typically available in a food pantry is not as nutritious as the food in a grocery store (Companion, 2010; Duffy et al., 2009). Research shows that people who have access to supermarkets that provide healthy food “tend to have healthier food intakes” (Larson, Story, & Nelson, 2009, p. 75). Food

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pantry options are usually non-perishable, processed foods that are high in macronutrients such as carbohydrates (i.e. sugar) and fats, but low in micronutrients (folate, Vitamin C, Calcium, Iron, Magnesium, etc.). Studies consistently indicate that people who frequent food pantries are not eating a healthy and nutritious diet (Duffy et al., 2009; Starkey et al., 1999; Verpy et al., 2003).

Although this west Twin Cities food pantry has refrigeration and freezer space (something most food pantries do not have access to), most of the consistently available food is still non-perishable, processed foods. Even though this food pantry is limited in nutritional offerings, most of the respondents ($n=100$) did *not* feel that the food pantry limited their ability to eat nutritiously. This finding was alarming, especially when considering the fact that 61% of these respondents report that they get half or more of their monthly groceries from the food pantry. While this finding is a positive result with respect to user satisfaction (overall, people were happy with what the food pantry offered), it shows that many people using the food pantry are unaware that the available food is not as healthy as food in a grocery store.

Some food pantry users are aware of the nutritional limitations of the food pantry. The respondents who felt that the food pantry *did* limit their ability to eat nutritiously reported limitations such as “high fat,” and “not enough produce.” Participants who have the funds to shop at a grocery store (and SNAP recipients), arguably, have access to healthier foods. Therefore, the nutritional limitations of the food pantry may not impact their diet as much as it does someone who is getting the majority of his or her food from the food pantry.

Social Work Implications

In referring back to the conceptual framework of this research, the life model posits that people adapt to their environments and that people feel stress when there is a poor fit between themselves and their environment. Gitterman and Germain's (2008) three methods of adaptation provides a clear direction for social work implications in relation to improving the well-being of the food pantry clients. The first way that Gitterman and Germain present adaptation is through changing one's self to take advantage of an environment's opportunities. This process could be exemplified by the clients applying for SNAP and utilizing these public benefits to buy the more expensive fresh produce and protein that may not be available in the food pantry. Right now, only 45% of the food pantry users receive SNAP, with the majority of those not receiving SNAP either unaware of it or never having applied for it. Increasing the number of food pantry users who also receive SNAP would assist these families and individuals to take advantage of the environment's opportunities by giving them access to grocery stores with presumably healthier food options.

The second method of adaptation is to change the environment to be more responsive to one's needs (Gitterman & Germain, 2008). This adaptation could take place by changing the selection of food available in the food pantry. The pantry could focus on increasing fresh produce and protein and decreasing the amount of sugar, fat, and sodium available to adapt its environment to clients needs. Additionally, adaptation could occur through education to donors on the importance of providing nutritious food. Donors choose to donate certain foods for a myriad of reasons (low-cost, unwanted by the donor, or as a "treat" to someone in need) (Verpy et al. 2003). Educating donors to

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consider how their donation affects the health of recipients may encourage donors to embrace the importance of donating healthy food to those who are reliant on a food pantry.

The third adaptation method is to change the person-in-environment transactions in order “to achieve improved fit” (Gitterman & Germain, 2008, p. 55). This adaptation could be demonstrated by social workers making an effort to engage in conversations about food security and nutrition with their clients. Client education concerning dietary needs and how they can access nutritious food (apply for SNAP, etc.) is effective social work. Poor nutrition creates many health problems, and social workers can help their clients live healthier lives by promoting healthy eating. Ideally, food pantry users should have a better understanding of what is healthy (versus what will satisfy this hunger temporarily) in order for them to choose whole food over processed food.

Additional social work implications include advocacy for policy change concerning SNAP and food assistance. The amount of food assistance an individual or family receives is based on an outdated formula (Feeding America, 2010). Many families are barely able to make ends meet (for example, the cost of paying bills and mortgages and other daily expenses); consequently, purchasing nutritious food is not plausible for these families. True living wages are not a reality for all, and to ensure that our fellow neighbors can achieve food security, the government needs to fix assistance programs.

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Strengths and Limitations

After data collection and analysis, some strengths and limitations became clear. Some strengths of the study included a large sample size ($N=146$) with a high response rate (almost 30%). Also, households where English is not the primary language were able to participate in the research due to the availability of surveys in Spanish and Russian.

Some limitations involved the composition of the survey. A handful of respondents did not fill out the second page; they may not have realized that there were more questions to answer on the back side. Also, various questions on the survey had their limitations. First, for the demographic question about employment status, the choice of “disabled” would have provided more accurate data if it had said, “receiving disability” instead. Second, some of the respondents did not know what “SNAP” was, and, as a result, there was some confusion when answering the questions about food stamps, SNAP, and EBT. Third, there were very few answers to the question, “If you choose not to receive SNAP, why?” This question could have provided information about why people choose not to participate in government assistance and there were only a handful of responses. This was a short-answer question, and a multiple choice question may have received a higher response rate. Finally, subsequent to survey collection, it was discovered that the Russian survey was missing the question about car ownership. This omission, however, affected only 13 surveys.

Survey distribution also had its limitations. Some receptionists offered the survey to food pantry users experienced fatigue by the second week of distribution and forgot to

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offer the survey. Accordingly, some food pantry users may not have been offered a survey at intake.

Summary

This research provided a program evaluation for a food pantry in the west Twin Cities. It will hopefully inform program design and policy through thoughtful consideration of survey response. This research also provided insight into *who* uses food pantries and *how* they use them, especially in relation to public food assistance. Overall, there are many individuals and families utilizing both public and private food assistance programs to secure basic food needs. Contrary to popular belief, these individuals and families are the “typical” food pantry user; someone who is *not* in a crisis situation but still in need of food assistance. Patrons at this west Twin Cities food pantry are people who are employed or retired, and families with children. Many of these individuals and families are receiving at least half of their monthly groceries from this food pantry, which means that they are limited to mainly non-perishable, processed foods lacking in nutrients. This problem is compounded by the fact that many of these individuals and families do not feel limited in their nutritional intake by the foods that are available to them (or not available to them) in the food pantry. Ideally, social workers will assist these families to receive SNAP so these families have increased access to healthier food options. Social workers must also educate these families on how to recognize nutritious food options.

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Appendix A

University of St. Thomas/St. Catherine University

School of Social Work - MSW

To Whom it May Concern:

I am writing to confirm the agreement that _____ has made with Katie Jackelen for the completion of a survey of our clients. We understand that the purpose of the survey is to gather information about the met and unmet food/nutrition needs of _____ food shelf users. We agree to provide support and direction to Katie throughout the project. We understand that the anonymous results of the will be shared with _____ and will be included in a student presentation.

Please contact me if more information is needed.

Respectfully,

Program Director

Appendix B

Letter of Informed Consent

University of St. Thomas and St. Catherine University

You are invited to participate in a study related to program evaluation of the _____ food shelf and investigating food assistance use and nutritional/dietary needs. This survey was designed by Katie Jackelen, University of St. Thomas graduate student and _____, Program Director. We are interested in your opinions about the food shelf and how it helps or hinders your ability to eat well.

The survey involves 32 questions including some Yes/No questions and short-answer questions, and will take about 5-10 minutes to complete. Participation is voluntary. Your decision to participate or not will not affect your use of the food shelf or relationship with _____ and _____ staff in any way. The survey is anonymous (there is minimal identifying information on the survey) and records will be kept confidential. Results will, however, be shared with _____ and presented at the University of St. Thomas as part of a small student presentation. Filling out the survey will serve as your consent. There are no known risks or benefits for participating in this study. Please ask any questions before you agree to participate in the study.

If you have any questions, please feel free to contact Katie Jackelen (612) 802-4378 or _____. If translation is needed, an _____ volunteer will assist with translation.

Appendix C

_____ Food Shelf Survey January 2013

Some of you told us that you disliked the wait/long lines. Has this improved? Yes No

Have you tried different days and times? Yes No

Are you aware of which days have shorter wait times? Yes No

Would information about typical wait times be helpful? Yes No

Some of you told us that dietary needs were a challenge when using the food shelf.

Has there been improvement? Yes No Not applicable

What specific dietary needs does your household have? _____

What foods would help you with these dietary needs? _____

Are you interested in learning about eating nutritiously from the items available in the food shelf?

Very interested Somewhat interested Neutral Not interested

Does the food shelf limit your ability to eat nutritiously? Yes No

If yes...how? _____

... how can we do better? _____

Have you seen a cooking demonstration in the _____ food shelf? Yes No

If yes...

did you gain knowledge related to the nutritional value of the item? Yes No

did you choose the food item that was being demonstrated? Yes No

did you use the food item as demonstrated? Yes No

did you/would you choose this item again? Yes No

If no....why? _____

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How much of your monthly groceries come from the food shelf?

All Most Half Some Very Little Other amount _____

Does your household participate in SNAP (Supplemental Nutrition Assistance Program)/food support/food stamps/EBT? Yes No

Do you know what SNAP is? Yes No

Do you know where to apply for SNAP? Yes No

Have you applied for SNAP/food support/food stamps before? Yes No

Do you know if you are eligible for SNAP?

Don't know Eligible Not eligible

If you choose not to participate in SNAP, why? _____

Does your household participate in any other food assistance programs? Yes No

NAPS (Nutrition Assistance Program for Seniors)

WIC (Women, Infants and Children Program)

MAC (Mothers and Children Program)

Fare for All

Other free food distributions

Which distributions and how often? _____

ABOUT YOU

Gender male female Age _____

Are you working (part- or full-time)

unemployed

retired

disabled

other _____

Is someone else in your household working (part- or full-time)

Do you have children under 18 living with you? yes no

LIVING ON A FOOD PANTRY DIET

Number of people in your household _____

How did you get here today?

- my own car Dial-a-Ride taxi
 ride from someone else walk/bike other _____

If you did not drive yourself today, do you own a car? yes no

Thank you!