

Non-Profit Food Centers in Tennessee: Survey Findings

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Background

Despite the strong economy, hunger remains a serious problem in the United States. The U.S. Department of Agriculture's recently released a report on household food security 1995-98. The report provides preliminary data on the prevalence of food insecurity and hunger during this period. In 1998, they found that as many as 36 million persons were food-insecure, with children accounting for nearly 40 percent of this group. These people go hungry, not because there is a lack of food, but because available food does not get to those who need it (Nord et al., 1997). Over 20 percent of food produced in America is lost between the field and the table.

Before continuing, a few definitions are appropriate for purposes of this article.

Food security: Access by all people, at all times to sufficient food for an active and healthy life. Food security includes at a minimum: the ready availability of nutritionally adequate and safe foods, and an assured ability to acquire acceptable foods in socially acceptable ways (Hamilton et al., 1997).

Food insecurity: Limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways. Food insecurity, the least severe condition, consists mainly of anxiety about having enough food to eat or running out of food and having no money to purchase more (Klein, 1996). Adults who believe they are food insecure may try to avoid hunger by cutting the size of meals, skipping meals, or even going without food for one or more days. However, when food is extremely limited, these means to avoid hunger are ineffective and cause severe personal

hunger and hunger that spreads to the family and children.

Hunger: The uneasy or painful sensation caused by a lack of food. The recurrent and involuntary lack of access to food. Hunger may produce malnutrition over time (Hamilton et al., 1997).

According to results from the 1995 food insecurity survey of the US Census Bureau Current Population Survey (CPS), 7.8 percent of US households were food insecure, 3.3 percent experienced food insecurity with moderate hunger, and 0.8 percent suffered from severe hunger (1997). The prevalence of each category of food insecurity and hunger was highest in inner-city areas, followed by areas outside of metropolitan areas; the lowest prevalence was found in suburban areas. Prevalence varied across race and household type. When compared to whites, food insecurity and hunger was 150 percent more prevalent among African-Americans and 200 percent more prevalent among Hispanics. Households with children had the highest rates of food insecurity and hunger, whereas households with older Americans and no children had the lowest rates.

Advocacy groups have also been involved in measuring food insecurity and have tended to find higher prevalence estimates than those observed in government surveys. Between 1985 and 1993, the Community Childhood Hunger Identification Project (CCHIP) conducted surveys of low-income families with children younger than age 12 years throughout the United States. The surveys consistently found that approximately 20 percent of these families experienced hunger and another 50 percent were at risk of hunger (1995). A 1992 survey of older adults by The Urban Institute found that 8 percent to 14 percent of older adults experienced food insecurity at some point during a 6-month period (Burt, 1993). Food insecurity was reported among older Americans living well above the poverty line and in those already participating in multiple food assistance programs. Furthermore, food insecurity is likely to be very prevalent among the homeless population of the United States. It is not known how many persons in the United States are

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homeless, but estimates range from 500,000 to 600,000 persons, on the basis of the number of persons found in shelters, eating at soup kitchens, or congregating on the street during 1 week in 1988 (Burt & Cohen, 1989). Estimates of the prevalence of food insecurity in the United States from these various surveys differ primarily because of differences in the sampling frame or the definition of what constitutes food insecurity. Thus, the method of measuring prevalence varies across surveys. Other measures that have been used to assess the prevalence of food security problems are the numbers of emergency feeding sites and their rates of use.

Policy changes have shifted responsibility for food and income assistance from the federal government to the states and the private sector. Twenty million Americans rely on food pantries or soup kitchens every month. In 1993, Second Harvest, the largest hunger relief organization in the United States, distributed surplus food to 41,587 member agencies that operated 69,294 food programs, including 26,936 food pantries that provide groceries to needy families and 4,104 soup kitchens that serve prepared meals to those in need (VanAmburg Group, 1994). It is estimated that 26 million Americans used Second Harvest food programs in 1999 (About Second harvest, 2000). More than 95 percent of the food pantries, soup kitchens, and shelters that are members of the Second Harvest network are sponsored by private nonprofit agencies, 71 percent of which are operated by church-affiliated groups. Most of these food assistance sites operate with very small budgets, receiving no operating funds from federal, state, or local governments or from the United Way, businesses, fund-raising, or client fees. These programs rely heavily on volunteers to distribute food to those in need.

Second Harvest of Nashville was founded in 1978. Its mission is to feed the hungry in Middle Tennessee while reducing food waste through an efficient system of collection and distribution. They serve 14 emergency food box satellite centers in Davidson county, as well as 450 agencies in 36 surrounding counties. It has been estimated that over 8 million pounds of food were distributed in middle Tennessee last year. (Miller, 2000). These numbers include only those programs that are part of the Second Harvest network and are, therefore, likely to underestimate use of other emergency feeding

programs. Although use of emergency food sources may be indicators of food insecurity in a community, failure to use such sources may indicate a lack of emergency food sources in a community or lack of accessibility and knowledge rather than the absence of food insecurity.

Welfare Reform

The new welfare reform law, the Personal Responsibility and Work Opportunities Act of 1996 (PRWORA P.L. 104-193), has dramatically changed the structure of the nutrition safety net. The major emphasis of the new welfare reform is to aggressively move recipients from welfare to work. Thus, the entitlement status of many of the traditional welfare components has changed. Specifically, the new law converts Aid to Families with Dependent Children (cash assistance), Emergency Assistance, and the Job Opportunities and Basic Skills program to a new program called Temporary Assistance for Needy Families, which is administered through block grants to the states (Kramer-LeBlanc et al., 1997). The former welfare system had no time limits for recipients; however, the new law limits Temporary Assistance for Needy Families participation to a lifetime limit of 5 years. States are allowed to set shorter time limits. In addition, under the new law, legal immigrants are not allowed to receive benefits and adults aged 18 to 50 years of age without children are limited to 3 months of food stamps in any given 36-month period, unless exceptions are granted.

Families First, the welfare reform program in Tennessee, provides cash grants, education, job training, child care, employment assistance, and transitional benefits to poor or low income Tennesseans working toward a lifestyle without welfare. This program was one of the most significant changes within the 60-year history of the Department of Human Services (38). Families First, which went into effect on September 1, 1996, was approved by the U. S. Department of Health and Human Services (Families First, 2000), before Congress passed its version of federally mandated welfare reform. The exact effects of welfare reform are not well known at this point. The State of Tennessee reports a 60 percent deduction in employable adults on welfare since the program began. However, the average wage of the reported 30,000 persons who have found jobs since the program began is only \$5.67 per hour.

States are moving ahead with a variety of employment training and jobs programs. The new welfare reform gives states more flexibility in creating approaches to promote economic security for low-income households. The choices made by states in the design of their welfare reform plans will greatly influence the probability of successfully moving persons from welfare to work. For example, the major group targeted for job creation is single women with children; states that are implementing transitional child care assistance and continuing the provision of health care benefits are more likely to ensure the successful long-term entry of welfare recipients into the job market.

Effectiveness of Programs

Viewed together, many of the federal programs in the United States have been effective in improving the health and nutritional status of targeted populations. However, with the implementation of Welfare Reform many of these programs have been cut or reduced. Thus the number of food insecure people in this country may actually be increasing. Despite the efforts of organizations such as Second Harvest, private charity alone cannot solve the hunger problem (Smith & Hoerr, 1992)

Purpose of Study

The current study was designed to gain insight into the operations of non-profit food assistance centers served by Second Harvest Food Bank of Nashville.

The project was guided by the following objectives:

- (1) to analyze the characteristics of food centers in Nashville and surrounding counties and those of the directors/managers in charge of them;
- (2) to identify the type of services provided in metropolitan and non-metropolitan areas; and
- (3) to identify perceived education/training and other needs of clients.

Methodology

The study consisted of a survey developed by a team of researchers after evaluating questionnaires from other agencies and Second Harvest Food Bank. It included questions addressing characteristics of

the centers, types of services they provide, problems they face, characteristics of clients they serve, changes in program demand, how participants learn about services, job situations, program needs and information about center representatives themselves. The study population was composed of attendees at a Second Harvest Food Bank of Nashville affair, "Agency Relations Appreciation Luncheon/ Workshop" in June, 2000. All 280 attendees representing a wide range of facilities in Middle Tennessee were invited to fill out the questionnaire. One hundred fifty persons obtained questionnaires. Of the ones returned, 83 questionnaires were deemed usable for the purposes of the survey. Several were incomplete or contained inappropriate responses. The 83 interviewees represented 17 counties in Tennessee with positions in the agencies that include: board members, managers, pastors, secretaries, and volunteers. For purposes of evaluation, counties were divided into metropolitan and non-metropolitan using the classification system of the Economic Research Service (Cook & Miser, 551989), yielding 7 metropolitan and 10 non-metropolitan counties (Table 1).

Results and Discussion

A wide variety of facilities offering food assistance were represented at the Second Harvest affair, in addition to the official Food Bank Satellites (Table 2). These included churches, foster homes, group homes, senior citizen centers, community kitchens, transitional living houses, Salvation Army, a day care for mentally challenged, a health center, and a child care center. Almost all of the facilities reported that they provide services other than the food assistance (Table 3). Services provided were similar in metropolitan and non-metropolitan counties, with the most commonly reported being social services, transportation, recreation, continuing education, housing, and clothing.

Centers reported serving a wide variety of individuals (Table 4). Some centers provided services specifically for a designated group, such as senior citizens, infants and toddlers or teenagers, while others were open to persons of all age groups. Of those open to all groups, respondents overwhelmingly reported single female parents as the most frequently served client. Data on ethnic groups served, shown in Table 5, indicate that more African Americans are served than other ethnic groups. However caution should be used in viewing these results since it is probable that respondents did not understand the selection categories. Choices need to be clearer in future studies.

Table 1. Counties Represented in Survey.

Metropolitan	Non-metropolitan
Davidson	Bedford
Dickson	Coffee
Montgomery	DeKalb
Rutherford	Giles
Sumner	Hickson
Williamson	Jackson
Wilson	Maury
	Pickett
	Putnam
	Stewart

Table 2. Types of Facilities Represented.

Type of Agency	Metropolitan n = 59		Non-metropolitan n = 24	
	no.	%	no.	%
Foster Home	6	10.2	0	0.0
Senior Citizens Center	7	11.9	3	12.5
Group Home - Mentally Challenged, Youth/Teens	4	6.8	6	25.0
Small Business Start-Up	1	1.7	0	0.0
Health Center	1	1.7	0	0.0
Transitional Living	6	10.2	0	0.0
Social Services	11	18.6	0	0.0
Food Bank Satellite	10	16.9	7	29.2
Child Care Center	5	8.5	0	0.0
Mentally Challenged Daycare	3	5.1	2	8.3
Church	0	0.0	1	4.2
No Response	5	8.5	3	12.5

Table 3. Services Offered Other Than Food.^a

Agency Responses	Metropolitan n = 59		Non-metropolitan n = 24	
	no.	%	no.	%
Housing	17	28.8	9	37.5
Continuing education	19	32.2	9	37.5
Clothing	25	42.4	9	37.5
Social services	29	49.2	12	50.0
Transportation	20	33.9	14	23.7
Daycare/ before & aftercare	11	18.6	0	0.0
Adult daycare	6	10.2	3	12.5
Recreation	23	38.9	10	41.7
Other services	17	28.8	5	28.8
No response	0	0.0	1	4.2

^aRespondent circled all that applied.**Table 4. Clients Served by Agencies.^a**

Agency Responses	Metropolitan n = 59		Non-metropolitan n = 24	
	no.	%	no.	%
Infants and toddlers	30	50.8	8	33.3
School age children	16	27.1	10	41.7
Teenagers	28	47.5	11	45.8
Adults	33	55.9	19	79.2
Senior citizens	33	55.9	14	58.3
Homeless citizen	24	40.7	9	37.5
Persons with disabilities	31	52.5	20	83.3
Persons with addictions	24	40.7	8	33.3

^aRespondent circled all that applied.**Table 5. Ethnic Groups Served.^a**

Agency Responses	Metropolitan n = 59		Non-metropolitan n = 24	
	no.	%	no.	%
Hispanic	31	52.5	6	25.0
African American	57	96.6	12	50.0
European	26	44.1	5	20.8
European American	38	64.4	2	8.3
Middle Eastern	19	32.2	1	4.2
Asian	22	37.3	1	4.2
Native American	30	50.8	4	16.7
African	24	40.7	1	4.2
No response	0	0.0	7	29.2

^aRespondent circled all that applied.

When asked if the need for the food program had changed since the beginning of welfare reform, most respondents said yes or that they did not know (Table 6). This is in agreement with a recently released report from Second Harvest which stated that need has increased in Tennessee since the Welfare Reform program began. Few of the agencies used any formal means of making eligible persons aware of their programs (Table 7). Most participants in the services learn about them from other clients or agencies. Computerizing records and linking centers is one way to monitor program abuse. However, most of the centers in the metropolitan counties were not yet computerized (Table 8), whereas two-thirds of those in non-metropolitan counties had records computerized. Very few of those who had computerized their records were linked to other agencies (Table 9).

The majority of the respondents believed that their clients were receiving some type of government assistance such as food stamps (Table 10), however in the metropolitan counties a large number believed that the recipients were not getting government help. This may indicate a potential need for creating awareness of eligibility and procedures for obtaining assistance. Perceived educational needs of clients were similar in all counties (Table 11). Nutrition and food safety information were perceived as the greatest needs in the metropolitan counties while grocery budgeting, cooking simple balanced meals, and nutrition received the highest response numbers in the non-metropolitan counties.

When asked if they ever ran out of food and had to turn clients away, most centers reported that this did not happen (Table 12). It is interesting to note, however, that in a follow-up visit to one of the

centers this exact situation had happened and the center had closed early for the day. The majority of participants in this study believed that they provide nutritionally balanced food for the clients, and that the quantity of food provided is adequate to meet clients' needs (Table 13). Respondents reported few changes in job situations in their area in recent years (Table 14).

In an open-ended format, respondents were asked to list up to three services that their county could provide to better serve the needs of the residents. Some differences were seen between the metropolitan and non-metropolitan counties (Table 14). Persons in metropolitan counties more frequently listed the need for shelters for runaways and homeless persons, and transportation, while those in the non-metropolitan counties listed housing, school-age aftercare and feeding programs for children, and more soup kitchens as needs.

Conclusions and Implications

Studies of this type give greater insight into the issues facing those who are food insecure and the individuals who are trying to help alleviate this problem. Although it appears that the needs and challenges are similar in metropolitan and non-metropolitan counties, some differences were noted. For example, the persons who work in centers in non-metropolitan counties more often expressed a need for feeding programs for children. These programs are already available in the metropolitan area. It was interesting to note that responses from individuals other than managers who work with the centers frequently were incomplete, indicating a lack of knowledge about the clients they serve.

Table 6. Change in Need for Food Program Since Welfare Reform/Families First.

Agency Response	Metropolitan n = 59		Non-metropolitan n = 24	
	no.	%	no.	%
Yes	23	38.9	9	37.5
No	3	5.1	0	0.0
Don't know	28	47.5	10	41.7
No response	5	8.5	5	2

Table 7. How Participants Learn About Services.^a

Agency Responses	Metropolitan n = 59		Non-metropolitan n = 24	
	no.	%	no.	%
Flyer/ad in newspaper	12	20.3	6	25.0
Referred by other clients	36	61.0	17	70.8
Referred by other agencies	35	59.3	18	75.0
Referred by church	18	30.5	13	54.2
Other referrals	27	45.8	3	12.5
No response	3	5.1	2	8.3

^aRespondent circled all that applied.

Table 8. Computerization of Records.

Agency Response	Metropolitan n = 59		Non-metropolitan n = 24	
	no.	%	no.	%
Yes	27	45.8	16	66.7
No	30	50.8	7	29.2
No response/ In the process	2	3.4	1	4.1

Table 9. Connected to Other Agencies by Computer.

Agency Responses	Metropolitan n = 59		Non-metropolitan n = 24	
	no.	%	no.	%
Yes	5	8.5	6	25.0
No	37	62.7	12	50.0
No response	17	28.8	6	25.0

Table 10. Government Assistance Received By Clients.

Agency Responses	Metropolitan n = 59		Non-metropolitan n = 24	
	no.	%	no.	%
Yes	30	50.8	16	66.7
No	18	30.5	3	12.5
No response	1	1.7	0	0.0
Don't know	6	10.2	4	16.7
Some receive /some do not	4	6.8	1	4.1

Table 11. Perceived Training Needs of Clients.^a

Agency Responses	Metropolitan n = 59		Non-metropolitan n = 24	
	no.	%	no.	%
Grocery budgeting	31	52.5	15	25.4
Food safety	35	59.3	10	41.7
Food management/meal planning	33	55.9	10	41.7
Cooking simple balanced meals	33	55.9	15	62.5
Nutrition	43	72.9	14	58.3
Other	1	1.7	6	25.0
No response	7	11.9	4	16.7

^aRespondent circled all that applied.

Table 12. Adequacy of Food Supply.

Agency Responses	Metropolitan n = 59		Non-metropolitan n = 24	
	n	%	n	%
Sometimes run out of food	4	6.8	2	8.3
Always enough food	42	71.2	19	79.2
Don't know	3	5.1	0	0.0
No response	10	16.9	3	12.5

Table 13. Perception of Food Provided by Center.

Agency Responses	Metropolitan n = 59		Non-metropolitan n = 24	
	n	%	n	%
Nutritionally balanced				
Yes	39	66.1	15	62.5
No	8	13.6	7	29.1
Don't know	8	13.6	1	4.2
No response	4	6.7	1	4.2
Adequate quantity				
Yes	44	74.5	11	45.8
No	7	11.9	11	45.8
Don't know	5	8.5	0	0.0
No response	3	5.1	2	8.3

Table 14. Job Situation in Area.

Agency Responses	Metropolitan n = 59		Non-metropolitan n = 24	
	n	%	n	%
No major changes in economic activity	29	49.2	10	41.6
Have experienced plant closing recently	4	6.8	7	29.2
Have experienced new plant opening recently	8	13.6	3	12.5
Other: not many jobs No problem with getting job	6	10.2	1	4.2
No response	12	20.3	3	12.5

Table 15. Perceived Services Needed in Counties to Better Serve Residents. ^a

Metropolitan	Non-metropolitan
Better paying jobs/ more jobs	Better paying jobs/ more jobs
Housing	Housing
Summer Food Service Program	Summer Food Service Program
School-age Aftercare Program/ Kid's Cafe	School-age Aftercare Program/ Kid's Cafe
Transportation	Transportation
More funding for programs	Banking
Better information on available services	More services for Elderly
More readily available fruits and vegetables	More funding for programs
Upgrade neighborhoods	Soup Kitchen
In-service training for food handlers	More free recreational activities
Legislature advocacy	Low cost dental care
Runaway Shelter	
Homeless Shelter	

^aRespondent wrote in responses.

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