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Food Insecurity: Providers' Perspectives Regarding Improving Food Access  
for Low Income Americans

by

Sarah Kay Barrett, B.A.

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

Masters of Social Work

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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.

### Abstract

Food is often seen as the common denominator that brings people together yet food-related issues often plague our society in negative ways. Food insecurity, defined as having limited access to food resources often, impacts individuals and households. The prevalence of food insecurity within a household can increase the risk of developing chronic health conditions and obesity. Food insecurity can also be a hard statistic to track because it is self-defined and self-reported. This qualitative research study was designed to investigate the impact of food insecurity from the perspective of providers that work within food resources programs. In total five participants were interviewed, four participants from community based food shelves and one participant from a community based free meal program. Participants of the study were asked to evaluate their perspectives on identifying the hardships and barriers that affect client populations facing food insecurity. In addition to identifying where gaps in receiving food services exist. Participants were also asked to explore ways that service providers could address service gaps and in order to impact food accessibility for their clients.

Results of the research show that four major themes impacted food security rates. These themes were transportation barriers, the impact of household income, the under-representation of seniors, disabled individuals and some ethnic groups in accessing food programs and the increased need to improve food diversity. Implications for social work practice and policy implications are also discussed to emphasize, the importance of addressing food insecurity so that the larger society can understand the full impact of the issue.

*Key words: food deserts, food insecurity, food resources, food shelves, social work, Supplemental Nutrition Assistance Program (SNAP).*

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Completing this project has also helped me to be more reflective about the food needs for people living in my own community. During this project I was able to meet some outstanding professionals who are working hard every day to address the needs of people lacking food resources; because of their efforts, parents are able to provide healthy meals for their kids, seniors are not eating alone, and people who had no idea where their next meal was coming from found not only nourishment, but sustainability. Thank-You, for your efforts in making this possible and for sharing your experiences with me.

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## **Food Insecurity: Providers' Perspectives Regarding Improving Food Access for Low Income Americans**

### **Introduction**

Even though food is often seen as a common denominator that brings people together, food-related issues often plague our society in negative ways. One factor that illustrates this vulnerability is whether a household is deemed food secure or insecure. When food security is present, sufficient food resources exist to meet the needs of the people living in the household (United States Department of Agriculture [USDA], 2014). In contrast, when *food insecurity* is present, insufficient food resources are lacking to meet the needs of the people living in that household (USDA, 2014). Various factors can contribute to the prevalence of food insecurity. Rates of food insecurity are substantially higher among households living below the poverty line and in households with children that are headed by single women (Heflin & Ziliak, 2008). High rates of food insecurity also exist among adults ages 65 and older, where nine out of ten impoverished adults do not receive food assistance support (Fuller-Thomson & Redmond, 2008). Recently, the Great Recession that began in 2007 and has lasted until end of 2010 has also contributed to an increase in food insecurity among residents in suburban communities as well (Coleman-Jensen, 2012).

Americans that experience food insecurity due to the lack of food resources needed to feed themselves and their families also face additional challenges when comes to accessing the healthy and nutritious foods that impact quality of life (Coleman-Jensen, Gregory & Singh 2014). Research shows that issues related to food insecurity can impact various populations in measurable and unmeasurable ways. In measurable ways, food insecurity can exacerbate chronic medical and mental health conditions, influence rates of poverty and increase rates of obesity (Correll, 2010; Gowda, Hadley, & Aiello, 2012; Heflin & Ziliak, 2008). In unmeasurable ways,

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food insecurity often targets vulnerable members of society with increased rates among seniors, people with disabilities and households headed by women (Coleman-Jensen et al., 2014).

Food insecurity is a challenging statistic to track because it self-determined and not always accurately calculated (Whitley, 2013). It is also estimated that many food-related needs go unreported or underreported within various populations. People experiencing homelessness, physical illnesses or mental health instability often have their needs omitted from targeted research because research statistics fail to capture how food insecurity might be impacting their daily life (Coleman-Jensen et al., 2014). Underreporting of food needs is also a large concern for seniors and people living in rural settings (Whitley, 2013). Limited access to healthy foods can also occur as a direct consequence of inadequate transportation to resources, or restricted access to supermarkets (Larson & Gilliland, 2008). *Food deserts* can be defined as geographic areas with a low number of supermarkets or direct access to wholesale food resources. When food deserts are present in rural or urban areas they often contribute to food insecurity by limiting food choices (Larson & Gilliland, 2008; Whitley, 2013). The continued under-reporting of food needs, and the direct connection to larger policy issues, also means that major food policies efforts within the United States do not always reflect the honest needs of food-insecure populations.

Concerns related to food insecurity are not new to the American public. From an economic standpoint challenging food insecurity has created many opportunities for federal, state and local government agencies to create programs that have increased food access for those in need. In 1946, the *National School Lunch Program* was established largely out of the need to decrease malnourishment among military recruits following the end of World War II (Parker, 2002). Then in 1964 the *Food Stamp Act* passed by President Lyndon B. Johnson's "War on

Poverty” legislation shed significant light on the need for the American government to construct and implement programs that would address food distribution and increase access of food resources (Bailey & Duquette, 2014). The passing of the *Food Stamp Act* also created an opportunity for each state to determine program eligibility requirements that would improve accessibility for purchasing healthy foods (USDA, 2013). Creation of the food stamp program also guaranteed a market for many food commodities in addition to creating economic stability within the agricultural economy (USDA, 2013).

Government policies surrounding the investment in the agricultural economy has also influenced changes within American household food consumption for many years. In the years following the implementation of the *Food Stamp Act*, changes to food packaging, storage and the greater variety of accessible food continued to play a role in positively and negatively influencing food insecurity rates. With the modern industrialization of food technology, foods once harvested from the family farms transferred to being purchased in grocery stores, leading to changes in the way we buy, store, cook and consume foods (Nickols, Andress, Peek, & Nickols-Richardson, 2010). These shifts have come to redefine food access for most Americans by limiting their access to fresh foods depending on their geographic location and limiting the buying power of some products rather than being able to produce independently (Nickols et al., 2010). This shift also impacted the methods of food distribution by limiting the accessibility of food resources not only by the financial resources of a household, but in terms of residential location (Larson & Gilliland, 2008). Shifting the accessibility of processed foods and fast-foods restaurants has given rise to quick meal choices that can be poor in nutritional value, and with long-term consumption has increased rates of diabetes and obesity, even when food insecurity is present (Correll, 2010).



While a large percentage of the food insecurity problems have been addressed with government programs, a high percentage of people who experience food insecurity still come from similar backgrounds. According to the United States Department of Agriculture's report on Household Food Security in the United States in 2013, many groups continue to experience food insecurity above that of the national average; these groups include:

- All households with children (19.5 percent);
- Households with children under age 6 (20.9 percent);
- Households with children headed by single women (34.4 percent), or single men (23.1 percent) and other households with children (30.7 percent);
- Households headed by Black, non-Hispanics (26.1 percent) and Hispanics (23.7 percent);
- Low-income households with incomes below 185 percent of the poverty threshold (34.8 percent);

*(Household Food Security in the United States in 2013, ERR-173  
Economic Research Service/USDA Coleman-Jenson et al., 2014).*

For many of these households, the impact of food insecurity creates a ripple effect that directly influences not only the lives of the adults in the household but the lives of children as well. In these households the limitation of economic resources also means that significant changes to food policy efforts may not impact long-term food security rates because the income guidelines of nutrition programs will remain the same (Coleman-Jensen et al., 2014).

Investigating the causes of food insecurity and the lack of solutions to fully address food insecurity is a major concern that might lead to long-term societal repercussions if not addressed.

Lack of access to a nutritious and adequate food supply has physical and mental health consequences, but also impacts the behaviors and social skills of children and adults (Coleman-Jensen et al., 2014). Therefore, investing in resources to address food insecurity within the medical and social services field is an important factor in addressing how access to food resources impacts medical treatment (Parker, 2002). Providers working in the medical and social service field can impact how food insecurity needs can be addressed within the client populations they work with. Using assessment tools and questionnaires to determine whether food insecurity exists within households can help clinicians to educate their clients about food resources that might help them to meet their needs (Parker, 2002). Not addressing food insecurity needs within medical and social service settings will only continue to increase the emerging epidemic of obesity and chronic diseases associated with the food insecurity (Parker, 2002; Tsuli, Deutsch, Patinella, & Freudenberg, 2013).

Uncovering the many layers of social and economic influence that contribute to food insecurity is a complex problem to tackle because it involves changes to the macro-, meso-, micro-, and eco- systems that influence the distribution of food resources as well as income disparities that influence food buying power. It also involves counteracting the negative stereotypes associated with poverty and educating the public about food insecurity. From an economic standpoint, challenging food insecurity is about making sure that everyone has the financial resources they need to purchase food, but it is also about access in terms of the environmental factors that can be beyond someone's individual control. Developmental psychologist Uri Bronfenbrenner illustrates that change within various systems influences the person-in-environment functioning of all humans (Bronfenbrenner, 1977). He states that change throughout the life-span can influence and determine how a person might be more or less

successful in adapting to the environmental influences of their surroundings (Bronfenbrenner, 1977).

Various barriers exist to improving access to food resources therefore; more social service providers must take an active role in addressing the systematic issues related to food insecurity (Fuller-Thomson & Redmond, 2008). Programs such as the *Food Stamp Program* work to increase food access but there remain ~~in many~~ gaps in terms of who uses these programs and each program's effectiveness (Coleman-Jenson et al., 2014; Coleman-Jenson 2012; Fuller-Thomson & Redmond, 2008; Heflin & Ziliak, 2008; Nord & Golla 2009; Nord 2011).

This study will attempt to examine the issue of food insecurity by addressing three main objectives: 1) to identify the hardships and barriers that affected by food insecure populations; 2) to identify where gaps in receiving food services exist; and, 3) to explore ways that providers can impact and improve food accessibility for their clients.

Service pProviders working in social service settings see first-hand the effect that food insecurity has on the populations they are working with; therefore, direct efforts to address these concerns have the possibility to create a lasting influence on a client's health and well-being. Shifting the responsibility of addressing food insecurity to a wider audience of service providers will also lead to improved economic stability, improved health care treatment options for low-income families, in addition to alleviating the stress associated with meeting their food needs.

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## Literature Review

In order to create a framework for addressing the problem of food insecurity, key terms and references presented in the literature need to be addressed in order to establish the definition of *food insecurity*, and measurements that determined food insecurity. The best way to showcase examples of how household food insecurity rates can be defined and determined involves taking a detailed look at the United States Department of Agriculture's food security rating systems. Using the measurement tools that the USDA has put in place to determine food security sets the tone for how food security rates can be examined in both quantitative and qualitative studies.

In conducting the research on the topic, the phrase "food insecurity" was searched to locate peer-reviewed research articles on the subject and empirical studies, which took an in-depth look at the subject matter. Several studies on food insecurity and nutrition assistance programs conducted by the United States Department of Agriculture were most helpful, in understanding the economic impact of the problem, and to highlight the population characteristics that impact food insecurity on a larger scale. Creative approaches to encouraging nutrition assistance program participation in underserved populations also proved helpful in my understanding of how community involvement assists in addressing food access needs (Gorman, Smith, Cimini, Halloran & Lubiner, 2013; Whitley, 2013).

In review of relevant literature eight empirical studies were examined. In section one, two quantitative studies conducted by the USDA in published reports on Household Food Security in the United States in 2013 and 2009 will be reviewed to discuss how the measurement of *food security*, *food insecurity* and *very low food security* rating creates a continuum in tracking food security measurements over time, as well as interpreting how the measurement of food security

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impacts policy change and government-funded nutrition programs (Coleman-Jenson et al., 2014; Coleman-Jenson, 2012). Information from the Household Food Security Report in the United States, in 2013 is then compared and contrasted from information from the Household Food Security in the United States report from 2009 to see what food security trends have changed and which trends have remained the same (Coleman-Jenson et al., 2014; Coleman-Jenson, 2012).

In section two, findings from two quantitative studies from USDA reports will be explored to stress the importance of taking a closer look at how food security rates can change through enrollment in government-assisted nutrition programs such as the *Supplemental Nutrition Assistance Program*, often referred to as SNAP and formerly known as *Food Stamps*. The research completed by Nord and Golla in 2009 determined that food security rates were impacted positively as result of SNAP enrollment. The evidence was also supported by a similar study conduct by Nord in 2012 that determined that food security rates stabilized and improved with SNAP benefits.

In section three, determining the effectiveness of government-facilitated nutrition assistance programs at addressing the needs of food insecurity as well as emphasizing the need to close gaps that could improve participation for some populations will be discussed using two qualitative studies (Gorman et al., 2013; Whitley, 2013). The concept of *food deserts* will also be evaluated in the literature review to discuss how access to some foods ~~were~~are influenced by economic investment. In a quantitative study completed by Larson and Gillilan in 2008, they discovered in one metropolitan area that food deserts were increasingly located in neighborhoods with mostly minority and low income households (Larson & Gillilan, 2008).

In section four, research on how health conditions and rates of obesity are impacted by food security will be discussed. Drawing from the research on this subject, two quantitative

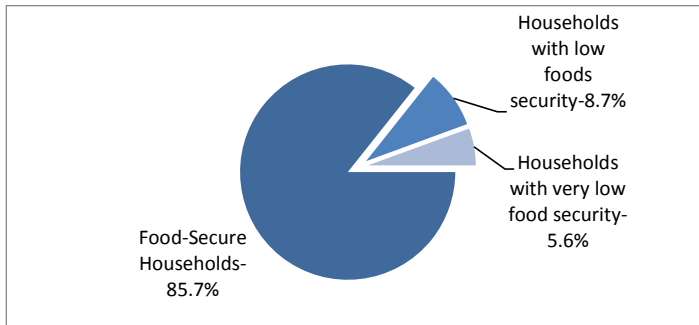
studies on the impact that food insecurity can have on health conditions and obesity will be reviewed. These studies highlight common themes linking the lack of food resources to chronic medical and mental health conditions and obesity (Correll, 2010; Fuller-Thomson & Redmond, 2008; Gowda et al., ~~Hadley, Aiello~~, 2012; Heflin & Ziliak, 2008). In reviewing the research on food security, it is also important to note that food insecurity research and reporting is largely impacted by the response rate of the population being studied. Populations directly affected by food insecurity often experiences barriers and hardships that make compliance with researcher efforts challenging (Coleman-Jenson et al., 2014). Therefore, even measured rates of food insecurity might not provide a clear picture of the problem.

### **Section One: Food Security: Definitions, Measurement, and Calculations**

**Definitions.** -The definitions of *food secure*, *food insecurity*, and *very low food security* stems largely from the United States Department of Agriculture's measurement of food resources per household. The USDA conducts yearly economic research on food security within the United States in order to determine the accessibility and dependability of the food resources needed for active healthy living (Coleman-Jensen et al., 2014). The USDA defines *food secure* as having the needed resources to feed all members of a household during the course of a measured year (Coleman-Jensen et al., 2014). *Food insecurity* is defined as having some level of difficulty at numerous points throughout the year providing enough food for everyone in the household (Coleman-Jensen et al., 2014). *Very low food security* is defined as having numerous difficulties securing the needed food resources to provide for all household members at constant points throughout the year (Coleman-Jensen et al., 2014). In cases of very low food insecure households, eating patterns and normal food intake is often reduced during the year due to limited resources (Coleman-Jensen et al., 2014). Table one shows the pie chart illustrating the

percentage of food secure, food insecure and very low food security with the U.S. household in 2013.

**Table One: U.S. households by food security status, 2013**



Source: Calculated by USDA, Economic Research Service using data from the December 2013 Current Population Survey Food Security Supplement.

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**Measurement.** The measurement of food insecurity has also changed and evolved over time. In the early 1990s the concept or term of “food security” developed from the need to create a framework for designing policy efforts that would address food access problems at the household level in the United States (Cook, 2002). In simple terms, food security was defined as: having access by all people at all times to enough food for an active, healthy life (Hamilton, et. al., 1997; Andrews, Nord, Bickel, & Carlson, 2000; et. al., 2000; Anderson, SA, 1990). Food insecurity was then seen as limited or uncertain availability of nutritional adequate and safe foods, or limited or uncertain access to food (Anderson, 1990; Andrews et. al., 2000; Hamilton et. al., 1997). The idea of food insecurity can also be viewed as a continuum, by measuring food security from food secure, plenty of food to food insecure, limitations to food access that might lead to the presence of hunger or no hunger, to very food insecure with severe hunger, continual

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limitations to food access (Cook, 2002). Hunger is the painful and uneasy sensation caused by lack of food; measuring hunger indicates that malnutrition is a potential consequence of food insecurity (Cook, 2002). Knowing how hunger-related malnutrition affects food access can determine the rate of food insecurity.

**Calculations.** Calculating the rate of food insecurity within a given household is completed through a survey questionnaire. In a quantitative study conducted by the USDA in 2013, food insecurity was measured over a yearly period of time by evaluating responses using a survey questionnaire (Coleman-Jensen et al., 2014). With responses from 42,174 households, respondents were asked to evaluate how well their food needs were met during the twelve months of 2013. Respondents answered Yes or No to questions such as, “In the last 12 months, did you or any other adults in the household ever cut the size of your meals or skip meals because there wasn’t enough money for food” (Coleman-Jensen et al., 2014). Some question responses then triggered follow-up questions, such as how often did this happen; almost every month, some months but not every month, or in only one or two months (Coleman-Jensen et al., 2014).

Response rates from these questions were then used to determine the rate of food insecurity within three categories: *food secure*, *food insecure*, *very low food security* (Coleman-Jensen et al., 2014). “The food security status of each respondent was then determined by the number of food-insecure conditions and behaviors the household reported” (Coleman-Jensen et al., 2014, p. 2). Households with *food secure* rating reported no food insecure conditions or only reported one or two food-insecure conditions, as indicated by a yes to survey questions one through ten (Coleman-Jensen et al., 2014). Households were considered *food insecure* if they reported three or more food insecure conditions as indicated by a yes to survey questions one

through ten (Coleman-Jensen et al., 2014). Household were *very low food security* when response rates to question one through ten indicated a yes to six or more conditions (Coleman-Jensen et al., 2104). In 2013, 6.8 million households reported very low food security (Coleman-Jensen et al., 2014). In households where very low food security was reported the following conditions were present:

- 99 percent reported having worried that their food would run out before they got money to buy more;
- 98 percent reported that the food they bought just did not last and they did not have money to get more;
- 94 percent reported that they could not afford to eat balanced meals;
- 97 percent reported that an adult had cut the size of meals or skipped meals because there was not enough money for food;

(USDA, Economic Research Service using data from the December 2013 Current Population Survey Food Security Supplement, Coleman-Jensen, Gregory, Singh, 2014).

### **Food Insecurity Rates from 2009 as Compared to Food Insecurity Rates from 2013**

Establishing a format for determining the measurement of food insecurity also helps to assist the comparison of measuring food in security rates from year to year. In this section, rates from 2013 will be compared to the rates from 2009. Doing so will assist in pin-pointing what has changed within food security rates, and what new trends have developed. In one study, Coleman-Jenson (2012) reviewed food insecurity rates from 2009 and among the 46,000 survey participants she found 14.7% identified as being food insecure. Comparatively, food insecurity rates from 2013 were measured at 8.7%; therefore, rates seem to have plateaued and decreased as

compared to rates of food insecurity that were measured in 2009 (Colman-Jenson, 2012; Coleman-Jensen et al., 2014).

Since 2007, when an economic recession began, food insecurity rates have continued to increase in suburban areas and in nonmetropolitan areas leading to an increased use of emergency food assistance programs and an increase in the prevalence of suburban-based poverty (Kneebone & Garr, 2010). This evidence is supported from the 2009 USDA data on 46,000 households whose response rates to questions were measured in the continuum of *food secure*, *food insecure* and *very low food secure*. The results from this data set show that food insecurity rates increased by 41% in suburbs, 31% in principal cities and 21% in nonmetropolitan areas (Coleman-Jenson, 2012).

An association between rates from 2013 and 2009 can be drawn from the fact that food insecurity rates remain high in households that were headed by women both with and without children, minority households, and households with income less than 300% of the poverty level (Coleman-Jensen, 2012; Coleman-Jensen et al., 2014). Results of this study also continue to point out that rates of food insecurity, as influenced by the recent economic recession continues to impact populations already at risk for poverty factors due to household income, gender and race (Coleman-Jensen, 2012; Coleman-Jensen et al., 2014). By drawing attention to the fact that the increased rate of food insecurity continues to impact suburban communities at growing rates, this study also emphasizes, the need to focus on improving food outreach programs to meet the needs of populations living in suburban and nonmetropolitan communities.

## **Section Two: SNAP Addressing Food Insecurity**

**Overview of SNAP.** As a result of examining rates of food insecurity with households as reported in 2009 and in 2013, we have established that food insecurity rates often fluctuate and

change as result of economic conditions and individual household characteristics. Therefore it is important to evaluate what programs and resources might be used to reduce rate of food insecurity. The *Supplemental Nutrition Assistance Program*, also known as SNAP, and formally called the *Food Stamp Program*, is the largest U.S. food assistance program (USDA, 2010). In 2010, SNAP served over 40 million people with an average benefit of \$134 per person per month (USDA, 2010). Because of the magnitude and influence of the SNAP program, investing resources to make sure that federally funded nutrition assistance programs are meeting the needs of various populations with food insecurity is a vital aspect of improving food access (Coleman-Jensen, Gregory, Singh, 2014). Measuring the effectiveness of SNAP can often have mixed results because SNAP participants are evaluated at higher rates of being *food insecure* and *very low food secure* within the food security continuum (Nord & Golla, 2009; Nord, 2011). Participation in SNAP is also voluntary, and therefore does always reflect the food needs within households that chose not to participate in the program (Coleman-Jensen et al., 2014; Nord, 2009; Nord, 2011).

**SNAP related studies.** In a quantitative study conducted by Nord (2011), rates of increased food insecurity were measured within SNAP participants from 2001 to 2009. In this study 23,082 households were studied over a two year period using information from the Current Population Survey Food Security Supplements. It was concluded that SNAP participation over time did improve food insecurity by about a third, once households begin receiving benefits (Nord, 2011). This study also concluded that rates of very low food security decreased by 28% for household that remained enrolled in SNAP for two years (Nord, 2011). In households that received larger amounts of SNAP benefits, the odds of being defined as *very low food security* at the start of the first year they received benefits, were reduced 37% in the second year of

participation in SNAP (Nord, 2011). Nord's research also highlights the fact that an estimated one in three eligible households do not participate in the SNAP program (Nord, 2011), emphasizing the fact that continued outreach efforts to educate the general public about increasing SNAP can have many beneficial long-term effects for addressing food insecurity (Gorman, et al. 2013).

In another study, Nord and Golla (2009) used data from the USDA's report, *Does SNAP Decrease Food Insecurity? Untangling the Self-Selection Effect*, Nord and Golla evaluated the timing of a participant's entrance in the SNAP program. Results from a two-year longitudinal study looked at data from 2001 to 2006 from 635 households, with food security rates were measured during the six months prior to SNAP enrollment; in six months after SNAP enrollment in year one: followed by additional measurement in six months during year two of SNAP enrollment (Nord & Golla, 2009). Their results highlight the fact that, when participants enroll in SNAP, they were likely at the lowest rate of food security, and therefore the increased rate of food security can determined as a direct result of SNAP program enrollment (Nord & Golla, 2009).

Results of this study also show that, once households began receiving SNAP benefits, the probability of very low food security declined by one-third (Nord & Golla, 2009). In contrast, "The prevalence of very low food security increased from around seven or eight percent in the twelve months prior to entering SNAP to nearly twenty percent in the last few months prior to entry" (Nord & Golla, 2009, p. 15). Yet, when participants begin receiving benefits the prevalence of very low food security declined by twelve percent or remained unchanged once households were enrolled (Nord & Golla, 2009). These results emphasize, the fact that program participation in SNAP serves as a marker for stabilizing or increasing food security rates from

very low food security to food insecurity when households were evaluated as very low food secure prior to SNAP program enrollment.

### **Section Three: The Benefits of Increasing SNAP Participation**

Highlighting the effectiveness of SNAP at stabilizing food security rates among household with food insecurity and very low food security proves that continued investment in government-funded nutrition programs can impact the rate of food insecurity. In a qualitative study that examined state outreach efforts by Department of Human Services Workers in Rhode Island, Gorman, Smith, Cimini, Holloran, and Lubiner discovered that there were many misconceptions about who can apply for SNAP (Gorman et al., 2013). By conducting face-to-face screening interviews, state outreach workers contacted 15,000 individuals from 2006 to 2011. As a direct result of these interviews, researchers determined that many eligible SNAP participants were unaware of the asset limits for home and car ownerships for families and individual to receive SNAP benefits (Gorman et al., 2013). Additionally, potential SNAP participants felt that if they applied for SNAP it would mean that there would be fewer resources for others in need. In reality, SNAP, an entitlement program will assist anyone who has met the eligibility criteria (Gorman et al., 2013).

Gorman and researchers also continued to uncover why many eligible SNAP participants do not inquire about the process of receiving benefits. This researcher also uncovered that applying for SNAP and using benefits carries a negative social stigma that many participants do not want to have (Gorman et al., 2013). From interviews, researchers found that using EBT cards in a large supermarket can be embarrassing for SNAP participants if they do not have enough funds to cover their purchases or if the EBT benefits are not accepted. Applying for benefits can also be challenging for some families with they have limited English speaking skills or if the

Department of Human Services offices are not geographically well located (Gorman et al., 2013).

Similar findings to Gorman's research were also empathized in the Whitley's qualitative study conducted in 2013. Whitley interviewed 65 program participants from a rural food-pantry program and ascertained that program participation was largely influenced by the attitude of participants (Whitley, 2013) When participants felt that the services of the food-pantry contributed to alleviating food insecurity within their household, their monthly attendance at the food-pantry increased (Whitley, 2013). Whitley also determined that food insecurity can be viewed as a self-defined statistic and underreporting for food insecurity often occurs in rural communities and within senior populations (Whitley, 2013). Whitley additionally highlighted how the level of social integration and social capital influenced how food- insecure individuals felt about services (Whitley, 2013). Although there is often stigma attached to using food pantries, programs that could engage patrons find that their experiences could be a positive one.

**Food deserts.** After examining the definition of food insecurity and how the benefits of SNAP work to increase food access, it is also important to look at how access to food resources can not only be impacted by personal income but also by direct access to shopping locations and number of supermarkets within a geographic area. Whitley's study contributes to the growing research that suggests that the location of accessible shopping can also place a hindrance on food accessibility. Eliminating geographic barriers related to food accessibility can be just as important as improving income disparities in term of challenging food insecurity. In many rural and inner-city communities *food deserts*, defined as geographic areas with no or limited grocery stores, can contribute to food insecurity by limiting access for the amount of food that can be purchased and the price at which the food is sold (Larsen & Gilliland 2008; Whitley, 2013).

Limited transportation of fresh foods to areas with food deserts can also limit access to certain foods therefore, restricting dietary needs. This information shows that food insecurity is not always affected solely by income; access to retail grocery stores can also contribute to hunger (Whitley, 2013).

In a study of geographic location changes from 1961 to 2005 in London, Ontario, Larsen and Gilliland discovered that the development of food deserts impacted food insecurity by limiting supermarket choices and creating transportation barriers (Larsen & Gillian, 2008) Larsen and Gilliland also discovered that the development of food deserts often existed in urban areas where a high concentration of minority populations and urban areas of poverty were present (Larsen & Gilliland, 2008). In 1961 75% of the residents had walking access to a supermarket, while in 2005 only 20% of residents had walking access to a supermarket (Larsen & Gillian, 2008) In the case of London, Ontario, urban expansion efforts also played a major role in the formation of food deserts. In London certain areas of the city saw new development, while socially distressed neighborhoods where household incomes were lower did not see the same level of investment (Larsen & Gilliland, 2008). Additionally, as larger grocery store chains continue to increase in urban areas, smaller retailers, who were often public transportation friendly continued to restrict their products. This shift also began to limit a customer's ability to get fresh produce and other nutritious foods because transportation resources limited a customers buying power.

#### **Section Four: Food Insecurity's Impact on Health, Rates of Obesity, and Mental Health**

Understanding the impact of food deserts on the rates of food insecurity also influences how food insecurity impacts health conditions and rates of obesity within populations most that are most affected. A quantitative study conducted by Gowda, Hadley and Aiello measured food



insecurity rates from 12,191 participants in a cross-sectional study as calculated by the National Health and Nutrition Examination Survey. Survey results showed that, when food security was present, study participants overwhelmingly experienced increased rates of psychological stress, which influenced caloric intake and chronic disease from undernourishment (Gowda et al, 2012).

The study draws direct links to the identification of food insecurity as a contributing factor to cardiovascular disease, diabetes and decreased immune systems responses (Gowda et al., 2012). The study also empathizes the economic and social conditions of food-insecure households, pointing out that households who identified as food insecure also had high rates of poverty or less than \$15,000 annual income. Households that were food insecure were also identified as having lower education rates; not completing high school nearly doubled the odds of food insecurity, in addition to high rates of secondhand smoke exposure (Gowda et al., 2012). Gowda and researchers also draw attention to the fact that many food insecure households also suffer from high rate of obesity because of insufficient access or affordability of fruits, vegetables and lean meats (Gowda et al., 2012). This shows direct link to food insecurity can lead to poor nutrition and exacerbation of chronic health conditions and obesity rates.

When undernourishment or poor nutrition is present in food insecure households rates of obesity and chronic health conditions linked to obesity such as diabetes often increase (Gowda et al., 2012). Yet, research also supports the idea that food insecurity can also be directly linked to mental health conditions such as increased irritability, nervousness and depression (Heflin & Ziliak, 2008). In order to examine the relationship between emotional distress and food insufficiency, researchers Heflin and Ziliak looked at quantitative information from the Panel Study of Income Dynamics (PSID) which was linked to a longitudinal study of men and women specifically ages 18-65 who were at risks of food insecurity. Of 4,438 research participants in the

study, they found that food insufficiency was associated with a statistical significant increase in emotional distress (Heflin & Ziliak, 2008). These results were then measured to ascertain how participation in SNAP contributed positively or negatively to emotional distress when food insecurity was present.

The results show that in the beginning stages of SNAP enrollment there remains a “positive, large and significant relationship with emotional distress” (Heflin & Ziliak, 2008 p. 722) which was then counter-balanced as participants spend more time in the program (Heflin & Ziliak, 2008). Heflin and Ziliak also point out that the social stigma, or hassle, identified in the welfare culture, may be detrimental to food insufficient families, leading to additional emotional distress and drawing a direct contribution to physical and mental health.

By reviewing the literature and research on the subject of food insecurity, we can clearly state the case that investing resources towards improving access to food and combating food insecurity has many short-term and long-term benefits. In the short term improving access to food helps people meet their basic needs and increases their level of productivity in all aspects of life. In the long run, improving access to food resources provides people with long-term improvements to their health by reducing the risk of chronic disease and improving treatment outcomes for physical and mental health conditions.

The reviewed research also makes the case that increasing in enrollment in programs like SNAP has a proven track record for establishing and increasing food security rates for program enrollees. However, bridging the gap between program enrollment and lack of enrollment still remains a huge barrier to overcome in order to discover why some populations are accessing food resources and why some populations are not. In order to fully answer these questions, additional research needs to be focused on discussing what barriers exist in terms of access to

food resources and what service providers can do to eliminate these barriers and address food insecurity for under-represented populations. Not addressing access to food resources has also proven to be detrimental to some client populations because it exposes them to an increased risk for chronic health conditions and increased levels of psychological stress. Helping people to achieve greater stability in their lives has many advantages, and considering that most of the client populations in need of food benefits are families with children, an estimated 30%-35% of all food-insecure households according to the, USDA report on Household Food Security Rates in 2013 (Coleman-Jensen et al., 2014). Continuing to not address food insecurity only contributes to increasing the rates of generational poverty by lowering health and education expectations (Hunger-Free Minnesota, 2010). Policy efforts aimed at achieving greater food security not only increases the productivity for working members of society but also seeks to improve the standard of living for the entire household.

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## Conceptual Framework

### Theoretical Lens

As evidence from the literature suggests, uncovering why food insecurity exists and developing ways to address the needs of food insecure populations often creates many challenges for researchers and food policy advocates, because addressing the systematic barriers that contribute to food security are not easily fixed. However, given the vast health and economic impact of food insecurity on adults and children, ignoring the problem is not an option. From an economic standpoint, challenging food insecurity is about making sure that everyone has equal access to the food resources that they need; however, access to food resources is not solely determined by individual level. Systematic barriers that limit someone's personal access to obtaining resources often contribute to food insecurity. In order to understand how different levels within macro-, meso-, micro-, and exo- systems can work to limit or improve food access, the Ecological Theory of Human Development by Urie Bronfenbrenner will be used to explain how the person-in-environment concept impacts the relationship of the person and the interaction between the systems of their environment (Bronfenbrenner, 1979).

**Ecological Theory of Human Development.** Bronfenbrenner “asserts that human development is the product of interactions between the growing human organism and its environment” (Bronfenbrenner, 1979, p. 16). The ecology of human development evolves as the “developing person lives, as this process is affected by relations between these setting, and by the larger context in which the setting are embedded” (Bronfenbrenner, 1979, p. 21).

Bronfenbrenner states that since environments can be influenced, and often require mutual accommodation, “the interaction between person and environment is viewed as two-directional” (Bronfenbrenner, 1979, p. 23). This theory fits with well with the concept that food security

needs and resources change as a person develops and as their interactions within their environment change and evolve. For example, an adult is able to play a larger role in deciding how their environment will influence and ultimately affect their ability to provide for their personal food needs. In contrast, a child's environment is more limiting when it comes to deciding how their food needs will be met.

**Microsystems.** Within Bronfenbrenner's Ecological Theory of Human Development microsystems are defined as patterns of: "activities, roles, and interpersonal relationships experienced by the developing person in a given setting with particular physical and material characteristics (Bronfenbrenner, 1979, p. 22)."

Microsystems are influenced by role that one plays, in development of their personal interactions and the places where these interactions take place. The setting or places can be viewed as locations and the influence of the environment can be described solely in terms of "objective physical conditions and events" (Bronfenbrenner, 1979, p. 22). Therefore, the defined role of how someone is able to meet their household food needs would be influenced by their role within their environment and the environment conditions that allow access for meeting their needs. Someone with a limited income and transportation barriers might have a harder time meeting their household food needs than someone with additional income and transportation resources. However, each person is still able to make choices about food resources based on the circumstances of their environment. Additionally, someone's access to food resources would also change, if they saw an increase in income or if they started receiving nutrition assistance benefits, because this would increase their ability to provide more resources for their household.

**Mesosystem.** Meso systems are defined as "interrelations among two or more settings in which the developing person actively participates (such as for a child, the relations among home,

school, neighborhood peer group; for an adult, among family, work, and social life” (Bronfenbrenner, 1979, p. 25). A person’s role within their environment and the interrelation between other environments can be viewed as a series. A good example of this relationship is the nature of someone’s home life with family in relation to their work life with colleagues and peers. Within this context, the accessibility for food resources is directly impacted based the economic resources for a given household and the food needs for the members in that household. Bronfenbrenner also states that the mesosystem is thus, a system of the microsystems and “it is formed or extended as the developing person moves into new settings.” (Bronfenbrenner, 1979, p. 25). Consequently, food needs change and grow for certain households due to family size; so does their ability to meet and carry out the needs for their family. Personal foods needs also change and develop over time as someone ages or if they develop a medical condition that might impact their diet and lifestyle choices.

**Exosystem.** Exosystems are defined as “one or more settings that do not involve the developing person as an active participant, but in which events occur that affect by, what happens in the setting containing the developing person (Bronfenbrenner, 1979, p.25).” Limitation of food access based in exosystem relationships can be illustrated by the example of food deserts. System changes based on economic investment have led to geographic areas where food choices might be limited because supermarket locations or food selection. Changes to these systems influence how each household is able to access resources directly and it places limitations on what food options might be available because of food prices. Food desserts often impact rural communities or inner cities neighborhoods creating additional barriers for some household simply because of where they live.

**Macrosystem.** Macrosystems are defined as the “consistencies, in the form and content of lower-order systems (micro-, meso-, and exo-) that exist, or could exist at the level of the subculture or the culture as a whole along with any belief system or ideology underlying such consistencies (Bronfenbrenner, 1979, p.26).”

Macrosystems can be viewed as the cultural views, stereotypes and system beliefs that might influence a smaller sub culture. These systematic beliefs can also be reinforced by generational influence and environmental factors that limit resources. Over time the lack of resources places limits on certain populations and it creates difficulties for them to address their own disparities. Food access can be impacted by the macrosystem of authority is exemplified in some of the research that Gorman conducted by trying to increase participation in the Supplement Nutritional Assistance Program, SNAP (Gorman et al., 2013). Gorman discovered that some eligible participants for the SNAP program chose not to enroll because they feared the stigma attached to using SNAP benefits at supermarkets (Gorman et al., 2013). For these client populations, their views about who should and should not receive SNAP benefits proved to be a barrier in addressing their household food needs. It also limited the discussion about how using SNAP benefits could be used to improve the health and wellness of all household members by increasing the affordability of more healthy food in their diet.

USDA reporting on food security rates shows that households who report being food secure spent 30 percent more on food than typical food-insecure households of the same size and composition (Coleman-Jensen et al., 2014). Using these comparisons to educate food-insecure households about improving their food security rating in addition to improving their income resources had likely never been addressed in this context before and as a result these client populations never understood how SNAP benefits was a way for them to maximize the food

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buying power for their household. This macrosystem view therefore presents challenges for service providers as they try to improve food resources for households in need. It also presents challenges for service providers who are trying to educate the general public on the benefits of SNAP for increasing food security and reducing the impact of chronic health-related condition and obesity (Gowda [et al.](#), ~~Hadley & Aiello~~, 2012; Heflin & Ziliak, 2008).

### **Professional Lens**

Social work is an ever-evolving practice. Research is the driving force that impacts practice and service development therefore, it is important to examine my personal passion for wanting to address the issues of food insecurity. From a professional standpoint, I have witnessed the direct impact that having limited access to food resources can have for clients living with mental health disabilities. For the past nine years, I have worked at a community support program as the food service manager. In this role I have assisted with the organizational aspects of managing a food services program where low cost meals are served five days a week. As the food service manager, I have seen first-hand how having limited access to food resources both from an economic standpoint and a general resource standpoint often limits someone's ability to purchase, cook and eat healthy foods. Barriers to obtaining healthy food can come in many forms; limited income, accessible transportation and the supply and demand aspects of food availability. Most people living with limited economic resources, if asked, would like to improve or maintain their ability to eat foods that would help them to maintain a healthy lifestyle yet; when access to health foods remains limited or barriers remain in place, the odds feel stacked against them.

One of the major things that my agency tries to do to eliminate economic barriers is to keep the cost of our meals low so that all clients can afford them. With donations to our overall



program budget, we are able to cover the cost of the meals beyond what clients pay for their meal. We also offer free meals on holidays and special events, allowing greater access for those in need. We also started a donation program to help clients with limited economic resources to afford meals, when they otherwise would have not been able to eat.

### **Personal Lens**

Personal experiences often create a lasting impact that influences our professional development. Knowing directly how limited food access and the issues related to food insecurity directly affects the health and well-being of the clients I work with work drives my personal passion for researching this topic. In my work I have personally witnessed how important the accessibility of a low-cost, healthy meal option is for people that otherwise would not have them. Personally, I have never felt that my professional role affords me the ability to restrict access to food for anyone that I am working with, and therefore I have often donated money to pay for someone's meal if they need it. I also believe that preparing meals and sharing meals with others is one of the best ways to reinforce a caring concern for those in need.

Food is often seen as a common denominator that brings people together. Culturally, food is often the center-piece at celebrations and measurable life-milestones. Food is also given and prepared as a way to show love and appreciation. Food is often presented in various situations as a way to provide a calming and nurturing influence. For these reasons I feel that my personal passion for exploring this topic will also impact my professional role as a social worker. This project is being written as a result of a Master of Social Work program requirement but addressing food insecurity issues has many professional and personal implications for social workers, service providers and society as a whole.

## Methodology

### Study Design and Rationale

This research project was designed to gather information from service providers working at food resource agencies in St. Paul, Minneapolis and surrounding suburbs. The main objectives of the research was to: 1) learn to identify the hardships and barriers that affect client populations facing food insecurity; 2) to identify where gaps in receiving food services exist; and 3) explore ways that service providers can address the service gaps that impact food accessibility for their clients. An additional focus of the research was to discover how the issue of food insecurity impacts the community as a whole to explore how food resource agencies are working to address the systemic policies that impact their client populations.

By measuring the impact of food insecurity from the social worker's or service provider's professional work experience, implications for improving food resources for some client populations can be addressed. From a program standpoint, figuring out ways to address needed improvements not only improves services for clients currently being served by food resources but it also seeks to address how to improve participation for underserved populations. By interviewing service providers to evaluate what social and economic conditions impact food insecurity, it also encouraged various organizations to define how food resources distributed by their agency improved food access for those in need. It also served to highlight what agencies are doing to educate a wider audience about policy-level needs to improve access to food resources.

Although extensive research on the subject of food insecurity and its impact on households within the United States currently exists, the influence of food insecurity on chronic physical and mental health conditions as well as the high rates of food insecurity among certain populations such as families with children, seniors and minorities, illustrates that additional

research on the subject of food insecurity could benefit agencies working to address food insecurity issues (Correll, 2010; Fuller-Thomson & Redmond, 2008; Gowda [et al.](#), [Hadley,](#) & [Aielo](#), 2012; Heflin & Ziliak, 2008).

One of the ten principals of *Social Work for Social Justice* as outlined in the National Association of Social Workers *Code of Ethics* states that solidarity with individuals, families, communities, society and the global dimension can be an important vehicle for creating change (NASW Code of Ethics, 2006). Social workers who understand the impact of food insecurity and the hardships faced by individuals who have experienced food insecurity will be better equipped to influence policy changes that might improve their client's ability to obtain the necessary resources to promote their well-being at all levels (NASW Code of Ethics, 2006).

### **Procedures and Recruitment**

After receiving approval for my proposed project from my faculty chair and my research committee members, I submitted the proposal for final approval to the University of St. Thomas' Internal Review Board (IRB). In order to receive approval for my research project it was requested that I have a letter of approval from each agency that I was planning to recruit potential interview candidates from. In order to locate potential agencies for interviews, I conducted a search on the Minnesota Hunger Solutions website to locate the contact information for program directors and managers of food service program in the Twin Cities area. It was also my goal to have a mix of urban and suburban food service programs in order to create a wide representation of food insecure populations. All of the targeted agencies had individual websites that were consulted to send introductory information about the project to identify potential interest by email (see Appendix D).

Originally I was planning to send letters of introduction to potential agencies but because of the time frame in needing to receive letters of approval I felt it was best to target one person from the agency to develop communication for the needed documents. My goal was to contact twelve to twenty agencies, with the goal of scheduling interviews with eight to ten service providers. I ended up emailing twelve agencies and receiving responses back from five agencies. Additional follow-up calls were also made to the other seven agencies to engage interest in research participation, but no additional agencies were retained.

All agency letters of approval were submitted to the IRB and after receiving approval for the project I begin recruiting candidates for interviews with the contact information from the agency spoke's person who wrote the letter of approval, I was able to select five interview candidates who I arranged to meet for in person interviews.

### **Protection of Human Subjects**

Confidentiality and anonymity of all research participants was maintained throughout the project by removing names and identifying information from all written materials. All research participants signed a Consent Form (see Appendix B) prior to beginning the interview. Participants were also informed at the start of the interview about the voluntary nature of the project and their choice to participant would not jeopardize any personal or agency relationships with School of Social Work. Participants were also informed that if they felt uncomfortable answering any of the interview questions they would not be required to do so. Participants were also informed that if they wished to drop out of the study after the interview has been completed they could contact me within one week of the interview to have their responses removed.

After each completed interview a digitally recording of the interview was sent to a transcriber. The transcriber signed an agreement (appendix C) to ensure that all names of

interview candidates were kept confidential. Interview participants were also assigned a number prior to the interview to ensure that written documents would not contain identifying information. When identifying information did come out during the interview it was deleted from the written transcript.

### **Agency Sample**

Four of the agencies that responded to recruitment requests identified as non-profit community or government funded food shelf programs. Some of these programs also provided short term assistance with financial resources. Several agencies also had reach out programs to distribute food baskets to seniors or disabled community members. Another program did a weekly produce give-a-ways for everyone in the neighborhood. The final agency referred to their program as a community based non-profit that served free meals five nights a week at twenty-three different sites around the Twin Cities Metro area. Some of the program sites also provided meals through a summer lunch program for kids.

### **Participant Sample**

Of the five participants two identified as having a bachelor's level degree in social work. The other three participants had at least a bachelor's degree in a human service related field. By expanded the scope of service providers beyond just social workers increased the ability to create a larger sample size of participants working at food resource agencies and non-profits. Many of the agencies that were targeted for the research project work with clients from diverse cultural backgrounds often with limited English skills. Widening the scope of possible interview candidates that work with these populations improved my ability to investigate the needs of these populations as they impact to food insecurity. This may not have happened if only service providers with the title of social worker had been recruited for participation in the study.

A snowball sample was also attempted by asking interview candidates who else they could recommend for potential interviews but no additional interviews were scheduled. In reflecting on the time that it took to receive letters of approval in correlation with the IRB application scheduling interviews did not allow for much additional follow up time but of the candidates that did participate in the interview process, a wealth of information was gathered.

Level of risk for this study was considered minimal to low. Research participants were asked to share their professional experiences during the interview but if any interview questions made someone uncomfortable or triggers emotional responses the participant was not required to answer the questions. I also reviewed with each participant my personal interest in the subject matter so that I could create credibility with the participant as a service provider myself. I also felt that it was important to let the participant set the pace for the interview. At the start of each interview, I encouraged the participants to let me know if they needed to take a break or stop the interview. Participants were asked to share their professional experiences working with populations of people who have faced food insecurity issues but the participants were not asked to share personal information about clients or challenges they have faced in their professional role.

### **Data Collection**

Data collection consisted of semi-structured interviews with ten interview questions (see Appendix A). Interview questions focused on gathering perspectives' from service providers about their work experiences in addressing food insecurity with different population groups. Interview questions also focused on identifying barriers for clients seeking food resources. In addition to understanding how the issue of food insecurity impacts health and wellness.

Interviews all took at the participant's place of employment. In all cases it was determined that

the place of employment was easiest for the participants to find office space that would allow for a private interview.

It was estimated that the interview process would take 45 minutes to one hour to complete but with beginning introductions and follow up questions all of the interviews were completed in 30 to 35 minutes. When scheduling interviews I informed interview candidates about the time frame to avoid conflicts and interruptions during the interviews. I also planned interviews during times that best respected the professional work responsibilities of each interview candidates.

### **Data Analysis**

Finding from the qualitative study reflect back to the three main objectives of the research to: 1) learn to identify the hardships and barriers that affect client populations facing food insecurity; 2) to identify where gaps in receiving food services exist,; and 3) to explore ways that service providers can address the service gaps that impact food accessibility for their clients. From these objectives four major themes emerged from responses to interview questions these themes included: 1) barriers to receiving services; 2) characteristics of the households receiving services; 3) under represented client populations; and 4) perspectives for improving food resource programs. Focusing on these themes provided a structure for the interviews and it enhanced the research objectives to included perspectives about improving food resources to be able to, address food insecurity to low income Americans directly affected by the issues in additional to, increasing awareness of the need to address food insecurity to wider audience to influence changes at the policy level.

### **Work Experience and Demographics**

Work experience within the field of food resources was reported by each participant during the first question of the interview. Question one: How long have you been working in your current position and what drew you to your current work positions; was asked to determine the length of time each participant had worked at their agency and what personal interest they had in working in the area of food resources. Each participant's response is displayed in chart form, represented in Table Two: Work Experience and Interest in Food Resources. As for demographics of the research participants all five were female. Racial identification was not asked during the interview but could be identified as four Caucasians and one African American participant.

Based on responses to question one a wealth of work experience was represented in the sample size ranging from five months to twenty one years. In response to the second half of the question, why were you interested in helping people to improve their access to food resources each participant had strong personal reasons for wanting to work for their organization.



Table 2

*Work Experience and Interest in Food Resources.*

Candidate <sup>1</sup>	Length of Employment	Appeal of the positions
1	5 Years	“The holistic approach to working with clients and meeting their basic needs. Food is the basis for kids, seniors and adults to have what they need and continue to grow.”
2	21 years	“The level of contact that I had with volunteers and clients and the grassroots nature of the organization really grew on me”
3	20 years	“Our agency is trying to give our clients a step up. We don’t want to just keep giving them food every month. We want to encourage them to be independent and be able to make it on their own”
4	15 years	“I accepted this job because I’ve always believed in (my organizations*) mission. I really thought that working in this (neighborhood*) and trying to get more nutritious food to families, trying to do outreach to Latino families, to Asian families in this (neighborhood*) was really important. I wanted to be a part of that.”
5	5 months	“The impact if you don’t eat and you have an issue, you can’t solve that issue. Whether it’s that you can’t pay for your medical bills, whether you can’t function properly for you job, food is your basic need”

Note. <sup>1</sup>Names omitted to maintain confidentiality of participants and organizations.

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## Findings

Results from the qualitative study empathized, many core themes. These themes materialized as a result of four interview questions that asked the five participants to reflect on their professional work experience in area of food resources. The four interview questions that were analyzed for responses were:

1. How does food insecurity show up in your work?
2. Impacts of food insecurity, for clients?
3. Agency response to addressing food insecurity needs?
4. Barriers to receiving services?

In response to the four interview questions four major themes emerged, they included:

- Barriers to receiving services;
- Characteristics of the households receiving food benefits;
- Underrepresented groups of clients receiving benefits;
- Addressing program improvements to close service gaps.

From the four major themes similarities in responses also surfaced these similarities included:

- Transportation barriers;
- Household income;
- Seniors/disabled individuals and ethnic groups;
- Increasing food diversity.

These themes will be broken down and presented in four sections. Each section will be discussed and evaluated to determine influence of participant responses'. Direct quotes from the interviews will also be incorporated within each section to empathize each provider's work experience and their personal insight in the problem area.

### Barriers to Receiving Services

**Transportation.** Four participants mentioned that the lack of transportation resources remains a huge barrier for clients as when seeking help to address household food needs. Each participant noted ~~that transportation~~ that transportation barriers not only influenced what someone was able to buy and where they were able buy it. Transportation barriers also impacted the client's ability to transport food from one location to another. One of the food shelf managers responded to this by stating:

Transportation is, I think, one of the biggest issues. Not having gas money, not having bus money, not having a car. When they leave here (the food shelf) with two big boxes of food, and if you've got kids with you, how are you going to get on the bus and get home with that?

Another food shelf manager at a suburban program location pointed out that bus service in that community ran most often during the morning and afternoon rush hour from six to nine am and then again, from three pm to six pm. She felt that only having major bus service during rush hour often made it very challenging for families even those who live on the bus line, to travel back and forth to and from the store or to and from the food shelf if, bus service hours did not correspond with program hours at the food shelf.

An additional limitation factor of transportation resources that was mentioned by two of the food shelf managers in suburban locations highlighted that accessibility of food resources include that some housing and employment opportunities for families may not be accessible by public transportation routes. Therefore families in suburban locations often need to factor in the expense of vehicle because it might be their only source of reliable transportation for getting to work, driving kids to school or finding affording housing meaning that household resources are often stretched to pay for car expenses resulting in the household's food budget being reduced.

One food shelf manager explains her observation regarding impacted of transportation needs of clients' impacting food accessibility:

People in suburban communities don't have great access to public transportation yet the families we're serving either low income or have some other challenges, and so that can be a big area for them to access things like our food shop or even to get to a local grocery store to pay for food or to get to the place like a food bulk buying program, which is a great resource. If you don't have a car to get to (city) or (city) where the program is located you can't access that great resource.

At least four participants mentioned the impact of limited transportation resources on food accessibility not only because the lack transportation resources can limit the location of food buying but meeting transportation needs, places additional financial strain on the family budget when car expenses need to be included.

One program focused on bridging the transportation gaps for clients by developing a home delivery program. Volunteers at the agency packed food bags once a week and delivered them to clients once a month. Most of the clients served by this program were seniors or disabled clients. The outreach program served an average of 309 clients per months but had a waiting list of 125. The director of this program really empathized the fact that, the home delivery program was not only meeting a criterial need in their community through food delivery, but volunteers who made the deliveries also developed bonds with clients by forming supportive relationships.

We have a monthly distribution for home delivery for our seniors. The same church volunteers take the food to the same clients, so we're building relationships. That's why we have such a big waiting list...It's more than just handing out a bag of food; it's the relationship.

Three participants also mentioned that the lack of transportation resources also creates a ripple effect for food accessibility, even in some urban areas. *Food deserts* or geographic areas with a low number of supermarkets or direct access to whole-sale food resources contributed to

the fact that people had limited choices for meeting their food needs. One food shelf manager in the urban location mentioned there was only one major grocery store within a two mile radius of program's neighborhood. This example illustrates that not having transportation funds to travel to a larger grocery store could mean that some individuals would have no other option but to shop at convenient stores with limited selections of fresh foods and higher priced goods. The relationship between lack of transportation resources and food deserts is exemplified in rural and suburban communities by the impact it has a household's food budget. One food shelf manager noted that this problem is also relatively unknown to the larger public, stating:

That is a problem often in urban areas. People don't realize that there aren't a lot of grocery stores for people to get to. Most of our clients walk, or take the bus when they can afford it so only having one store limits what people can get from week to week.

### **Household Characteristics**

Another subtheme that emerged from responses given during interviews involves taking a closer look at the household characteristics of populations currently receiving benefits in terms of demographics and economics resources. Three interview candidates reported demographic information about clients receiving services in order to identify which population groups were represented.

In terms of economic resources all the providers who managed food shelves talked about the intake screening process that all clients needed to complete before they started receiving services. Four providers felt that it was important for their agencies to understand what resources the family currently had and what resources they needed. All four of the food shelf managers agreed that to some degree all of their clients had some economic resources available to meet their foods needs from employment wages to, social security benefits to receiving food assistance through SNAP; but the larger question posed by respondents was 'what happens when

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those resources are not enough?’ Respondents noted that many clients who live pay check to pay check often see their household income being shifted or balanced between paying for rent or child care at the expense of their household’s food budget. Making providers wonder ‘what can families do when an unexpected costs arises?’ One participant described this all too common situation in her statement about the choices that families have to make in terms of how to manage their household food budget in the face of other raising or unexpected costs.

Often when something goes wrong or something unexpected happens like their car breaks down, like their kid was sick, so they had to stay home from work for a day or two or they had an unexpected health expense. The money that was going to groceries or rent or something else they don’t have at this point and so parents or adults have to make difficult decisions. You cut back in areas that you can so sometimes that means people are eating cheap food rather than healthy food. Parents are skipping meals so their kids can eat. Seniors are cutting back, not eating as much as they like to or should be eating. That’s what we’re seeing in this area.

**The Cost of Food.** During interviews four food shelf managers noted that the rising cost of food was putting additional strain on many of their clients’ household budgets. Reporting that even household receiving food assistance with SNAP, were finding that their current resources were not enough to meet household food expenses for an entire month. One respondent described how her agency statistics reflected a trend of increasing enrollment in her program during the last four years. In 2011, this same respondent noted that 400 families were being served monthly compared to 700 families being served today:

Our numbers keep going up. When I started four years ago, we were serving 400 families a month. Now we’re serving upwards of 700 a month. Families are underemployed, unemployed, are unable to meet their food needs. We provide maybe three days of food, and it’s not enough. Families can come once a month, and it’s not enough. Those numbers are not arbitrary, that’s based on our budget that we have right now.

Three of the four food shelf program managers also made reference to the fact that, most of the clients who used their programs had household incomes on the lower end of the Federal

Poverty Guidelines. In statistical demographics that were provided by two of the food shelf programs. Statistics reflected that most program more that 70% of program participants were living at 150% at or below the poverty the National Federal Poverty Guidelines. These numbers represents \$17,655 in annual income for an individual (\$1,471 per month) and \$35,375 (\$2,947 per month) in annual income for a family of four (Federal Poverty Guidelines, Families USA).

These numbers also co-inside with the fact that during the recent economic recession more middle class families increased their use of food shelf programs. One participant shared their observances of this phenomenon, in terms of the income levels of clients currently using the program, and the increase in middle class families using service during the recent economic recession.

Ninety-eight percent of the people that come here live in poverty, way below poverty guidelines actually, so it's pretty rare to see someone with a lot of income coming in. When the recession hit, we saw more middle class people moving to the lower income levels and some of those folks had never used our program before, but typically it's people that are just living with very little income.

Changes within a family's budget often reflect the fact that increasing costs for rent, child care or medical expenses shifts income resources away from the household food budget, making it challenging for households to devote the amount of income that is need for food. Food shelf programs often serve to bridge the gap between getting just by, and being able to have healthier food options. This sentiment was captured nicely by one participant's response. She explains that the rising cost of rent often take the majority of the household's income to support, leaving little resources to meet food needs.

If people are working, what we are seeing is that it's taking all of their income to just pay for housing and so those folks are coming in. SNAP benefits are up and down for these people and so our program provides at least some stability.

**Demographic information.** Three of the food shelf managers that were interviewed for this project highlighted that racial demographics of program participants often played a role in identifying which racial groups were using the food shelf and which groups were not. Of the four food shelf programs that were interviewed two shared demographical survey data. The information determined that rates of program enrollment, was highest for Latino, African American and Asian individuals and households. One provider noted that 70% of the participants who used the food shelf monthly identified with being Latino 30%, African American 30% and Asian 10%. This was also the case in another program where it was noted that 60% of families identified with being Latino 30% or African American 30%.

Rates from two the four food shelf programs who provided data showed that for minority groups currently using food shelf resources rates were highest among Latino families. One provider noted that for their program the high rate of Latino and Asian families using their resources was likely because their agency did a lot of targeted outreach to these families. The same respondent noted that her organization offered services that were bilingual with the help of community partners, which led to increased rates of service with those populations groups:

In 2013 we received a private grant from a very generous donor. We were able to begin doing targeted outreach to Latino and Asian populations on the (neighborhood name) doing, once a month, produce distributions. We partnered with Salvadoran church, everyone spoke Spanish, and a Hmong church, everyone speaks Hmong. We did outreach right around the area. Families were able to come in, they didn't have to show any verification.

The program manager at this food shelf took time understood the demographic needs of the populations groups that were currently using food shelf resources and in turn, she was able adapt programs enrollment, so that language was no longer a barrier to receiving services. Understanding the importance of evaluating food resource programs and adapting these resources to meet the needs of populations groups is an important evaluation piece for many



organizations trying to encourage program enrollment within under-represented client populations in terms of addressing food insecurity.

### **Under-Represented Client Populations**

Four of the four food shelf managers that were interviewed reflected on the fact that seniors were likely under-utilizing food service within their programs. This theme surfaced during the interview question that asked: Do you feel that there are any population groups that are underserved when it comes to receiving food resources? Responses to the question expressed different reasons from each program, for why seniors were under-utilizing food resources.

One provider's response reflected the fact that many seniors are "private" in their approach to receiving help. This respondent felt that some seniors might shy away from using food resources because it might mean that someone else with greater needs might, be turned away. "They're private when it comes to asking for help. They don't want to take from someone else. They don't want to ask for a hand-out."

Another provider's response addressed that majority of seniors live alone and therefore senior might use free or low cost community meal programs as a posed to, food shelves for meeting their food needs. Free or low cost community meal programs or home delivery programs to provide daily meals, instead of getting a weeks-worth of food from a food shelf. One respondent, the development director at the free community meal program shared that, 50% of the daily 1,900 meals that their organization serves at twenty-three sites around the Twin Cities. "I think close to 50% of our guests are seniors." she said. She also spoke mentioned that avoiding isolation among the senior participants of their program was the focal of providing meals in a community setting rather than, delivering meals to someone's home.

Food is definitely what we do and we do it well. But there's people who live on a fixed income or are home bound and they come to our table also to nourish their

souls. It might be their only opportunity for socialization which is just as important as food.

Even though there was a high consideration of different ethnic groups using food services in some neighborhoods racial and economic demographics still impacted program use. All five of the research participants addressed concerns about the lack of program enrollment for some ethnic groups such as, Somali and Hmong families. All five participants also explained the steps their programs have taken to improve the amount of culturally specific foods available at the food shelf or being served at free meal programs because they knew this would influence participation level from some client groups.

For example, one food shelf manager talked about the transformation within their program during the last five years. Due to growing needs in this program they begin relying less on specific donations from the community and instead shifted to getting most of their food from a local food bulk buying program. Buying food in bulk has allowed this program to get certain culturally specific products like rice and beans that were more recognizable to families that spoke other languages “Offering people food that they recognize, food that they’re familiar with, food that they would cook with.”

During interviews, one participant indicated that another key aspect of examining why some groups of people might not be seeking food resources directly through main stream food shelves, points to the fact that, some program locations needed to be more adaptable to the growing foods needs of families. This provider talked about their program’s expanded outreach efforts within some area schools. Within the school based program social workers who identified families with food needs could request a backpack full of food for the weekend to be delivered directly to a child’s school rather requesting that family go to the food shelf. Fear of judgement

was brought up with this provider as a contributing factor for why some people might not be seeking food services from direct program enrollment.

When you come here you might see people from your school, from your neighborhood, someone you graduated with, someone who plays sports with your kids. That sense of pride or shame or whatever you want to call it, it can be challenging for people to really come here and ask for help.

Understanding the needs of the unrepresented populations in terms of food resources encourages providers to get creative with program adaptation so that they can meet the growing needs of clients currently and in the future.

### **Program Improvement**

All five participants talked about the expanded need to improve program services for their agencies. One of the participants reflected on how their organization worked to increase their outreach efforts to address food insecurity needs to a wider audience by increasing the number of volunteers. She explained that her agency was connected to outside resources for donations. This program also communicated their need for service improvement to funders and policy advocates in order to address the growing of the individuals and clients they served.

We have a lot of volunteers and donors here, and anytime our volunteers come, we give them a short, like a five minute orientation about hunger. A lot of our volunteers are from the suburbs, who aren't familiar with food insecurity. This is an eye-opener. We're educating people all over who come to our doors to help give back. We're also giving them an education to let them know, it makes a huge difference. They're the same churches that are doing food drives for us. This experience ties it all together, makes it come full circle.

At the free meals program the development director shared some information about the strategic planning process that the agency developed. The strategic planning involved looking the use of volunteers host groups. Under the old model each site had a host group for every day

of the month. These groups would cook, prepare, serve and clean-up after the daily meals. However, doing this did not always allow the group to plan their menus in advance and it often did not create the diversity for meals that reflected the nutritional aspects the organization wanted for their guests.

It order to change this, the free meal program hired cooks at each site who could coordinate a weekly food plan based on what was available for purchase through from the food bulk buying program or through food recuse programs with corporate catering companies. Following this model allowed the meal program to develop healthier menus that incorporated more fresh foods and vegetables. It also has allowed there program to increase the number of meals that were served at her agency on a weekly bases, increasing by 34% in 2013 and by 23% in 2014.

Another respondent talked about their food shelf program targeting donations efforts on collecting oil, flour, and sugar. The reason for targeting these items was noted because these were the most expense staple items purchased from the metro food bulking buying program and they were the most requested items from clients who visited the food shelf. Collecting donations for these items allowed the food shelf to spend their budget on items that were harder to collect like meat, dairy and eggs. This program also increased their efforts to collect more hygiene products for food shelf families because these needs could not be filled with monthly SNAP benefits.

This year, we're really targeting with some very specific food drives. No matter what culture you're from, sugar, flour, and oil are basic needs that everybody can use. It's cross-cultural, which is wonderful. We're going to start directing those to our food drives and hygiene. If you're on food support, you cannot purchase toilet paper, dish soap, toothpaste; that is huge, but it's very, very expensive. I struggle with being able to purchase those items, so we also direct some of our donation efforts to meet these needs.

## Discussion

Investing program resources to improve food access and challenging food insecurity has many short-term and long-term benefits. In the short-term, improving food access gives people the ability to meet their basic needs and it increases their productivity. In the long-run, improving access to food resources provides long-term health improvements by reducing the risk of chronic diseases and obesity (Correll, 2010). Improving food access can also improve treatment outcomes for physical and mental health related conditions by improving someone's diet (Cook, 2002; Heflin & Ziliak, 2008; Fuller-Thomson & Redmond, 2008). Additionally, improving access to food resources for certain populations can improve their ability break generational poverty cycles (Hunger-Free Minnesota, 2010).

~~In R~~reviewing the information gathered for this qualitative study from the five participants and comparing it to the reviewed literature on the subject of food insecurity resulted in many common themes emerging. Evidence for the on-going need to address food insecurity and the need to address the distribution of food resources, often supported information found in empirical studies on subject. In other cases the data from the research did not support evidence from the literature.

In order to compare and contrast the major themes gathered during the research process to see where similarities and differences were found four over-arching themes from the research study will be address. These themes include:

- Barriers to receiving food services,
- Characteristics of the household,
- Underrepresented client populations ~~receiving benefits~~,
- Program improvement efforts.

Addressing each of these themes serves a platform for addressing how the role of the service providers working with clients facing food insecurity can be used to improve food access in addition to emphasizing the ways that service providers can impact changes at policy the systematic levels to increase access to food resources for those in need.

### **-Barriers to receiving services**

Identifying and calculating food insecurity can often be a barrier to receiving food services. Food insecurity is a self-reported and defined statistic (Whitley, 2013). Determining how food insecurity is calculated creates a framework for identifying how food service programs enroll participants. Of the four food shelf programs identified in this research study all four stated that the definition of food insecurity was self-defined and reported by the client when they enrolled in their programs.

All four the food shelf managers made references to the fact that information from participant intakes were used to, determine the amount of food each household received. Information from the intakes also helped participants, to understand their household income and to evaluate what resources were needed for the household. Similar to the USDA reports on food insecurity, rating systems were used to determine the how often survey participants missed meals as a result of not have adequate food resources to meet their household's food needs (Coleman-Jensen et al., 2014). These rates were then used to evaluate household's food in term of income resources and family size (Coleman et al., 2014).

Barriers to receiving services that were not supported by evidence from literature were reference to transportation resources. No direct links were made to transportation resources as a barrier to services but the direct references to *food deserts* did paralleled the statistical references of Larsen and Gilliland's research. Larsen and Gilliland stated that food deserts often exist in

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inner cities with high constriction of poverty and minority households (Larsen & Gilliland, 2008). At two inner city food shelf programs food shelf managers, made direct references to transportation as significant barrier for households facing food insecurity, both in terms of what they were able to buy, and how they were able to transport the food from one location to another.

Not addressing the limitations of someone's geographic location as a barrier to accessing food resources was also supported by Whitley's research. Whitley stated that in rural areas, food deserts impacted food security in addition to the social connectedness of the clients to other community resources (Whitley, 2013). Whitley also discovered that when programs were able to connect personally with clients they were able to improve their social connectedness to the larger community (Whitley, 2013). Similar to this idea the home delivery program at one food shelf made reference to the fact that connecting clients to volunteers improved the clients level of support in other ways. "It's more than just handing out a bag of food; it's the relationship. If there's an emergency clients reach out to us for support."

### **Characteristics of the household**

Numbers regarding annual household income reported by two food shelf programs supported the USDA studies about increase level of food insecure households living at or below the Federal poverty guidelines (Coleman-Jensen et al., 2014; Coleman-Jensen, 2012). Annual survey data of participants in one food shelf program reported showed that 25% of participants fell within 130% of the Federal poverty guideline, defined as an income of \$15,654 for one person and \$32,253 for a household of four (Families USA, 2015). Forty-two percent of participants rated their annual income at 200% of the Federal poverty guideline, defined as an income of \$23,540 for one person and \$48,500 for a household of four (Families USA, 2015). These rates co-inside with the USDA report from 2013, stating that household who reported food

insecurity, reported income at or below the Federal poverty guidelines of 185% of the poverty threshold or at a rate of 34.8% of reporting households (Coleman-Jensen et al., 2014).

Research on the improvement of food security ratings as a direct result of program enrollment supports research on the evidence of community food support either food shelves or free meal program contributing to alleviation or prevalence of low very low food security. Nord and Golla research provides supportive evidence that enrollment in SNAP reduced the prevalence of very low food security for households after one year in the program (Nord & Golla, 2009).

Similar findings from this research project highlight that once households began receiving food resources from their program clients saw improvement in meeting their household food needs. In one food shelf's annual survey 45% of program participants said that they never missed a meal and 22% said that they only occasionally missed a meal as a result of using the food shelf resources. Improving access to meals was the philosophy and mission of the community based free meal program who reported a larger increase in their number of meal being served by an increase of 23% in 2014 and 34% from 2013 as a result of expanding their locations to reach more people in need.

#### **Underrepresented client groups:**

Five of the interviewed providers highlighted, the need to improve enrollment for underserved populations. Four of the food shelf programs touched on the concerns they has for seniors facing food insecurity because their needs were often under reported. One provider felt that many seniors had misconceptions about food benefit programs like SNAP and food shelves. These misconceptions often lead seniors to belief that if they accepted benefits it might take

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away resources from someone else in need. “They don’t want to take from someone else. They don’t want to ask for a hand-out”

These concerns reinforce the research Gorman and colleagues who spending time in Rhone Island doing educational outreach about SNAP in underserved communities (Gorman et al., 2013). Gorman and colleagues discovered that there was wide spread stigma and misinformation about SNAP often prevented clients from enrolling (Gorman et al., 2013). In many cases families were not aware of the income or asset limits involved in SNAP enrollment, and this prevented them from using the program because they felt they did not qualify (Gorman et al., 2013).

Improving the level of social integration and social capital that clients had within their communities greatly impacted their level of food security (Whitley, 2013). Connecting with clients to address their food needs and to developed supportive long-term relationship was a key element of the food delivery program for one food shelf program and for the community based free meal program. Within these two programs the providers spoke of the need to address the social isolations aspect for their clients by nourishing their guests.

Food is definitely what we do and what we do well. But there’s people who live on a fixed income or are home bound and they come to table also to nourish their souls. It might be their only opportunity for socialization which is just as important as food.

### Addressing program improvements

Results from this study emphasize that the problem of food insecurity is a multi-faceted and if left unaddressed can created larger setbacks for individuals and households. These setbacks include, increased rates of health related conditions, high rates of obesity and increased rates of physiological distress (Correll, 2010; Heflin & Ziliak, 2008). This information was reinforced by the ~~responses~~ ~~information~~ gathered during ~~one one~~ interviews -with a food shelf

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manager where she talked about the need to educate ~~ion the~~ food shelf clients about nutrition when shopping for food at their program.

The parents need to be taught about proper nutrition, proper education towards good, healthy food. I mean, we struggle with even having people understand that they need to eat more fresh foods. Every day that our food shelf is open, we have fresh produce and vegetables available. You know, there's a weight limit of what they can get that and produce has nothing to do with that. They can have as much of the fresh as they want, but they're like, "Huh? You want me to peel a potato and make mashed potatoes? You want me to" ... I mean, it's really hard.

Families who face food insecurity also experience financial challenges that ~~often~~ impacts their ability to purchase healthy foods such as fresh produces. This financial stress often leads to quick meal choices and processed food that contain little nutritional value (Correll, 2010).

Acknowledgement of the connection between food insecurity and the larger society costs of increase spending on health care and entitlement programs is not always easily defined.

However, ~~s~~ not addressing the need to improve food resources programs ~~s~~ to meet these needs ~~to receiving services~~ often prevents food insecure populations from ~~asking and asking for seeking~~ help. ~~s also address the fact that~~ Stigma and embarrassment about food insecurity ~~remains~~ can ~~also prevent individuals from seeking help within their own neighborhood or in rural areas. open wound.~~

Based on information gathered in the research study we can clearly state the case that devoting resources towards investment in food programs meets a critical need for many members of our most vulnerable populations. We can also state the case that the outcomes of these programs is measured not only in terms of how well they seek to address food insecurity for an individual or household but in how these programs take a holistic approach for address the long-term health and wellness needs of their clients ~~to addressing the social isolations faced by many food insecure populations.~~

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### Strengths and Limitations

A major strength of the research study was the strong interviews given by the five participants. All ~~project~~ participants had professional experience dealing with impact of food insecurity in their daily work. This experience gave each participant the ability to connect to the subject matter in terms of how food insecurity directly impacts the lives of the clients they were working with, and in terms of how food insecurity, impacts society on a larger scale. The strength of using qualitative research methods for this type of project was that it gave participants the ability to share their thoughts and reflections on the subject matter without the limitations of a rating scale. It also allowed participants a platform for sharing work experiences without sharing personal information about clients.

The research participants in the study were very open and willing to share experiences on the subject matter of food insecurity, no one expressed being uncomfortable during the interview process, nor did anyone asked to be removed from the research after completed an interview. It was also expressed during all of the interviews that more work regarding expanding food accessibility issues, needs to be done on larger scale in order to, expand the program resources to meet the growing needs of food insecure populations. All of the providers who were interviewed see first-hand the importance of investing in food resources because they understand the connection between food accessibility, and the health and well-being of individuals and households they serve.

Another strength of the research study was four different food shelf program were represented in the sample. Two of the programs were located in suburban communities and two programs were located in larger cities. In the results of the study, the geographic locations of

each program served to support the research themes on the subject matter ~~becaus~~~~because~~ many of the client ~~populations~~. ~~The populations were presented in the research sample.~~

The primary limitation of this study was the fact only five providers were interviewed. Four of the five provider interviewed also worked in the same area of food resources as food shelf managers. Only one provider who worked at a community based free meal program was interviewed. Included more participants in the sample and including additional food resources programs such as food bulk buying programs, meal delivery programs ~~and-or more~~ free ~~orand~~ reduced fee meal programs ~~and~~ may have influenced the research by incorporating additional themes or ideas about the subject.

Although the five participants of sample worked in different neighborhoods and communities, two suburban and two inner cities programs additional information from rural programs might have been beneficial in addressing the needs of rural populations s facing food insecurity. Another limiting factor of the research was that most of the providers interviewed did not represent the diversity found within the clientele of program participants. The lack of diversity among professionals working in the area of food resources also sheds light on the fact that some programs had more diversity among their clientele while others did not.

A final limiting factor of the research on food insecurity is that food insecurity is a self-defined and self-reported issue. Measuring food insecurity is a challenging statistic to track because food related issues impact clients in different ways. Some households might be deeply impacted by food insecurity in terms of, the number of meals they have within a given month while other families, might have limits on the amount of fresh fruits and vegetables they are able to incorporate into their diet. Therefore, defining the true impact of food insecurity is ~~an-a great~~ obstacle for researchers ~~because of these reasons~~.

### Implications for Future Research

Additional research on the subject of food insecurity has great potential to impact policy and program development. Future research projects either qualitative or quantitative, on the study of food insecurity could benefit from additional investment in recruitment efforts to interview or recruit more diversity among the research participants. It could also be beneficial to look at other types of food service programs ~~such as food bulk buying or additional free and low cost meal programs~~ to investigate if the research findings from this study could also be supported from evidence found in other studies. Research on the subject of food insecurity and the benefits of increasing food resources is a topic that is not well-known among some ~~social~~ service professionals and the general public. Continuing to increase awareness about the personal impact of food insecurity on individuals and households, has the potential to increase awareness ~~for~~ and funding additional ~~for~~ programs to meet a growing need in many communities.

### Implications for Social Work ~~Practice~~ Social Practice

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Social workers work with clients in all stages of life and in many diverse settings. Social workers ~~are poised to~~ support clients with problem solving their basic needs by incorporating resources that will impact the client's health and well-being. Addressing the needs of food insecure clients can be challenging because a multi-faceted approach to finding resources is often needed. However social workers have the ability to connect with these clients by developing a therapeutic alliance that works to advantage of both parties in terms of, addressing food insecurity needs ~~as well as, the future health and well-being of individuals and households~~. The involvement of ~~the~~ social work practice in the area of food accessibility also has the ability to impact program outcomes for client receiving services in addition to ~~enhancing~~ program development needs to expand services to reach underserved client populations.

One of the foundational theories of the social work practice is the person-in-environment theory. This theory trains social workers to see problems from different angles. The person-in-environment theory pairs nicely with concept of addressing food insecurity because it encourages social workers and clients to examine the barriers that exist in terms of food access~~ibility~~, and it encourages them to address these barriers by finding resources to meet their food needs. For some clients this could mean education and enrollment information about the SNAP ~~program~~. For other clients this could mean encouraging them to use community based food shelves and free meal programs to bridge the gap between household income and the rising cost of food. Addressing food insecurity could also mean expanding educational outreach programs that encourage healthier meal choices. It could also mean encouraging clients to develop a monthly household budget that accurately reflects their household food needs.

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The person-in-environment theory also takes into account that larger systematic barriers might be limiting food access for some clients. Focusing on how to solve the large systematic barriers of food insecurity starts by increasing the awareness that food insecurity is a real issue that many people face daily. It also encourages programs to get creative with their approach to solving these problems on a long-term basis. One program that was interviewed for this project talked about their expanded methodology around increasing their ability to grow fresh produce in community garden spaces that could be harvested for meals and client give away programs. This direct approach to increasing food accessibility will likely go a long way in addressing food insecurity needs for the clients of this program, and might also create a model for other programs to follow.



### Implications for Policy

For every one dollar spend on food investment through SNAP benefits, food shelf programs and free or reduced meals program eight to ten dollars is saved in society costs through health care saving and other benefit programs (Huger-Free Minnesota, 2010). Investing in food resources also seeks to stabilize food instability for individuals or households by increasing their ability to purchase food resulting additional invests within the local economy (Hunger-Free Minnesota, 2010). Based on the information gathered during this research project, enrollment in benefit programs does improve and alleviate some of the burdens that food insecure household face. However a larger question remains about whether these benefit programs provide enough support to improve the long-term livelihood of the clients after enrollment.

The true cost of hunger and food insecurity is seen and unseen in many communities. The cost of hunger is seen by the increasing rate of families needing to use food shelf programs every month. The increase in food shelf usage is largely impacted by the need for families to shift income resources between housing costs, medical care and meeting their transportation needs. The unseen cost of hunger is often underreported and unknown because families might feel embarrassed to go to the food shelf, or seniors might be cutting back on their food intake. Whatever the case may be, concerns regarding food insecurity stems, largely beyond one neighborhood or one family therefore, how do we address food insecurity with society as a whole ~~accessibility for populations facing food insecurity?~~

On the large scale, increasing awareness that food insecurity is real problem and educating political leaders about the need to increase funding for food programs will impact changes on a smaller scale by expanded program resources. It could also mean an increase in the amount of families being served weekly at a local food shelf or expanding community based free

meal programs to more sites. The cost of not investing in programs to address hunger and challenging food insecurity may not be evident on a superficial level but over time, when not addressed hunger issues ~~that~~ can erode our society in many ways. Representation of this sentiment is captured nicely in the quote from Hunger-Free Minnesota's Cost/Benefit Hunger Impact Study from 2010.

The tragedy of hunger often makes its way into the media reports, political rhetoric and casual conversations over the dinner table, but it is mostly viewed as just as that, a tragedy that affects someone else's family. The reality however, is that hunger is not just an individual family tragedy but a social phenomenon that imposes substantial monetary costs borne by all members of society. In fact, a growing body of scientific research has shown that hunger predisposes individuals to health problems and psychological and social dysfunction, increasing healthcare costs and lowering productivity in the labor force (Hunger-Free Minnesota, 2010).

The profession of social work continues to evolve based on the research informed practice of our programs. When social workers take an actively role in addressing food insecurity needs by increasing their knowledge base about resources available to clients they also seek to improve the livelihood for clients within the larger society. ~~As stated in the methodology section of the research study Q,~~ one of the ten principals of *Social Work for Social Justice* states that solidarity with individuals, families, communities, society and the global dimension can be an important vehicle for creating change (NASW Code of Ethics, 2006). As social workers we often witness first-hand the impact of food insecurity for our clients therefore, we need to be willing to address these needs directly with clients and within the larger public.

The cost of not addressing hunger and tolerating food insecurity problems will only continue to increase ~~d~~ costs for physical and mental health care ~~in,~~ ~~additional costs to educational programs and decrease in wage earnings~~ ~~addition to reducing~~ ~~nd~~ economic productivity. In Minnesota is it estimated that the costs of not addressing hunger ~~in~~ within the states totals

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anywhere from 1.3 to 1.6 billion annual, this seems too great a cost for our state to continue to bear (Hunger-Free Minnesota, 2010).

### Conclusion

The calumniating efforts of this research project aims to shed significant light on the need for social workers, service professionals and members of the general public not to ignore the impact of food insecurity. Not addressing food insecurity ignores a vital health problem that continues to perpetuate economic conditions as well. In 2013 nearly six million households in the United States had substantial difficulty meeting their food needs every month, and most of these households were families with children (Coleman-Jensen et al., 2014). Food is a basic resource that everyone needs so improving the accessibility of food resources is a social justice issue that everyone should support.

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**Appendix A:****Interview Questions:**

1. How long have you been working in your current position? And why were you interested in helping people to improve their access to food resources?
2. What client populations do you work with?
3. How does food insecurity show up in your work?
4. What are the impacts of food insecurity for your client populations?
5. How is your agency addressing food insecurity needs?
6. What are the qualifications for program participation? And are there barriers that make it challenging to receive services?
7. Does your program measure food insecurity rates? If so, how? And how often?
8. Do you feel that there are any populations that are underserved when it comes to receiving food services resources?
9. Has your organization done any outreach efforts to address food insecurity needs to a wider audience?
10. Were there any questions that I didn't ask regarding food insecurity? Or do you have any suggestions for my research? Or is there anyone else that would be helpful for me to interview?



**APPENDIX B**

**CONSENT FORM**  
**UNIVERSITY OF ST. THOMAS**  
**IRB REFERENCE NUMBER 698600-1**  
**Food Insecurity: Providers Perspectives' Regarding Improving Food Access for Low  
Income Americans**

This research study is being conducted by Sarah Barrett, MSW student at the University of St. Catherine/University of St. Thomas School of Social Work. The project is being over seen by is Dr. Kari Fletcher, faculty from the School of Social Work.

The student research study is about the issue of food insecurity. The goal of the research is to gain perspectives from providers/social workers to see how the food insecurity, directly impacts the clients they are working with and to explore ways to improve engagement from providers/social workers to address food insecurity issues to wider audience.

The researcher has selected you as a possible participant in the study because you have a direct practice experience in the area of food support work with low income clients. Please read this form and ask any questions you may have before agreeing to be in the study.

**Background Information:**

The purpose of this study is to interview professional social workers and other service providers to examine their views on the issue of food insecurity, and to understand how the barriers and hardships faced by populations experiencing food insecurity impacts other areas of their lives. The research will also explore ways that providers/social workers can use their professional experience, to impact policy changes regarding access to food resources.

**Procedures:**

If you agree to be in this study, I will ask you to do the following things: meet for a forty-five minute to one hour in-person interview that will be audio-recorded and transcribed into written format. All identifying information such as names, place of employment and client information will be removed from written documents.

**Risks and Benefits of Being in the Study:**

Risks for participant in this study will be minimal based on the voluntary nature of the research project. Interviewed participants will be asked to share their professional work experiences. If a participant feels uncomfortable about answering an interview questions they may skip the question. Participants may also stop the interview at any time or withdrawal from the research study within one week of completed the interview. To withdrawal from the project the participant may contact the student by phone or email. Interview participants will also be given a resource sheet with free and low cost phone or in-person counseling services to reduce any additional stress the interview may have caused. There are no benefits to participate in this study.

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**Compensation:**

There will be no compensation for participation in the study.

**Confidentiality:**

The records of this study will be kept confidential. Any sort of report published, will not include information that will make it possible to identify you in any way. The types of records created will include a digital recording of the interview, a typed transcript of the interview, signed consent forms, field notes and the written paper of the research findings. All written documents will be stored in a password protected computer. All notes and recordings will be destroyed after June 1, 2018.

**Voluntary Nature of the Study:**

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect any current or future personal or professional relations that you or your agency has with the University of St. Thomas and the University of Saint Catherine's School of Social Work. If you decide to participate, you are free to withdraw at any time during the interview and up to one week following the interview. Should you decide to withdraw data collected about you will destroyed. You are also free to skip any interview questions I may ask, if you do not feel comfortable answering the question. To withdraw from the research project please call or email the student directly up to one week following the completed interview.

**Contacts and Questions**

Please contact Sarah Barrett with any additional concerns or questions, you may have by email at [barr6146@stthomas.edu](mailto:barr6146@stthomas.edu). You can also contact my instructor, Dr. Kari Fletcher by phone at 651-962-5807 or email [kari.fletcher@stthomas.edu](mailto:kari.fletcher@stthomas.edu). You may also contact the University of St. Thomas Institutional Review Board at 651-962-6038 with any questions or concerns.

**You will be given a copy of this form to keep for your records.**

**Statement of Consent:**

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I also consent to be audio-recorded during the interview. I am at least 18 years of age.

---

**Signature of Study Participant**

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**Date**

---

**Print Name of Study Participant**

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## APPENDIX C: TRANSCRIBER CONFIDENTIALITY AGREEMENT

**TRANSCRIBER CONFIDENTIALITY AGREEMENT**  
**UNIVERSITY OF ST. THOMAS, ST. PAUL, MINNESOTA**

Food Insecurity: Providers Perspectives' Regarding Improving Food Access for Low Income Americans

IRB log number \_\_\_\_\_

Rev Voice Recording Services agrees to transcribe data for this study.

I agree that I will:

1. Keep all research information shared with me confidential by not discussing or sharing the information in any form or format (e.g., disks, tapes, transcripts) with anyone other than Sarah Barrett, the primary investigator of this study;
2. Keep all research information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession. This includes:
  - using closed headphones when transcribing audiotape interviews;
  - keeping all transcript documents and digitized interviews in computer password-protected files;
  - closing any transcription programs and documents when temporarily away from the computer;
  - keeping any printed transcripts in a secure location such as a locked file cabinet; and
  - permanently deleting any e-mail communication containing the data;
3. Give all research information in any form or format (e.g., disks, tapes, transcripts) to the primary investigator when I have completed the research tasks;
4. Erase or destroy all research information in any form or format that is not returnable to the primary investigator (e.g., information stored on my computer hard drive) upon completion of the research tasks.

**PLEDGE:** I hereby certify that I will maintain the confidentiality of all of the information from all studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, - *insert name of researcher* - for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with the project, and may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

\_\_\_\_\_  
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\_\_\_\_\_  
 Date

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Signature of researcher

Date

#### **Appendix D: Email/Letter of Introduction/Recruitment**

Name and Title of interested person

Address of Agency

Date:

Emailed Letter of Interest to Potential Researcher Participants

Dear Program Director or Food Service Manager,

My name is Sarah Barrett and I am pursuing my Master's degree in Social Worker at the University of St. Catherine/University of St. Thomas School of Social Work. A critical part of the completing my degree involves designing and investigating a research project. My research project is on the topic of food insecurity and the impact that having limited access to resources can have for some populations. Specifically, I am looking to interview social workers and other professionals that work directly at agencies and non-profits that seek to improve food service resources for those in need. I am contacting you because I believe information from your professional work experience in this area will positively influence my research.

Interviews will be designed to gain knowledge on the subject matter and to investigate how food insecurity issues directly affect client populations. Interviews for this project will take approximately forty-five minutes to an hour to complete and interviews will be scheduled at locations, dates and times that will be convenient for you and your staff participation. All interviews will be auto recorded and transcribed. Confidentiality of all information will be maintained during the interview process and in any written documentation that follows. No personal

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information about clients will be collected. The approval for this project has been reviewed by the faculty at the school of Social Work and the Internal Review Board at the University of St. Thomas additional questions about the IRB can be answered by calling 651-962-6038. Your participation in this study is completely voluntary, your decision not participant will not impact any personal or professional relationship that you have with University of St. Thomas or the University of St. Catherine and the School of Social Work.

If you or any of your professional contacts are interested in scheduling an interview or if you want to gain additional information about the project please contact me directly by email Sarah Barrett at [barr6146@stthomas.edu](mailto:barr6146@stthomas.edu). If you have any additional questions about this project please contact Dr. Kari Fletcher email: [kari.fletcher@stthomas.edu](mailto:kari.fletcher@stthomas.edu) or phone: 651-962-5807, faculty at the University of St. Catherine and University St. Thomas School of Social Work.

Thank you for your time and interest in my project.

Sincerely,

Sarah Barrett, MSW Student

Email: [barr6146@stthomas.edu](mailto:barr6146@stthomas.edu)

## Appendix E: Resources for Interview Participants

### **Free and Low Cost Counseling Services:**

Walk In Counseling Center:  
2421 Chicago Ave South  
Minneapolis, MN 55404  
612-870-0565

University of St. Thomas  
Interprofessional Counseling Center:  
30 South 10<sup>th</sup> Street, MOH 100  
Minneapolis, MN 55403  
651-962-4820  
[www.stthomas.edu/ipc](http://www.stthomas.edu/ipc)

Minnesota Psychoanalytic Society and Institute (MPSI) Low Fee Psychotherapy Center  
825 Nicollet Mall#1950  
Minneapolis Minnesota 55404  
612-200-4141  
[info@mpsi.info](mailto:info@mpsi.info)

Chrysalis Counseling Center  
4432 Chicago Ave S  
Minneapolis, MN 55407  
612-871-0118

### **Phone Resources:**

United Way First Call for Help 211

Crisis Connection: 612-379-6388

Minnesota Crisis Line: 612-379-6363 or 1-866-379-6363