

THE EXPLORATORY STUDY OF CONSUMERS' EXPERIENCE OF
USING FOOD PANTRIES AND THEIR SELF-SUFFICIENCY
AND QUALITY OF LIFE

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DEDICATION

I would like to thank the members of my Graduate Committee and my significant other for their support throughout this process.

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by

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ABSTRACT

BACKGROUND: Food insecurity and consumers' chronic dependence on social welfare designed for emergency use has raised concern for food banks and food pantry directors who are interested in consumers' experience of using food pantries and their self-sufficiency during the period of relying on food pantries. In addition to knowing the demographic and socioeconomic status of consumers, there is still a need to understand consumers' satisfaction with food pantry services, experience of using a food pantry, self-sufficiency, motivation, and quality of life.

These subjects were addressed in the present study.

SUBJECTS: From 12 randomly selected food pantries in the greater Dallas area that are serviced by the North Texas Food Bank, 151 consumers were surveyed, which included 112 females and 39 males. There were 51 Caucasians, 70 African Americans, 28 Hispanics and 2 other races/ethnicities. The average age of consumers surveyed was 44.45 (*Range*= 20-65, *SD* = 20.65). Additionally, a total of 28 surveys were completed by food pantry directors. The total sample included 17 female and 11 male directors. The average age of directors surveyed was 55.65 (*Range*= 27-69, *SD*= 12.82). Only 1 director (3.6%) reported being of Hispanic/Latino or Spanish origin. Twenty-three directors (82.1%) were Caucasian, three (10.7%) were African American, and one (3.6%) reported being American Indian or Alaska Native.

METHODS: A descriptive research design was used. SPSS 19.0 was used to analyze the data. The following scales were used: Consumer Demographic Questionnaire, Food Pantry Services Questionnaire, Service Satisfaction Questionnaire, Food Pantry Use Reason Questionnaire,

Service Perception and Emotion Questionnaire, Dependence Questionnaire, Stages of Change in Employment, Work Intention Scale, Life Crisis Solution Questionnaire, Kessler Psychological Distress Scale, and the SF-12.

RESULTS: Around 40% ($n=58$) of consumers had a high school diploma and less than 11th grade education. Forty-seven consumers (31.1%) were currently unemployed and 40 (26.5%) unable to work. Thirty-nine consumers' income came from SSI (25.8%) and 23 consumers' (15.2%) income came from SSDI. Eighty-seven consumers' (57.6%) annual household income was under \$11,999. Overall, consumers were satisfied with food pantry services and felt appreciated and relieved when receiving services and food. There was no significant difference of service satisfaction evaluation between directors and consumers. Their motivation of returning to work and being self-sufficient was moderate. Consumers' quality of life was significantly lower than the general population. However, there was a very significant difference in the way consumers and directors rated food pantry use reason importance ($t_{(53.85)} = -9.65, p = .000$), with consumers' overall ratings being significantly lower than directors.

DISCUSSION: Studies have shown that demographic factors such as household income, race, gender, marital status, employment and accessibility of social welfare are mediating factors for food insecurity and poverty. All of these factors contribute to increased reliance on food pantry services. The responses from consumers regarding their dependence on food pantries has supported the fact that consumers need assistance in finding good paying jobs, education in learning to budget, and classes where job skills can be learned. Additionally, in order to best serve food pantry consumers and to meet the ultimate goal of encouraging self-sufficiency, food

pantry directors must understand their consumers' quality of life and the factors that contribute to it.

IMPLICATIONS: The ability of the food bank's top-down approach to promote self-sufficiency has been questioned. Developing community initiatives that promote self-sufficiency through community development brings accountability and pride back into the community. At the center of this facilitation is the much-needed strong leadership of the directors, serving as life coaches to consumers.

Keywords: Food pantry use, food pantry consumer, consumer satisfaction, self-sufficiency, quality of life

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LIST OF ABBREVIATIONS

NTFB – North Texas Food Bank

SNAP – Supplemental Nutrition Assistance Program

USDA – United States Department of Agriculture

WIC – Women, Infants and Children (Food Nutrition Service)

TANF – Temporary Assistance for Needy Families

CHAPTER ONE

Introduction

In the 1980's welfare provisions were reduced, therefore leading to a greater demand for community initiatives to address hunger and food needs. The response resulted in the establishment of an extensive network of private and charitable food assistance programs (Campbell, 1991). The programs were originally established as an emergency response to hunger, but today food assistance programs have become an institutionalized and accepted part of the food distribution system (Campbell, 1991). As a result, there has been a shift in attitude towards these systems, their efficacy, and ultimately their ability to serve as an antidote to food insecurity. Many critics argue that the shift from emergency response to charitable contribution has facilitated and perpetuated cycles of dependence. In contrast, those who utilize food distribution services have come to regard these services as an accepted community resource. It is because of this shift in attitude, by both food pantry consumers and directors, coupled with the political and public debate regarding food distribution systems' ability to help their consumers become self-sufficient, that a further look is needed. Through this research it is important to gain a better understanding of the consumers using food pantries serviced by the North Texas Food Bank in the greater Dallas area, the factors associated with food pantry use, consumers' attitudes toward self-sufficiency, and their quality of life. It will also be important to learn food pantry directors' perspectives of the aforementioned domains as well as their current efforts to promote self-sufficiency in consumers. Examining these research domains is a first step in better understanding chronic food pantry use by consumers and how to better help this population become self-sufficient.

The North Texas Food Bank is a certified member of the Feeding America Food Bank Network, comprised of 200 food banks and 61,000 local partners feeding 37 million Americans a year, including nearly 14 million children and 3 million seniors (Food banks fear, 2012). The North Texas Food Bank strives to ensure access for all who are eligible to participate in its food and nutrition assistance programs. The extent to which eligible individuals participate in programs and the factors that influence such participation are imperative to measuring how well the programs are reaching and affecting its target population. This study will gather information from food pantry consumers and directors to determine whether the programs' services are effective coping strategies for consumers experiencing life crises, to understand the consumers' level of self-sufficiency, to gain a better understanding of the consumers' frequency of food pantry use, and to further anticipate the duration of such use by consumers in need. With increased government focus and media attention on food pantry efficacy, reliable and valid information on how the North Texas Food Bank's assistance programs are promoting self-sufficiency is increasingly important. An essential objective of this research project is to provide empirical evidence of the populations utilizing food pantries services, the frequency and duration of such use, consumers' satisfaction with services, and the effect that using food pantry services has on consumers' self-sufficiency and quality of life.

Research Purposes

Because of the North Texas Food Banks' increased concern of chronic food pantry use by consumers as well as their satisfaction with food pantry services and quality of life, it is endeavored to gain relevant information to inform the need for and establishment of programs that promote self-sufficiency and reduce the duration and frequency of food pantry use as well as

promote consumers' quality of life. In its quest to design such programs, it has set out to understand the needs and motivations of the consumers serviced by its food pantries. The NTFB also desires to understand the food pantry directors' perception of consumers, their ability to relate to consumers and their desire to introduce programs to promote self-sufficiency and quality of life in the future. More specifically, the purposes of this study are to explore food pantry consumers' experience of using food pantry services in order to inform future endeavors to help those consumers become self-sufficient and promote their overall quality of life.

In addition to concerns over chronic use, the NTFB would like to understand consumers' quality of life at the time when food pantry services are sought out. In an effort to address these concerns, the NTFB is interested in developing psycho-educational programs to aid consumers becoming independent of food pantry use and improving their quality of life.

Research Questions

The purposes of this study are to explore the experience of food pantry consumers' and understand their current perceptions of their self-sufficiency, their satisfaction with food pantry services, and their quality of life. The research questions for this study are as follows:

- What are the demographic backgrounds of food pantry consumers?
- What are the demographic backgrounds of food pantry directors?
- Are consumers satisfied with the food received at food pantries?
- Are consumers satisfied with food pantry services?
- What are food pantry directors' perceptions of consumers' satisfaction with food pantry services?

- What pushing factors may contribute to consumers' chronic use of food pantry services to supplement their food needs?
- What pulling factors may contribute to food pantry consumers becoming self-sufficient?
- What are food pantry directors' perceptions of consumers' self-sufficiency?
- What is consumers' current quality of life?

In addition to understanding consumers' perspectives regarding the above issues, the present study further explores the perceptions of directors' about consumers' satisfaction with food pantry services, factors that contribute to consumers' food pantry use, and ways directors may promote self-sufficiency in food pantry consumers. It will be invaluable to know how much discrepancy exists between the demand side (consumer) and supply side (director).

CHAPTER TWO

Review of the Literature

Consumers, Directors, and Food pantry Services

Characteristics of Consumers Using a Food Pantry

In order for food pantry directors to make effective changes to services provided to consumers, the first step is to understand who is using food pantry services, how frequently, and why. Research has shown that nationwide the typical food pantry consumer is African American, has no typical family size, and on average visits a food pantry four times per year, but other studies have shown that the majority of consumers visit a food pantry more frequently (Berner, Paynter, & Anderson, 2011). The age of the head of household appears unrelated to pantry use, but households headed by African Americans appear more likely to use food pantries than those headed by people who are not African American (Daponte, Lewis, Sanders, & Taylor, 1998).

A typical household composition could not be established, as households that utilize food pantry services exhibit a variety of structures. However, the following household characteristics are found among the typical food pantry consumers in the United States: they are comprised of 53% more females than male members, 24% are married couples without children, and 14% are single headed households without children. Approximately 6% of households are headed by single mothers, compared to 1% of single fathers. Married parents with children account for 42% of households that utilize pantry services. Finally, households using food pantry services typically have 2.64 people per home (Berner et al., 2011). Furthermore, 29% of food pantry consumers are comprised of a 2-person household, 28% from a 4 or more person household, 25% from a single person household, and 18% from a 3-person household (Berner et al., 2011).

Households composed of one adult and one or more children are more inclined to use food pantry services, as are households with two or more non-couple adults (Daponte, et al., 1998).

A study by Duffy, Molnar, Claxton, Hallmark, Bailey and Miklouchich (1999) focused on pantries serviced by the East Alabama Food Bank using data from six rural and six urban food pantries with a total sample size of 96 food pantry consumers, including 47 rural consumers and 49 urban consumers. This study found that approximately one third of people using food pantry services identify themselves as disabled, and the majority of the sample reported having children under the age of 17 living in the household, yet more than half of the sample reported being a single parent (Duffy et al., 1999). Because of the wide variation in the household composition of individuals and families using food pantry services, it may be concluded that there is no significant difference in the number of people living in homes where food pantry assistance is needed versus households where it is not.

Low education levels have also been linked to food pantry use, however there are more people with bachelor's degrees and trade skills utilizing food pantry services than one might anticipate, therefore challenging the assumption that simply having a better education makes one more inclined to self-sufficiency. However, approximately 45% of rural pantry users have not completed high school compared to approximately 40% of urban food pantry consumers (Duffy et al., 1999). Several users reported having some college education or even a bachelor's degree. Over 20% of urban pantry-consumers fit into these categories, as did 23% of rural non-pantry consumers (Duffy et al., 1999). In a study conducted by Starkey, Kuhnlein, and Gray-Donald (1998), which surveyed a total of 490 food pantry consumers that were randomly selected from a random sample of 57 urban food pantries in Montreal, Canada, half of the 256 (52.2%) male

food pantry consumers surveyed had completed technical school or had a college or university education.

The majority of food pantry consumers utilize services on a regular basis and have longstanding relationships with food pantries. As a result, food distribution services have been scrutinized for efficacy and for the tendency for consumers to become dependent on food pantries to meet their nutritional needs. Research has validated the idea that consumers use food pantry services for extended periods of time. Berner, Paynter, and Anderson (2011), using time-series data from 500 food pantry consumer profiles at participating non-profit food pantries in North Carolina from 2005 to 2008, found that 47% of consumers have a relationship with food pantries over the course of one year, 30% of consumers have used food pantry services over 10 times in one year, 25% used the pantry only once, 22% visited the pantry over the course of two years, 15% had a relationship with the pantry over three years and another 15% over four years. In the aforementioned study by Starkey, Kuhnlein, and Gray-Donald (1998), 14.7% of consumers reported that the current visit was their first to a food pantry, and 67.0% reported weekly, biweekly, or monthly visits. Overall, a majority of food assistance populations use the pantry as a regular supplement to their food supply.

The demographic structure of food pantry consumers' households, education, and race are related to food pantry use as well as persistent poverty (Daponte et al., 1998). Furthermore, these statistics reveal that pantry use extends beyond the scope of hunger to include risk factors for chronic use and dependency such as low socioeconomic status, employment factors, and food insecurity. It also includes abstract variables such as attitudes towards self-sufficiency and levels of motivation, which will be discussed later in this paper.

Socio-Economic Status. It is clear from the statistics that racial minorities, specifically African Americans and Latinos, as well as women are disproportionately represented among the chronic users of food pantries. What factors are contributing to these populations' reliance on food pantry services? One factor is their lower socioeconomic status. For example, poverty rates for the African American and Latinos population are significantly higher than for their non-Hispanic, white counterparts. Research has also shown that poverty rates for women are significantly higher than for men. Using data from the National Research Council and a relative poverty measure, Iceland (2003) found that poverty rates among Blacks and Hispanics in 2000 were approximately two to three times the poverty rates of non-Hispanic Whites (Iceland, 2003). Furthermore, this study revealed that as the length of time in poverty increases, the percentage of females living in poverty dramatically increases. The percentage of women living for at least one year in poverty goes from 49.5% for a maximum time of three years spent in poverty to an astounding 84.5% for periods of poverty extending more than ten years. Such findings suggest that females are more vulnerable to persistent poverty than males (Iceland, 2003).

One is able to infer that simply being African American puts one at risk for poverty at some point in his or her lifetime and that African Americans are more likely to experience longer spells of poverty than Caucasians. Ulimwengu (2008), using a nationally representative sample of 12,686 individuals, found that from 1979 to 2004 the African American population in the U.S. accounted only for 13.4% of those who had never experienced a single year in poverty, compared to 68.5% Whites (Ulimwengu, 2008). Caucasians were found to be the majority (46.0%) among those living the least amount of time in poverty, with an average of one to three consecutive years in poverty (Ulimwengu, 2008). For periods of poverty lasting more than three

years, most of the poor were African Americans, whose numbers climb to 58.1% for those experiencing ten or more years of poverty (Ulimwengu, 2008). Furthermore, data revealed that among families with children, those who are married are less likely to be poor (7%), compared to those that were single parent households, more specifically, male single parent households at 18% and female headed households at 35% (Ulimwengu, 2008). Poverty rates were reported at 19% for individuals living alone or with roommates (Ulimwengu, 2008). Married couples with children were found to have spent significantly less time in poverty than families with single parents or a different marital status. Of individuals who have not experienced poverty, 74.3% were married (Ulimwengu, 2008). Of those who have spent more than ten consecutive years below the poverty line, only 23.8% were found to be married (Ulimwengu, 2008). These findings are significant in that marital status has been shown to be a mediating factor in food pantry use.

Populations, such as the ones discussed above, that are dependent on welfare transfers as their primary source of income, also tend to be more vulnerable to economic instability because of the lack of diversity within these sources. Wages, defined as monetary remunerations including bonuses, commissions, pay in kind, incentive payments, and tips, are significant components of a family's income (Ulimwengu, 2008). One can use the ratio of wages to total income as an indicator of vulnerability to events or situations that are likely to drive a family below the poverty level. Instability is more likely to occur when wages earned are from a part-time or seasonal job. However, when a wage earner has a diversified income structure, he or she is less vulnerable to unpredictable events such as divorce, the birth of a child, sickness, or the collapse of financial markets (Ulimwengu, 2008). The difference may be because people in poverty tend to rely more on welfare transfers than people who are not living in poverty. Welfare

transfers represent only 22.5% of the non-poor's income as opposed to 60.7% for those living in persistent poverty (Ulimwengu, 2008).

Unlike the long-term poor, income from wages constitutes the main source of income for the non-poor. Approximately 68% of the non-poor evade living in poverty compared to 46.4% in the case of the persistently poor. In addition, the share of wages decreases as the length of time in poverty increases, suggesting an increasing dependence on welfare transfers (Ulimwengu, 2008). Earnings account for 98% of the income sources of non-poor, two-parent families compared to 76% for poor families. This indicates that the importance of wages in total family income tends to diminish with the length of time spent in poverty (Ulimwengu, 2008).

The composition of non-wage income reveals that almost 50% of non-wage income of the persistently poor is comprised of an accumulation of Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), and food stamps (Ulimwengu, 2008). These three programs represent 12%, 16% and 21%, respectively, of non-wage income for the persistently poor. This indicates that ignoring government transfers, quasi-cash income, or other benefits and services to people with low income not only misjudges persistent poverty, but also overlooks the importance of governmental social programs, as food stamp transfers make little to no significant contribution to the income of the transitorily poor. Combined, they account for only 6% of the non-wage income of the transitorily poor (Ulimwengu, 2008). The transitorily poor are those who have experienced adverse life situations that have resulted in income loss that has briefly pushed them below the poverty line. A study by Berner, Paynter, and Anderson (2011), using time-series data from 500 food pantry consumer profiles at participating non-profit

food pantries in North Carolina from 2005-2008, found that receipt of food stamps was recorded for less than 20% of food pantry consumers (Berner et al., 2011).

When looking at how variability in earnings affect food stamp program participation and how the differing effects are dependent on a household's income position relative to the eligibility threshold, it was found that temporary earning increases and higher annual earnings variability reduces food stamp participation for households with low levels of permanent income (Food Assistance and Nutrition Research, 2009,). In addition, higher annual earning variability reduces program participation for higher-income households, but the effect is smaller in scale (Berner, Paynter & Anderson, 2011). Furthermore, this confirms the notion that poverty is related not only to a lack of income or consumption, but also to a lack of assets (Fisher & Weber, 2004). Therefore, the persistently poor can be characterized as those whose wages account for less than 65% of their total annual income, who fail to accumulate assets over time, and as a result rely more on government social transfers than do the transitorily poor (Ulimwengu, 2008).

Another source of income reported by food pantry consumers is Temporary Assistance for Needy Families (TANF); however there is a lower percentage of families receiving this form of support than other sources of income. Duffy, Molnar, Claxton, Hallmark, Bailey, and Miklouchich (1999) looked at TANF as a form of income for food pantry consumers, and it was found that only a small number of consumers (8 of 96 sampled) reported receiving TANF benefits. The urban pantry consumers on TANF reported expecting to have benefits cut in the coming year because of work requirements. While the study's sample of TANF respondents is too small to draw general conclusions, it appears that changes in welfare reform may be affecting

the underprivileged population (Duffy et al., 1999). This same pattern is evident in food stamp participants.

However, regarding sources of income, Supplemental Security Income (SSI) has been shown to be an important source of income for many people. The highest positive response rate to this item (52%) occurred among rural food pantry consumers (Duffy et al., 1999). In the same study by Duffy et al. (1999), Medicare and Medicaid were found to be widely used programs, with approximately 80% of the total sample (216) reporting participation in at least one of these programs (Duffy et al., 1999). Such findings support the idea that the persistently poor rely more on government social transfers than do the transitorily poor, therefore making their income more vulnerable than the income of people who were less dependent on welfare transfers.

Research has shown that people of low socio-economic status are more likely to depend on food pantry services to supplement their food needs. For example, food pantry use was found to be inversely related to income and to car ownership. Households with incomes below the poverty line were found to be more likely to use food pantries than were households with incomes between the poverty line and 185% of the poverty line, and households without a vehicle are more likely to use pantries than were households with a vehicle (Daponte et al., 1998). The majority of food pantry consumers have an annual income of less than \$15,000 a year, with rural residents somewhat more likely to be represented in the lower income brackets (Duffy et al., 1999). A study by Starkey, Kuhnlein, and Gray-Donald (1998), which surveyed 490 food pantry consumers that were randomly selected from a random sample of 57 urban food pantries in Montreal, Canada, found that as income increases, a smaller percentage of that income is spent on food. Men reported spending 29.4% and women 24.9% of their household

income on food (Starkey et al., 1998). In terms of absolute dollars, each food pantry user spent \$2.99 to \$3.10 each day on food. The minimum food cost for an adequate diet during the winter has been estimated at \$4.53 per day, which means that these food pantry users had a monthly shortfall of \$43.04 to \$46.35 (Budgeting for basic, 1995). It is unlikely that the food pantry can compensate for this shortfall. However, according to the U.S. official measure of poverty, most of the people who depend on food pantry services are not poor (Berner, et al., 2011).

The official measure of poverty in the U.S. is based on an absolute income threshold that represents the cost of acquiring a minimum basket of goods for a family of four. This threshold was defined by Orshansky in 1963 (1963, 1965). Orshansky used a concept of poverty based on consumption budgets centered on a recommended diet to sustain adequate nutrition at minimal cost using a sliding scale of income requirements for different family sizes and compositions (U.S. Department of Health, Education, & Welfare, 1976). Every year the U.S. uses the constant dollar value of the poverty threshold to measure poverty. However, the official measure of poverty does not take into account the change in the cost of basic goods such as food and housing relative to other goods since 1963, nor does it reflect cost variances due to differences in geographic location. In light of these criticisms, the U.S. National Academy of Sciences (NAS) has recommended the following changes (Citro & Michael, 1995, pp. 100-106):

- Poverty thresholds should represent a budget for food, clothing, and shelter (including utilities), as well as an additional allotted amount for other needs, including household supplies, personal care, and non-work related transportation.
- The poverty threshold for a household comprised of two-adults and two-children should be developed using real consumer expenditure data and should be annually updated to

reflect appropriate changes in expenses on food, clothing, and shelter over the previous three years.

- The reference family threshold should be adjusted to be representative of the needs of different family types and to be representative of geographic differences in housing costs.
- Family resources should be defined as the sum of money income from all sources together with the value of near-money benefits (i.e. food stamps) that are available to buy goods and services in the budget minus expenses that cannot be used to buy these goods and expenses, child support payments to another household, and out-of-pocket medical care costs, including health insurance plans.

Data indicates the longer a family remains in poverty, the lower their income. The inverse is also true: families with low per capita income are more likely to be in poverty for a much longer time. Furthermore, the longer a family stays in poverty, the higher the chances are that their total income will converge to total welfare income. In a research study conducted by Blank (1997), data revealed that of those who fell below the poverty line over time, 50.9% were poor for three years or less; 34.5% were in poverty between four and nine years; and 14.6% fell below the poverty line for 10 of 13 years. Additionally, of those who do manage to escape poverty, more than half are likely to fall back below the poverty line within five years (Stevens, 1994). Literature has identified two processes which may generate a persistence of poverty over time (Giraldo, Rettere, & Trivellato, 2002). First, it is possible that households are heterogeneous in regards to characteristics that are pertinent to the possibility of entering into periods of poverty (Giraldo, Rettere, & Trivellato, 2002). Second, experiencing poverty once may increase the probability of experiencing poverty in the future (Giraldo, Rettere, & Trivellato, 2002). For

example, an individual who is likely to experience poverty over a specific period of time because of (possibly unobserved) adverse characteristics will also be likely to experience poverty in subsequent periods because of the same adverse characteristics (Giraldo, Rettere, & Trivellato, 2002). Such processes are said to exhibit true state dependence, which occurs when correlations over time are driven by the last period's level of well-being (Giraldo, Rettere, & Trivellato, 2002). As a result, such individuals are more likely to remain in poverty for extended periods of time.

Employment and Motivation. Exiting persistent poverty depends on multiple factors working together, such as personal stability, job security, and earning potential of employment coupled with receiving welfare program assistance. The probability of exiting persistent poverty is much higher for job participants than for welfare program participants (Ulimwengu, 2008). However, compared to their employed counterparts, the unemployed have little or no chance of escaping persistent poverty unless they participate in welfare programs. Therefore, one may infer that employment or mere participation in welfare programs have proven insufficient in exiting poverty, but rather they both must work in conjunction to assist people in exiting poverty and becoming self-sufficient. Approximately 85% of households with children, who had inadequate access to food, had at least one working adult, including 70% with a full-time worker. Fewer than half of such households included an adult educated past high school (Nord, Coleman-Jenson, Andrews, & Carlson, 2010). Therefore, job opportunities and wage rates for less educated workers are important factors in food access for families with children. In 2007, federal food and nutrition assistance programs provided assistance to four out of five low income households with children (USDA Food Assistance Nutrition Research Program, 2009). The incapacity of poor households to invest in the education and assets of their children, the limited

access to credit for those with few assets, and the lack of vocational skills explain a longer persistence of poverty for those households (Ulimwengu, 2008). Moreover, being unemployed may increase the length of time a person spends living under the poverty line. In a study from 1994 to 2004, of those asserting they had a job, 89.5% had never lived in poverty compared to 78.2% of individuals with poverty periods between one and three years, and 79.8% for those with poverty periods extending more than three years (Ulimwengu, 2008). Furthermore, the systematic exclusion of certain social groups from access to resources and markets increases their vulnerability to persistent poverty (Ulimwengu, 2008). Chronic poverty is often seen as a reflection of a lack of basic security, which is pervasive both over time and across different living conditions, therefore making it very difficult to escape (Wood, 2003).

Nevertheless, in contrast to their employed counterparts, the unemployed have little to no chance of leaving persistent poverty unless they enter welfare programs. The likelihood of leaving poverty after one year by level of education, marital status, ethnic group, gender and employment is as follows (Ulimwengu, 2008, pp. 7-9):

- The odds of exiting poverty are much higher (55.8%) for college graduate than for high school graduates (44.2%).
- Exit rates are higher for married couples (54.4%) than for divorced people (34.4%), for those never married (37.4%), and for those who are separated (26.3%).
- Caucasians (49.2%) have the highest exit rates from poverty, followed by African Americans (32%), Asians (40.9%), and Hispanics (38.7%).
- Employment offers a way out of poverty:

- Jobless men have only a 23.7% chance of exiting poverty compared to a 49.7% probability for those who are employed.
- Among women without a job, 18.9% escaped poverty, compared to 48% for those women who were employed.

Hence, it may be concluded that regardless of income, simply having employment significantly improves the probability of leaving poverty. However, regardless of job status, the likelihood of exiting poverty is much higher for males than for females (Ulimwengu, 2008).

Food Insecurity. *Food insecurity* occurs when people do not have adequate physical, social, or economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life (USDA, 2010). Research has shown that food insecurity is a major factor in the use of food pantry services. In response to the food insecurity epidemic experienced in the 1980's, an extensive network of private and charitable food assistance programs was established (Campbell, 1991). Since then, food assistance programs have become an institutionalized and accepted part of our food distribution system (Campbell, 1991). This evolution has created much public and political controversy, as there is concern about increased usage and reliance on food assistance programs to meet long-term food needs.

Research has shown that women are most affected by food insecurity. Two studies tested the relationship between obesity and food insecurity in non-elderly adults using the Behavioral Risk Factor Surveillance System (BRFSS), which is a cross-sectional telephone survey. The study concluded that there appears to be a relationship between increased body weight and food insecurity in women, but not necessarily in men (Dinour, Bergen, & Yeh, 2007). Although this may be because much of the research to date has only studied women, it may also be connected

to “maternal deprivation” in which mothers reduce their own food intake for the benefit of their children (Dinour et al., 2007). There were inconsistencies in regards to a positive linear effect, where the severity of food insecurity corresponds with a rise in the prevalence of obesity (Dinour et al., 2007).

Food banks and food pantries have emerged as important tools in combating food insecurity. Food nutrition programs as antidotes to food insecurity, according to research studies, have been shown to have a complex relationship. Although one would expect the use of food assistance programs to result in less food insecurity, this is not necessarily the case. Instead, the users of food assistance programs are having greater difficulty meeting their nutritional needs (Food Assistance and Nutrition Research, 2009). Furthermore, many of the people utilizing food pantry services have done so for a long time, perhaps further perpetuating food insecurity, as studies have found that emergency food supplies do not provide adequate food variety or nutrition (Starkey, 1994).

An examination of the nutritional quality of food distributed by food pantries, based on the Food Guide Pyramid, found that the bags contained sufficient foods from the bread group to last approximately seven days, from vegetable group foods to last five days, from the meat/protein group foods to last five days, from the fruit group foods to last three days, and from the milk group foods to last three days (Akobundu, Cohen, Laus, Schulte & Soussloff, 2004). A nutrient analysis revealed the food contents of the bags were of sufficient or high nutrient density for protein, fiber, iron, and folate, but not for calcium, Vitamin A, and Vitamin C (Akobundu et al., 2004).

Furthermore, many emergency food assistance programs either do not include or provide only a limited supply of fresh produce. As a result, many food pantry consumers, especially those living in poor ethnic neighborhoods, are at high risk for insufficient intake of fruits and vegetables. Studies have shown that living in poor ethnic neighborhoods limits access to fresh fruits and vegetables difficult. Data from such studies revealed a substantial number of food pantry consumers with little access to grocery stores that sell a variety of fresh produce (Algert, et al. 2006).

The following findings support the assertion that participation in one food assistance program is not sufficient to supplement the food needs of consumers. Among households that reported being food insecure, 55% received SNAP benefits, 52% received free or reduced-cost school lunches, and 49% received WIC benefits (Nord, et al., 2010). Prevalence of very low food security among households participating in SNAP was reported at 24%; 13% of households did not participate (Nord, et al., 2010). The incidence of very low food security for households participating in free or reduced-cost lunch programs (19.4%) was more than double that of non-participating households (9.3%) (Nord et al., 2010). Of households obtaining emergency food from community food pantries, 72% were food insecure and 34% reported very low food security (Nord, et al., 2010). Finally, 77% of households with at least one member who had eaten food at an emergency kitchen were food insecure, and of those individuals who had eaten at an emergency kitchen, 55% reported very low food security (Nord, et al., 2010). However, this is not the fault of the food assistance programs, which were simply not designed to be consumers' primary food source. They were designed to provide emergency food aid for people in immediate need. However, the shift in the way such programs are used has stretched the ability

of the programs to meet the needs of all of their consumers. The inability of supplemental programs to meet such needs, coupled with the unrealistic expectation that these programs should meet these needs, has contributed to the perpetuation of food-insecure consumers.

Food Pantry Use

Research suggests that food from pantries is not just being used to meet temporary acute food needs. For the majority of people seeking food assistance, pantries are now a part of their long-term strategies to compensate for monthly shortfalls in food. Such shifts have become problematic for food pantries, resulting in food shortages and difficulty ameliorating the needs of the food insecure. Research suggests that although local and regional non-profit food assistance programs (e.g. food pantries, food banks, soup kitchens) were established to meet short-term food needs, many people are now using them on a long-term basis (Dapante & Bade, 2006). Between 2006 and 2011, there was a 46% increase in the number of people served by Feeding America food (Echevarria et al., 2011). Research indicates that the majority of all food pantry consumers have utilized food pantry services for at least several months (Duffy et al., 1999). Rural consumers have been found to be more likely than urban consumers to receive food assistance for more than a year (Duffy et al., 1999).

Regarding frequency of use, research indicates that only a small percentage of food pantry consumers receive food from the pantries weekly, and monthly use was found for 25% of rural consumers and 39% for urban consumers (Duffy et al., 1999). Over 60% of both urban and rural consumers indicate that they use food pantry services only every "now and then" (Duffy et

al., 1999). Reasons for food pantry use are varied; health and unemployment have been shown to be the main reasons (Duffy et al., 1999).

When Duffy et al. (2009) examined food pantry consumers' experiences with food pantry services, they found that over half of the consumers reported that they expect to need food pantry services in three months, and only 20% reported that they do not anticipating needing services in this time frame (Duffy et al., 1999). The remaining consumers indicated they hoped that they would not need food pantry services in three months (Duffy et al., 1999).

Echevarria, Santos, Waxman, Engelhard, and Del Vecchio (2009) used data from the Hunger in America 2010 project, the largest study of domestic emergency food assistance, to gather more than 61,000 interviews with food pantry consumers. The study showed that in 2008, 54% of consumers surveyed visited a food pantry for at least six months and in the year prior to data collection, 36% reported visiting a food pantry at least once a month (Echevarria et al., 2009). Consumers also reported that, on average, they visited a food pantry for more than 28 consecutive months. The trends of chronic use have led to concerns about food pantries' ability to help their consumers become self-sufficient, and there are now questions of whether or not food pantries actually perpetuate dependence.

Research has shown that participating in one food assistance program increases the likelihood of participating in another (Bhattarai, Duffy, & Raymond, 2005). For example, the Supplemental Nutrition Assistance Program (SNAP) plays a vital role in alleviating hunger nationwide. However, research has shown that food pantry consumers enrolled in SNAP need additional help, suggesting that SNAP benefits cannot fully supplement families' nutritional needs (Echevarria, Santos, Waxman, Engelhard, & Del Vecchio, 2009). The shorter the length of

time that consumers' benefits last throughout the month, the more likely a consumer is to visit a pantry every month. The majority of food stamp recipients (60-70% for urban/rural consumers) indicated that the food stamps do not last for a full month (Duffy et al., 1999). Among recipients of SNAP benefits, over half are regular or frequent food pantry consumers (Echevarria et al., 2009). Households that are food insecure are more likely to be regular consumers than households that are not (Echevarria et al., 2009).

Conversely, other studies found that food pantry consumers were less likely than non-users to receive food stamps. A significant number of food pantry consumers meet eligibility standards for food stamp benefits, but are not receiving them (Algert, Reibel & Renvall, 2006). Using background characteristics of 14,317 food pantry users in Los Angeles, Algert, Reibal and Renvall (2006) found that approximately 90% of food pantry consumers are living well below the poverty level, with 59% being Hispanic, and 44% being homeless. This study also showed that only 15% of the food pantry consumers received food stamps, with limited English skills and homelessness proving to be barriers to participation in the program (Algert et al., 2006). However, when considering the findings, one should keep in mind the contributing factors to the lack of food stamp participation: denial of approval, homelessness, undocumented status or reluctance to apply for such benefits.

The above findings reveal a possible cause of chronic food pantry use, in that participation in a single food assistance program is not sufficient to satisfy the needs of chronic food pantry consumers. Furthermore, the reluctance to apply for a beneficial program with the potential to increase likelihood of exiting poverty is emblematic of a greater reluctance to take advantage of programs designed to assist in reaching self-sufficiency. Furthermore, it would be

valuable to understand why consumers are reluctant to apply for a beneficial program (e.g., SNAP) to increase their likelihood of exiting poverty and to know the difficulties that are encountered in the application process for such programs. Approximately 61% of urban food pantry consumers who are not currently receiving food stamps have applied for them, and roughly half of them are still waiting to hear about their applications; the other half were not approved. It was also found that only 15% of rural users have applied for food stamps, with a third of them waiting for approval, and 67% having been denied (Duffy et al., 1999). A higher percentage of rural than urban food pantry consumers reported that they had not applied for food stamps, either because they did not want to or because it just was not worth the inconvenience (Duffy et al., 1999).

Research confirms that acquiring food assistance is no longer a matter of utilizing either a food pantry (non-profit assistance) or government assistance, but that both are needed, as 36% of U.S. households dependent on food pantry services receive food stamps and 64% have applied for food stamps (Jenson, 2002). Other studies suggest that households access multiple types of assistance when necessary (Mosely & Tienen, 2004). There may have been a temporary preference for emergency food providers after welfare reform in the late 1990s, before the return to needing both public and private non-profit sources of assistance. Other reasons include changes to entitlement formulas, which can explain why food stamp participation has decreased while food pantry usage has increased (Bhattarai, Duffy, & Raymond, 2005).

Furthermore, welfare reform required recipients to access job training or employment opportunities to gain access to public assistance, but it increased the number of people enrolled in technical programs, therefore leading individuals to accept service industry jobs but without

being able to afford housing, medical care, and food simultaneously (Jenson, 2002).

Furthermore, the working poor are at a slightly greater risk for making recurrent visits to the food pantry than the unemployed are (Berner, Paynter, & Ozer, 2008). Moreover, for those who are not employed, government benefits do not provide an adequate food safety net. As a result, non-profits are under greater pressure (Berner et al., 2008).

One perspective views food pantries as playing an undesirable role in the community. The premise is that the initial idea for food banks was a top-down response to poverty and lack of food (Hilton, 1993). Furthermore, now that communities are becoming more active and there are community initiatives to address hunger, those involved at the community level hold that had they been involved from the beginning of the initiative, they would not have chosen food pantries as a solution (Hilton, 1993). Critics argue that food pantries prolong the cycle of dependence and poverty, which results in people feeling hopeless about their future prospects. Some view food pantries as perpetuating long-term poverty because of the shift in focus away from the structural inadequacies of the welfare system and the government's responsibility to create feasible economic opportunities for its people (Hilton, 1993). Furthermore, food pantries cover up the poverty crisis, but are not overcoming it (Hilton, 1993). A Conference of Mayors survey, in a much different context, similarly identified low-wage jobs as the top cause of hunger (U.S. Conference of Mayors 1998). Both food pantry supporters and critics probably would agree that hunger is a symptom of fundamental flaws in the economic system. Originally intended to be a short-term, immediate solution to the growing number of people without the means to feed themselves, the growth of food pantries is more a testament to failure than to success (Hilton, 1993). Critics are not satisfied with the role of food pantries in the community,

as they provide small amounts of food to small groups of people. Instead of helping people become economically independent, some critics argue that food pantries send the message that people are unable to provide for themselves (Poppendieck, 1998), therefore suggesting that food pantries add to the difficulty of mobilizing people to build self-reliance (Hilton, 1993). As a result, the dependency perpetuated by food pantries makes it difficult to motivate people to become self-sufficient, and individuals who have been chronically using food pantry services to meet their nutritional needs are extremely difficult to get excited about making the necessary changes to become self-supporting (Hilton, 1993).

Consumers' Satisfaction and Attitudes

The way a user of a food pantry feels when coming to a food pantry and receiving assistance may both perpetuate the cycle of dependence or foster hope and instill the motivation needed to become self-sufficient again. It is important to understand consumers' experience of using food pantries and whether food pantries are providing more than a handout, as the goal is to offer a "hand up" to consumers and help them become self-sufficient.

Overall, consumers serviced by the East Alabama Food Bank reported a fairly high level of satisfaction with the food they received (Duffy et al., 1999). Results from the study indicated that 90% of rural consumers were satisfied or very satisfied with the quality of food and 85% were satisfied or very satisfied with the quantity (Duffy et al., 1999). Somewhat less satisfaction was reported amongst urban consumers, with 76% satisfied or very satisfied with the quality and 75% satisfied with the quantity of food received (Duffy et al., 1999). Most consumers indicated that it was very easy or somewhat easy to contact the director of the pantry when they needed food.

Duffy et al. (1999) also found that transportation to the food pantry location was a problem for 25% of the rural pantry consumers and 29% of the urban pantry consumers, although most individuals reporting a problem said that transportation was only "sometimes" a problem (Duffy et al., 1999). Approximately 56% of rural pantry consumers reported living more than five miles from the food pantry. In contrast, 86% of urban pantry consumers reported living more than five miles from the site. Such findings are indicative that urban pantries are serving a larger geographic area. Few consumers reported having a problem with the pantry's hours of operation. The large number of urban consumers (87%) who were told specific hours when they could pick up food was significant and indicated that urban food pantries tend to have more structured operating procedures. Approximately half of rural pantry consumers were aware of the operating hours of the pantry. Urban consumers were significantly more likely than rural consumers to report that they would like the pantries to offer transportation. A lack of accessibility to food pantries not only impacts consumers satisfaction with services provided in that it does not meet consumers' expectations, but it also creates a barrier for reaching those most in need, which may be those who cannot afford consistent transportation to gain adequate access to food pantry services to help supplement their food needs.

Almost all consumers reported that food pantry staff treated them with respect all of the time (Duffy et al., 1999). Most consumers reported using the services of only one food pantry and reported satisfaction with the amount of food received. In addition, more urban consumers indicated that they would like food pantry staff to provide a larger and a better variety of food (Duffy et al., 1999). Interestingly, rural consumers were more satisfied with food pantry services than urban consumers were (Duffy et al., 1999).

In Duffy et al.'s (1999) study, it was found that 71% of urban consumers indicated that if they could get as much food at a food pantry as they are able to get with food stamps, they would still rather receive food stamps (Duffy et al., 1999). Most reported that they preferred food stamps because of the choices in food available. Rural consumers were more likely to prefer food pantries to food stamps than urban consumers were. Approximately 51% of rural consumers preferred food pantries to food stamps, and 49% preferred food stamps to food pantries (Duffy et al., 1999). Among the food pantry consumers, 71% of rural and 67% of urban consumers indicated that getting food from a food pantry was less complicated than completing the forms and procedures involved in the process of receiving food stamp benefits (Duffy et al., 1999). Only 2% of rural and urban consumers indicated that using a food pantry was more complicated (Duffy et al., 1999).

Research reveals that much variability exists in the operating procedures, eligibility rules, and amount of food provided by food pantries. Conclusions are that urban food pantries tend to be more structured and have more defined operating guidelines, as urban users were typically asked to fill out eligibility forms and to show identification before receiving food. Rural consumers tend to be more satisfied with the amount, quality, and variety of foods provided. They were also less likely to want pantry directors to provide more food or a better variety of food (Duffy et al., 1999). One may speculate that the informal, personal nature of rural food pantries may contribute to the higher satisfaction of consumers. It is also possible that smaller, rural agencies are able to provide more food, since they are serving fewer consumers.

Consumers' Experience Using a Food Pantry and Quality of Life

Duffy et al. (1999) surveyed 96 food pantry consumers from urban and rural food pantries serviced by the East Alabama Food Bank, and from the consumers' perspective, a demeaning attitude of food pantry staff was not evident. The overwhelming consensus from consumers surveyed in the Duffy et al. (1999) study is that they are treated with respect "all of the time" by food pantry staff. However, there is some variability in the accounts by consumers from other studies regarding their experience of using a food pantry. One consumer stated, "You feel embarrassed coming here" (Gentleman, 2012). Another consumer said, "Everyone greets you nicely. Everyone is nice here. I have never experienced recession before. There are no jobs at the moment" (Gentleman, 2012). Finally, the data collected by Starkey, Kuhnlein, and Gray-Donald (1998) supports the view expressed by consumers that the food pantry is a community service and a necessity, not an embarrassment. This perspective may offer an explanation as to the reason some consumers regard food pantry services as a long-term "hand-out" and, as a result, chronically use the resource (Starkey et al., 1998).

In light of the existing studies, it is evident that age, disability, and limited job skills prevent a significant portion of food pantry consumers from being hopeful about improved prospects for the future. Reliance on food pantries for assistance may be a long-term outlook for such consumers, especially given the declining federal support for the economically disadvantaged.

Poverty almost inevitably leads to hunger and food insecurity. Poverty can lead to malnutrition, which can result in overt clinical signs of nutrient deficiency or micronutrient depletion that is not clinically apparent (Tanumihardjo, Anderson, Kaufer-Horwitz, Bod, Emenaker, Haqq, Satia, Silver, and Stadler, 2007). Often, food insecurity may lead to over-

nutrition, which may then lead to obesity (Tanumihardjo et al., 2007). Furthermore, the absence of a diversified, nutrient-dense diet can lead to over-nutrition, obesity, and failure to meet micronutrient requirements. Therefore, food pantry directors should be required to be aware of the health risks of the populations they serve as well as the nutrition and educational needs of these food pantry consumers.

Coping strategies for food insecurity were examined by Hoisington, Shultz, & Butkins (2002) by conducting a focus group of food assistance users. Consumers were asked which nutrition topics they would be most interested in learning. The following is a breakdown of the educational topics suggested (Hoisington, Shultz, & Butkins, 2002).

- Participants wanted education on how to afford food after paying bills, making nutritious foods for less, and comparison shopping. Participants were most interested in acquiring additional information about “shopping and stretching food dollars.”
- Participants were interested in learning about “cooking and making tasty, low cost food.” Among the reasons for interest in this topic included a desire to learn new recipes, how to make low-cost food taste good, and how to portion food.
- Participants wanted to learn more about “healthful food and nutrition,” “feeding kids and getting them to eat,” and “how to prepare foods for family member with special dietary needs.”
- There was a consumer demand for recipes, and the suggestion was made that recipes be handed out at food pantries and with food stamps.
- Participants were interested in “support groups” and “employment counseling.”

The paradox of food insecurity and obesity is being addressed in a significant way by emergency food systems. Several food banks have improved the nutritional quality and nutrient density of foods that are distributed to families in need. For example, the Food Bank of Central New York implemented a “no soda, no candy” policy which led to a significant shift in its food inventory and was surprisingly popular with consumers. The consumers were pleased with the change and showed a preference for the healthier foods provided by the food bank (Crawford & Webb, 2011). A Jewish hunger organization in California launched an initiative encouraging emergency food providers to take into account obesity in food selections and to make organizational changes necessary to develop the distribution of more nutritious foods such as fruits and vegetables (Crawford & Webb, 2011).

Federal food programs are also implementing changes, despite the lack of research on causal factors for obesity and food insecurity. For example, the SNAP Healthy Incentive Program has allocated an income supplement for fruits and vegetables, and the USDA’s Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) modified its food package and improved its afterschool food program (Crawford & Webb, 2011). It is vital that similar changes be made in food banks and government funded programs, as they provide sustenance to undernourished families who are impoverished and serve as a teaching model for making nutritious food selections. It is also a springboard for change in low-income communities. For example, when the WIC food package began to dispense vouchers for fruits and vegetables, low-income neighborhoods began to increase their supply of produce to meet the new demand (Crawford & Webb, 2011).

These responses gave insight into the educational and emotional demands associated with food insecurity at the program and community level. Through the findings it became clear how imperative it is that nutritional educators be responsive to these needs in order to assist food pantry consumers in adopting coping strategies and overcoming barriers posed by food insecurity (Hoisington, Shultz, & Butkins, 2002).

Directors' Perception of Consumers

A director's perception of his or her consumers affects the efficacy of the services provided. With limited research in the United States regarding food pantry directors' perceptions of consumers, the impact these perceptions have on the promotion of self-sufficiency may best be understood by looking at the effect that changes in welfare reform has had on Great Britain's charitable organizations. Formerly, in Great Britain, food assistance was provided by the state. However, now due to changes in the Welfare Reform Act, the feeding of large populations that are unable to feed their households is being subcontracted out to charitable organizations. The Act stipulates that several problems are created by the transition from state provision. For example, there is the loss of neutrality; there is uncertainty that comes with initiatives that are volunteer-run; the food offered, despite best efforts, is unpredictable because it is fully dependent on charitable donations; and the religious environment in which food is provided raises questions for some recipients. The act of acquiring food becomes charity rather than basic state support, and for many this brings a degree of uneasiness (Gentleman, 2012). "The idea that we can rely on charity to meet the need [is] bound to be limited." Additionally, the consensus is that most recipients of food assistance barely notice the religious backdrop to the distribution center (Gentleman, 2012).

Kate Green, Manchester Labour MP, and former head of the Child Poverty Action Group, believes the increased number of food banks is shameful. “I feel a real burning anger about them,” she says. “People are very distressed at having to ask for food; it’s humiliating and distressing” (Gentleman, 2012). Mary Creagh, a minister at Shadow Environment who has responsibility for food, expressed ambivalence about the rise in food pantries. “There’s something about feeling that you are asking for charity rather than getting something from the state... it’s humiliating; it involves swallowing your dignity, travelling distances to the centers and walking home with plastic bags” (Gentleman, 2012). Other volunteers have a more straightforward perspective and say they are simply responding to the rise in demand (Gentleman, 2012). Regarding viewpoints about being a consumer choice food pantry, food pantry volunteers have come to the understanding that it is not in the best interest of the consumers to let them into the stockroom. “Then they say: ‘Can I have this or that?’ It isn’t fair to someone who has got nothing to show them £1,000 worth of food, with their eyes lighting up,” says Colin Bunting, a volunteer (Gentleman, 2012).

There appears to be discrepancies between consumers’ perception of their food pantry experience and food pantry directors’ perceptions of the consumers. Food pantry volunteers stated that they try not to be judgmental of the consumers who utilize the food pantry; however incidental comments show they clearly struggle to not stereotype consumers as deserving and undeserving. It is speculated that such moralizing may be less prevalent in services provided by the state. For example, there is uncharitable speculation as to the reason food pantries are less busy in the morning, which says something to the effect of “these people don’t get up early.” According to one volunteer, “We try not to be judgmental but if you can’t stand close because of

the alcohol fumes, you think if you had a couple of bottles less of whisky then maybe you'd be able to buy some food." The volunteer realized what he was saying and added: "But alcoholism is an addiction. Some people are very grateful and others think it is their right to get food" (Gentleman, 2012).

Director's Policy and Beliefs

It is a common belief that the social background of food pantry directors greatly differs from that of food pantry consumers. However, there is a lack of empirical support for this assumption (Duffy, Irimia-Vladu, Cashwell, Bartkowski, Molnar, & Casanova, 2006). Furthermore, there is very little research concerning how this assumed difference in social position may result in a food pantry director's stigmatization of poverty, social welfare programs, and even the impoverished population (Duffy et al., 2006). Studies designed to bring about a greater understanding of demographic and attitudinal differences between pantry directors and individuals of food insecure status revealed significant differences between directors and food pantry consumers in terms of race, education, and religious affiliation. However, there were no substantial differences in key social attitudes. Directors expressed a mixture of sympathy and suspicion when asked about food pantry consumers. A large number of directors indicated that structural causes were the primary reason food pantry consumers utilized their services (Duffy, et al., 2006). However a significant number of directors expressed they believed self-serving motivations of consumers were behind their use of food pantry services (Duffy, et al., 2006).

The increase in size of food pantries and the increase in the number of people served have widened the social distance between volunteers and consumers (Curtis, 1997). Research has

indicated that the social distance between volunteers and consumers has contributed to the stigma of using food pantries (Poppendiek, 1998). Food pantry directors or volunteers decide who is eligible to receive food based on their own judgment. Furthermore, consumers are often humiliated when denied assistance by a suspicious director (Poppendiek, 1998).

CHAPTER THREE

Methodology

Protocol

Consumers. Food pantry consumers and directors were surveyed from 12 randomly selected food pantries that are located in the greater Dallas, Texas area and serviced by the North Texas Food Bank (NTFB). A database of 45 food pantries was provided by the NTBF and each food pantry was contacted to be asked about its willingness to participate in the study, should it be randomly selected to participate. Once agreement for participation was received, 12 pantries were randomly selected for visits using random selection software (Research Randomizer). The following food pantries were randomly selected: the Wilkinson Center, Cedar Hill Food Pantry, Community Breadbasket, Carrollton Friendship House, DeSoto Food Pantry, Network of Community Ministry, Richardson East Church of Christ, Irving Cares, Metrocrest Social Services, Good Samaritan Food Pantry, Brother Bill's Helping Hand, and Goslin Opportunity Center. Following random food pantry selection, visiting times and dates were coordinated with each food pantry director. Visits to food pantries took place from October 2012 to March 2013.

Once food pantry consumers signed up for their food pantry services and completed the necessary steps to receive services that day, they were invited to participate in the study. Once consumers gave verbal consent to participate, they were screened using the inclusion/exclusion criteria. Once appropriate fit for the study was determined, consumers were asked to complete a survey, designed for food pantry consumers, in a private area. Depending on the logistics and set-up of the food pantry, consumers could complete the survey as they waited to receive their food, or if there was not a long wait, consumers were instructed to obtain their food first, and

then return to the survey area to complete a survey. Consumers were asked to complete the survey that day, while they were at the food pantry. They were also asked to allow the research assistant to take their height, weight, waist, and hip measurements. Once the survey was complete, consumers were given a \$10 cash incentive for their participation.

The surveys were fully confidential, and consumers were not asked to provide identifying information. Data entry was done upon collection of completed consumer surveys. The present study has been approved by the UT Southwestern Medical Center Internal Review Board.

Directors. The director from each of the 12 randomly selected food pantries was asked to complete a survey designed for food pantry directors. Most of the directors were able to complete and return the survey the same day. However, sometimes the director was unable to do so, so he or she was allowed to complete the survey and mail the survey back to the research coordinator upon completion. Directors were not offered a cash incentive for their participation in the study.

Additional food pantry directors were randomly selected to be asked to complete the survey designed for directors, until a total of 28 completed surveys were received. A survey was mailed to the 15 food pantry directors who agreed to participate in the study. Each director was provided a pre-paid postage envelope to use to return the survey.

Finally, a small sample of directors, who were surveyed from the food pantry visits, were asked to participate in a further discussion, conducted over the phone, regarding reasons consumers chronically visit food pantries, how they can help consumers become self-sufficient, what programs have been used in the past to promote self-sufficiency, and the factors that

influenced the success of such programs. The directors were subsequently called and these topics were discussed and audio recorded with their verbal consent, for approximately 30 minutes.

Participants

Consumers. The inclusion criteria for participation in the study were visiting the food pantry to receive food services, being between the ages of 18 and 65, having a current residence, and being able to read, listen to or speak English or Spanish. Exclusion criteria for participation were not receiving food pantry services, being under the age of 18, over the age of 65, being homeless, and being unable to read, listen to or speak English or Spanish.

The 12 randomly selected food pantries visited are listed as follows with the corresponding number of consumers surveyed from each pantry totaling 151 consumers surveyed (see Table 1):

- Wilkinson Center – 12 consumers surveyed
- Cedar Hill Food Pantry– 14 consumers surveyed
- Community Breadbasket – 15 consumers surveyed
- Carrollton Friendship House– 15 consumers surveyed
- DeSoto Food Pantry–15 consumers surveyed
- Network of Community Ministry– 12 consumers surveyed
- Richardson East Church of Christ– 14 consumers surveyed
- Irving Cares – 10 consumers surveyed
- Metrocrest Social Services– 10 consumers surveyed
- Good Samaritan Food Pantry – 12 consumers surveyed
- Brother Bill's Helping Hand – 10 consumers surveyed

- Goslin Opportunity Center– 12 consumers surveyed

Directors. The director of each food pantry was surveyed. A total of 13 directors were surveyed from the food pantries visited, with two directors being surveyed from Brother Bill's Helping Hand. An additional 15 directors were mailed surveys, for a total of 28 surveys completed by food pantry directors. The inclusion criterion for directors was the ability to speak, listen to, or read English. The exclusion criterion was inability to speak, listen to, or read English.

Data Management

Data was collected until 151 consumer surveys were obtained from food pantries, and 28 director surveys were acquired from directors of food pantries in the greater Dallas, Texas area. Following data collection, the data was manually entered into the database until completion. All data was backed up using a secured computer and flash drive.

Surveys and Measurements

Consumers. The study will examine the following domains for consumers: demographics, satisfaction with food pantry services, attitudes toward self-sufficiency, and quality of life. The following scales were used to measure these domains:

Demographic backgrounds. The consumer demographic questionnaire obtains information such as the consumer's age, sex, and race. It asks consumers to report information on their household composition, marital status, and employment status. Finally, it asks consumers to provide health information such as number of visits to the emergency room, receipt of medical check-ups or other preventative health care in the last year, and asking consumers to

report any current health conditions. All questions in this section of the survey are either fill in the blank or check the appropriate box.

Stages of change scale. Consumers are asked about their past, current and future intentions about their work situation, nutrition habits, and regular physical activity. Each question is answered by indicating yes or no in the appropriate box. Examples of questions include:

- Do you currently work?
- Do you intend to eat healthy foods in the next 30 days?
- Have you been regularly physically active for the past six months?

Consumers' Satisfaction

Received food pantry services. The consumer pilot study questionnaire inquires about food pantry services received, and asks questions about the first time one had visited a food pantry, if he or she had received food pantry services as a child, and if so, how often those services were received. It also inquires about the mode of transportation used to visit the food pantry that day. All these questions are either fill in the blank or check the appropriate box.

Service satisfaction. This section continues by asking consumers to rate how much they agree or disagree with statements about food pantry services. Consumers rate their responses on a Likert scale of 1 to 5, with 1 meaning "I strongly disagree" with this statement and 5 meaning "I strongly agree" with this statement. Examples of statements in this portion of the survey are:

- It is convenient for me to come to this food pantry.
- This pantry offers food that is good for my health and my family's health.
- The staff at this food pantry treats me with respect.

Self-Sufficiency: Pushing Factors

Self-sufficiency scale. Overall, the self-sufficiency scale aims to gain a better understanding of the factors that cause consumers to chronically use food pantry services. This includes their perception of their need to use food pantry services, their emotional experience of using such services, their rationalization for food pantry use, and their dependence on food pantry services. Furthermore, it inquires about consumers' understanding of how long they expect to need food pantry services, and their current use of other food assistance programs such as SNAP.

Use reasons. Using a Likert scale of 1 to 5, with 1 meaning "not important at all" and 5 meaning "very important," consumers were asked to rate the importance of factors that had brought them to the food pantry for help. Examples of statements include:

- My job does not pay enough to meet my needs.
- I have a health condition or disability that prevents me from working at all.
- I want to be self-sufficient.

Perception and emotion. The survey also inquires about consumers' experience of using a food pantry. Using a Likert scale of 1 to 5, with 1 meaning "I don't feel this way at all" and 5 meaning "This is a very strong feeling," consumers are asked to rate how they feel when they visit the food pantry (e.g. angry, relieved, powerless, grateful).

Rationalization. Using a Likert scale of 1 to 5, with 1 meaning "not important at all" and 5 meaning "very important," consumers are asked about the importance of various resources in helping people in need, such as government programs, charitable and faith-based programs, families, and people taking care of themselves.

Dependence. Consumers are also assessed for their attitudes toward self-sufficiency by giving them a scenario of a single parent who has recently lost his or her job and asking them to rank the recommendations they would provide to such an individual using a Likert Scale of 1 to 5, with 1 meaning “I do not recommend” to 5 meaning “I strongly recommend.” Examples of recommendations are:

- Visit food pantries.
- Apply for SNAP benefits.
- Take any job you can get.

Self-Sufficiency: Pulling factors

Crisis solutions. Consumers’ strategies for coping with crisis solutions were also assessed using a Likert scale of 1 to 5, with 1 meaning “strongly disagree” and 5 meaning “strongly agree.” Consumers are asked how much they agree with statements such as:

- My need for help from the food pantry is only temporary.
- I want to learn new skills so I can find a good job.
- Relying on food pantries for food makes me dependent.

Work intention. Consumers are asked to provide information regarding their current work situation. Using a Likert scale of 1 to 5, with 1 meaning “strongly disagree” and 5 meaning “strongly agree,” they are asked how much they agree with statements such as:

- I am actively seeking assistance from an employment/vocational rehabilitation agency to help me find a job.
- I am not thinking about finding a job.
- I am motivated to work and get ahead.

Quality of Life

Distress. Using the Kessler Psychological Distress Scale (Kessler, Andrews, Colpe, et al, 2002), consumers are asked to report on their current emotional state using a Likert scale of 1 to 5 to answer the questions about how often they were emotionally distressed, with 1 meaning “none of the time” and 5 meaning “all of the time.” Examples of questions from this portion of the survey include:

- During the last 30 days, about how often did you feel tired out for no good reason?
- During the last 30 days, about how often did you feel restless or fidgety?
- During the last 30 days, about how often did you feel worthless?

Quality of Life. Consumers were asked about their quality of life using the SF-12 (Ware, Kosinski, & Dewey, 1996). They were asked to rate their overall health on a Likert scale from 1 to 5, with 1 meaning “excellent” to 5 meaning “poor.” They were asked questions about the extent to which their health limits their activities using a scale of 1 to 3, with 1 meaning “yes, limited a lot,” and 3 meaning “no, not limited at all.” Consumers were also asked about how often they had problems over the past four weeks with their work or regular daily activities as a result of their physical health. They were asked to rate their responses on a Likert scale of 1 to 5, with 1 meaning “all of the time” and 5 meaning “none of the time.”

Directors

Demographic backgrounds. The survey asked food pantry directors to report their demographics including age, gender, race, education, and employment status. The purpose of gaining demographic information is to compare this information to that of consumers using food

pantries and examine food pantry directors' ability to understand consumers' life situations. Using a survey designed specifically for directors, they were asked to evaluate consumers' experience of using a food pantry, consumers' satisfaction with food pantry services, and consumers' attitudes toward self-sufficiency.

Directors' Perception of Consumers' Satisfaction

Directors' Perception of Consumers' Food Pantry Service Satisfaction. In an effort to examine food pantry directors' knowledge of consumers' experience of using a food pantry, they were asked to rate how much they agree with statements related to consumers' experience, and given the opportunity to indicate their level of agreement, from 1 to 5, with 1 meaning "strongly disagree" and 5 meaning "strongly agree." Examples of such statements are:

- It is convenient for most of our consumers to come to our food pantry.
- Our pantry offers food that is good for our consumers' health and their family's health.
- The staff at our food pantry treats consumers with respect.

Directors' Perception of Consumers' Self-Sufficiency: Pushing factors

Directors' Perception of Consumers' Food Pantry Use Reasons. Based on food pantry directors' own observations, they were asked to indicate the level of importance of the factors that bring consumers to the food pantry for help. They were asked to rate the level of importance on a Likert scale of 1 to 5, with 1 meaning "not important at all" and 5 meaning "very important. The following are examples of the statements:

- Jobs do not pay enough to meet their needs.

- Health conditions or disabilities prevent them from working at all.
- They are not motivated to become self-sufficient.

Directors' Observation of Consumers' Perception and Emotion. Based on direct observation, the directors were asked to rate how consumers feel when they visit the food pantry (e.g. angry, relieved, powerless, grateful) using a Likert scale of 1 to 5, with 1 meaning “most consumers don’t feel this way at all” and 5 meaning “this is a very strong feeling among consumers.”

Directors' Rationalization. Using a Likert scale of 1 to 5, with 1 meaning “not important at all” and 5 meaning “very important,” directors were asked about the importance of various resources in helping people in need, such as government programs, charitable and faith based programs, families, and people taking care of themselves.

Directors' Promotion of Self-Sufficiency in Consumers. Finally, directors were asked about the recommendations they would provide to ensure that consumers and their families have enough to eat now and in the future. Directors were asked to rank their recommendations on a scale of 1 to 5, with 1 meaning “I do not recommend” to 5 meaning “I strongly recommend.”

Examples of recommendations are:

- Visit food pantries.
- Apply for SNAP benefits.
- Take any job you can get.

Data Analysis

The SPSS 19.0 was used for descriptive data analysis.

CHAPTER FOUR

Results

Consumers and directors were surveyed from 12 randomly selected food pantries. The number of consumers surveyed from each pantry ranged from 10 to 15 consumers, with a total of 151 consumers being surveyed, ($M= 12.58$, $SD= 1.98$). A total of 13 directors were surveyed from the 12 randomly selected food pantries in which consumers were also surveyed. Another 15 directors were surveyed from an additional 15 randomly selected food pantries for a total of 28 food pantry directors surveyed.

Demographic Characteristics

Consumers ($n= 151$). A total of 151 consumers were surveyed from 12 randomly selected food pantries, with a majority of the consumers being female at 74.2% ($n = 112$) and 25.8% ($n = 39$) male. The average age of consumers surveyed is 44.45 ($Range= 20-65$, $SD= 10.31$). Of them, 46.4% ($n= 70$) are African American, 33.8% ($n= 51$) Caucasian, and 29.1% ($n= 44$) Hispanic/Latino or Spanish origin (see Table 2). It should also be noted that consumers were able to double report being of Hispanic/Latino or Spanish origin and also being of another race.

Sixty (39.7%) food pantry consumers are married. Another 46 (30.5%) have never been married; 34 (22.5%) are divorced, and 11 (7.3%) are widowed. Additionally, 84 consumers (55.6%) said they do not live with a spouse or domestic partner, 49 (32.5%) live with a spouse, and 16 (10.6%) live with a domestic partner (see Table 3).

The number of individuals per household, including the consumer surveyed, ranged from one to ten ($M=3.34$, $SD= 1.93$), with an average of 3.34 individuals per household. Of those living in the household, an average of 1.32 ($M=1.32$, $SD= 1.50$) persons were under the age of

18, with the age of persons under 18 ranging from zero to six. Ninety-four consumers (62.3%) described their residence as being a room, apartment, or house that they rent, and 31 consumers (20.5%) said they live in an apartment or house that they own. Only two consumers (1.3%) said that they live in transitional or permanent supportive housing, and one consumer (.7%) said they live in an emergency shelter (see Table 4).

When asked about how consumers' households changed in the past year, 14 consumers (9.3%) reported having a family member pass away. Having one or more individuals under the age of 18 move into the house was a change reported by six consumers (4%). Other changes in household were reported by few consumers (see Table 5).

Directors (n=28). A total of 28 food pantry directors were surveyed, with 13 of the directors coming from the 12 randomly selected food pantries in which consumers were surveyed and the other 15 coming from additional randomly selected food pantries. Seventeen directors (60.7%) surveyed are female and 11 directors (39.3%) surveyed are male. The average age of directors surveyed is 55.65 ($SD= 12.82$, $Range= 27-69$), with an age range of 27 to 69 years old and a standard deviation of 12.82. Only one director (3.6%) reported being of Hispanic/Latino or Spanish origin. Twenty-three directors (82.1%) are White, three (10.7%) are African American, and one (3.6%) reported being American Indian or Alaska Native (see Table 6).

The majority of food pantry directors (n=22, 78.6%), are married. Another four (14.3%) are divorced, one (3.6%) is widowed, and another one (3.6%) has never been married. Additionally, 21 directors (75%) reported that they live with a spouse and seven (25%) reported that they do not live with a spouse or domestic partner (see Table 7).

The number of individuals living in a household, including the director surveyed, ranged from one to eight ($M = 2.19$, $Range = 1-8$), with an average composition of 2.19 individuals per household. Of those living in the household, an average of .22 persons were under the age of 18 ($M = .22$, $Range = 0-4$), with the age of individuals living in the household, who were under 18, ranging from zero to four. Twenty-one directors (75%), described their residence as being an apartment or house that they own, with the next highest response rate ($n = 6$, 21.4%) living in a room, apartment, or house that they rent. A small percentage ($n = 1$, 3.6%) indicated a response that was not applicable, and therefore did not fit the responses provided (see Table 8).

When directors were asked about ways their household changed in the past year, the most common response was that they had not experienced any major changes. Only one director (3.6%) reported a change in the past year—having a child move out of the house.

Education, Motivation to Work and Employment Status

Consumers. The majority of food pantry consumers ($n = 135$, 89.4%) had not attended school in the last three months. A small percentage of consumers ($n = 9$, 6%) had attended undergraduate school, 2.6% ($n = 4$) had attended high school, 1.3% ($n = 2$) had attended graduate and/or professional school, and .7% ($n = 1$) had attended trade school within the last three months (see Table 9).

The highest level of education reported by most consumers was a regular high school diploma ($n = 30$, 19.9%). Another 28 consumers (18.5%) had not completed schooling beyond the 11th grade. Seventeen consumers (11.3%) had completed the 12th grade but did not have a high school diploma and 16 consumers (10.6%) had earned a GED. Having a certification in a technical skill was reported by six consumers (4%), and another six (4%) reported having had

training in a technical skill. Regarding college education, nine consumers (6%) had received some college credit (less than 1 year), and eight (5.3%) had received one or more years of college credit without receiving a degree. Thirteen consumers (8%) reported having an associate's degree, another nine (6%) reported having a bachelor's degree, and one consumer (.7%) reported having a master's degree. Finally, eight consumers (5.3%) reported having completed no schooling (see Table 10).

When examining motivation to work at the time of the study, it was found that 61 consumers (41.2%) could be understood as being in the Pre-Contemplation stage of change, indicating that they currently do not have a job and they are not thinking about getting a job. Another 56 consumers (37.8%) could be classified as being in the Action stage of change, indicating that they were currently unemployed, but they intended to find a job in next six months. Only 21 consumers (14.2%) could be classified as being in the Maintenance stage of change, indicating that they have had a job for longer than six months. Finally, the lowest percentage was consumers that were classified as being in the Preparation stage of change ($n = 2$, 1.4%), meaning that only two consumers surveyed were taking steps towards gaining employment in the next 30 days (see Table 11).

When consumers were asked to describe their current employment status, 47 consumers (31.1%) said that they were currently unemployed and looking for work. Another 40 consumers (26.5%) said that they were unable to work. A small number, 21 consumers (13.9%), said that they had one part time job; 4 (2.6%) said that they were employed part time at more than one job. Only 16 consumers (10.6%) said that they were employed full time. Additionally, seven consumers (4.6%) described their employment status as being unemployed and not currently

seeking work, six consumers (4%) said they were retired, five (3.3%) described themselves as a homemaker, three consumers (2%) said they were self-employed part time, and one consumer (.7%) said they are a student (see Table 12).

The majority ($n = 26$, 53.06%) of consumers were employed at a for-profit company, business, or work for an individual earning wages, a salary, or commissions. A small percentage ($n = 5$, 10.20%) worked for a not-for-profit, tax-exempt, or charitable organization; another five consumers (10.2%) were local government employees. Another four consumers (8.16%) worked as a state government employee and two (4.08%) worked as a federal government employee. Three consumers (6.12%) said they were self-employed in their own not-incorporated business, professional practice or firm; two (4.08%) said they were self-employed in an incorporated business, professional practice or firm. Another two consumers (4.08%) said that they were working without pay in a family business or firm (see Table 13).

Thirty-nine consumers' (25.8%) income came from SSI and 23 consumers' (15.2%) income came from SSDI. According to U.S. poverty guidelines, approximately over 80% of consumers have incomes below the poverty line for a household of three (U.S. Federal Poverty Measure, 2013). The next highest source of income was employment for 10 consumers (27.2%). Another 27 consumers (17.9%) received income from the employment of a family member, and 10 (6.6%) received income from self-employment (see Table 14). Eighty-seven consumers (57.6%) surveyed said that their annual household income was under \$11,999. Another 19 (12.6%) said that their income was between \$12,000 and 15,999 per year, and 17 (11.3%) said that their total annual income was between \$16,000 and \$19,000. Additionally, nine consumers (6%) reported an annual household income between \$20,000 and \$24,999, six (4%) between

\$25,000 and 29,999, two (1.3%) between \$30,000 and \$34,999, four (2.6%) between \$35,000 and \$39,000, three (2%) between \$40,000 and \$44,999, and one (.7%) between \$45,000 and \$49,999 (see Table 15).

Directors. Most food pantry directors ($n = 22$, 78.6%) had not attended school in the last three months. A small percentage of directors ($n = 4$, 14.3%) had attended undergraduate college, and two directors (7.1%) had attended graduate and professional school in the last three months (see Table 16).

The majority of food pantry directors ($n = 33$, 39.3%) had a bachelor's degree, and five (17.9%) have a master's degree. Another five directors (17.9%) had a regular high school diploma, four (14.3%) had one or more years of college credit, one (3.6%) had a GED, one (3.6%) had some college credit (less than 1 year), and one (3.6%) had a doctoral degree (see Table 17).

Directors were asked about their current employment status, and the majority ($n = 17$, 60.7%) said that they were employed full time. Additionally, five directors (17.9%) said they were retired, and two directors (7.1%) said that they were employed part time. One director (3.6%) said they were a homemaker, one (3.6%) said they were self-employed full time, one (3.6%) said they were unemployed and looking for work, and one (3.6%) said they were unemployed and not currently seeking work (see Table 18).

Of the directors who were employed, the majority ($n = 17$, 60.7%) were employed at a not-for-profit, tax-exempt, or charitable organization. A small percentage ($n = 2$, 7.1%) worked at a for-profit company, business, or an individual for wages, a salary, or commissions. One director (3.6%) is self-employed in their own not-incorporated business, professional practice, or

firm. Additionally, two directors (7.1%) said they were certified in a technical skill or occupation, and one director (3.6%) said they were currently attending classes related to job training (see Table 19).

Twenty directors (71.4%) indicated that their income came from an employer, followed by income from a family member ($n = 5$, 17.9%) or from SSI ($n = 4$, 14.3%). Another three directors (10.7%) said they received income from self-employment (see Table 20). Most directors ($n = 18$, 64.3%) surveyed said their annual household income was more than \$50,000. Another five directors (17.9%) said their income was between \$45,000 and 49,999 per year, and two directors (7.1%) said their total annual income was between \$30,000 and \$34,999. Additionally, one director (3.6%) reported an annual household income between \$35,000 and \$39,999. Finally, two directors (7.1%) did not respond to this question (see Table 21).

Health Outcomes

Consumers. Fifty-nine consumers (39.1%) have insurance coverage through Medicaid. The second highest source of health insurance for consumers ($n = 18$, 11.9%) was Medicare. Another twelve consumers (7.9%) received health insurance from a current or former employer or union, and six (4%) purchased health insurance directly from an insurance company (see Table 22). When asked about current health conditions, 64 consumers (42.4%) indicated that they were overweight, 60 (39.7%) said that they had high blood pressure, 30 (19.9%) indicated that they had high cholesterol, 23 (15.2%) had diabetes, and six (4%) said they were underweight. Another 27 (17.9%) said they had a health condition classified as “other” (see Table 23).

At the time of the survey, consumers' weight, height, waist, and hip measurements were taken. From these measurements, consumers' body mass index was calculated. It was found that 82 consumers (54%) were classified as obese, another 43 (28.5%) were overweight, and only 26 (17.2%) were within a normal weight range for their body mass index ($M = 32.51$, $SD = 7.90$). Their waist-to-hip ratio was also calculated. It was found that 74.4% of men ($n = 29$) had a ratio above .9, and 76.8% of women ($n = 86$) had a ratio above .8 (see Table 24). Of consumers surveyed, 101 (60.5%) had received a medical check-up or other preventative health care in the last 12 months. Additionally, 52 consumers (34.4%) had visited a doctor or other health care provider approximately two to three times for any health reason in the last 12 months. Another 32 (21.1%) had visited a doctor or other health care provider four to six times in the last 12 months, 26 (17.2%) had not visited a doctor or health care provider at all, 18 (11.9%) had visited more than six times, and 23 (15.2%) had received such services only once over the last year (see Table 25). Furthermore, 47 consumers (31.1%) had visited an emergency room once in the last year. Another 19 (12.6%) said they had visited an emergency room two to three times in the last year, ten (6.6%) had visited four to six times in the last year, and three (2%) had visited more than six times in the last year (see Table 26).

When examining food pantry consumers' motivation for healthy eating, it was found that 127 consumers (84.75%) could be classified as being in the Maintenance stage of change, meaning that consumers' responses indicated that they felt they had healthy eating habits and met the criteria for maintaining these habits. Another 16 consumers (10.7%) were in the Action stage of change for healthy eating, indicating that they felt they were currently eating healthy foods and intended to continue eating healthy foods in the coming six months. Additionally, four

consumers (2.7%) were in the Preparation stage, three (2%) were in the Pre-Contemplation stage, and zero (0%) were in the Contemplation stage (see Table 27).

Regarding consumers motivation to exercise, 78 consumers (52.3%) were classified as being in the Maintenance stage of change, indicating that they believe they had a lifestyle in which they incorporated regular physical activity. Another 48 consumers (32.2%) would be classified as being in the Action stage of change, meaning that they believe they were currently engaging in physical activity and would continue doing so in the next six months. Additionally, 16 consumers (10.7%) were currently in the Pre-Contemplation stage of change, indicating that they were not currently thinking about engaging in regular physical activity. Finally, four consumers (2.7%) were in the Contemplation stage (thinking about exercising), and three consumers (2%) were in the Preparation stage, taking steps toward exercising (see Table 28). Overall, 133 consumers' (88.1%) level of activity can be characterized as low, with only 14 consumers (9.3%) engaging in moderate physical activity and 4 consumers (2.6%) engaging in high physical activity (see Table 29).

Directors. Seventeen directors (60.7%) indicated that their insurance coverage is through an employer. The second highest source of health insurance for directors is Medicare ($n = 5$, 17.9%). Another four directors (14.3%) have health insurance through Medicaid, and three directors (10.7%) purchased health insurance directly from an insurance company (see Table 30). When asked about current health conditions, ten directors (35.7%) indicated that they were overweight, six (21.4%) said they had high blood pressure, two (7.1%) indicated that they had high cholesterol, and one director (3.6%) had diabetes (see Table 31). Additionally, 24 directors (85.7%) said they had received a medical check-up or other preventative care in the last 12

months. Another 12 directors (42.9%) said they had visited a doctor or other health care provider 2 to 3 times in the last year, eight (28.6%) visited 4 to 6 times, four (14.3%) visited once, three (10.7%) had not visited a doctor or other health care provider at all, and one (3.6%) visited more than six times (see Table 32). Finally, the majority of directors ($n = 26$, 92.9%) had not visited an emergency room in the last year, and two directors (7.1%) said they had visited an emergency room once in the last year (see Table 33).

Consumers' Satisfaction with Food Pantry Services

Received Food Pantry Services. Food pantry consumers were asked to designate the first time they had ever visited a food pantry. Forty-six consumers (30.5%) had visited a food pantry for the first time 0 to 6 months ago. Another 36 (23.8%) had visited a food pantry for the first time 1 to 3 years ago. It was found that 28 consumers (18.5%) had visited a pantry for the first time 4 or more years ago, 22 (14.6%) had visited a pantry 7 to 12 months ago, and 19 consumers (12.6%) were visiting a food pantry for the first time the day they were surveyed (see Table 34). Consumers were also asked about the first time they had visited the respective pantry at which they were being surveyed. The majority of consumers had visited the food pantry within the last year, with 44 consumers (29.1%) having visited the pantry for the first time 0 to 6 months ago and 24 (15.9%) having visited the pantry 7 to 12 months ago. Another 45 consumers (29.8%) said they had first visited the pantry 1 to 3 years ago, 15 (9.9%) said they had visited the pantry for the first time 4 or more years ago, and 23 (15.2%) said that the day they were surveyed was the first time they had visited the pantry (see Table 35).

When asked how many times over the past 12 months consumers had visited the pantry at which they were being surveyed, over half of those surveyed ($n = 84$, 55.6%) said they had

visited the pantry 1 to 3 times. Another 23 consumers (15.2%) said they had visited the pantry 4 to 6 times, 18 (11.9%) said they had visited the pantry 7 to 11 times, and 26 (17.2%) said they had visited a food pantry 12 or more times within the last year (see Table 36). When asked about how many other food pantries consumers had visited over the past 12 months, 90 consumers (59%) said zero, 40 (26.5%) said one, 14 (9.3%) said two, and 7 (4.6%) said three or more (see Table 37). Finally, consumers were asked about receiving food pantry services as a child: 24 consumers (15.9%) said they were a member of a household that had received food pantry services. Of the consumers who had been members of a household that received these services, 14 (58.33%) said they had received the services at least once, 5 (20.83%) said they had received the services several times, and 4 (16.67%) said they had received the services regularly (see Table 38).

Consumers were asked about the accessibility of the food pantry from which they were receiving services. In assessing accessibility, consumers were asked about the mode of transportation they used to visit the pantry. Eighty-nine consumers (58.9%) reported that they drove their own car. Another 27 consumers (17.9%) said that a family member or friend drove them, 13 (8.6%) said they walked, 12 (7.9%) said they borrowed a car, 11 (7.3%) said they used public transportation, and no consumers reported using a taxi to get to the food pantry (see Table 39). Most consumers ($n = 116$, 76.8%) did not have children with them on their visit to the pantry, but for those who did, 18 (11.9%) had one child with them, 8 (5.3%) had two, 5 (3.3%) had three, 3 (2%) had four, and 1 (.7%) had four (see Table 40). The majority of consumers ($n = 140$, 92.7%) did not have a senior citizen with them when visiting the pantry. However, one

consumer (6%) said they had one senior with them while visiting the pantry and two consumers (1.3%) said they had two seniors with them during the visit (see Table 41).

Food Pantry Service Satisfaction. Using a Likert scale (1= Strongly disagree, 2= Slightly disagree, 3= Neither agree or disagree, 4= Slightly agree, 5= Strongly agree), food pantry consumers were asked to rate their satisfaction with food pantry services. The overall response to this section of the survey was a mean of 4.22 (slightly agree to strongly agree) and a standard deviation of .73 ($M = 4.22, SD = .73$). Regarding individual response to each question, the highest two satisfaction items are that: consumers slightly agreed ($M = 4.59$ [slightly agree to strongly agree], $SD = .88$) that “the food they received from the food pantry was worth the time they invested in coming to the pantry” and consumers slightly agreed ($M = 4.39$ [slightly agree to strongly agree], $SD = 1.06$) that “the food they received from the food pantry was worth the money they invested in coming to the pantry” (see Table 42).

When asked how long consumers anticipated needing food pantry assistance, 62 consumers (41.3%) said 2 to 6 months. Another 30 consumers (20%) said they would need assistance for most of their life. An additional 16 consumers (10.7%) said they believed that they would only need assistance for that month, another 16 (10.7%) said they would need assistance for the next 7 to 11 months, 12 (8%) said they would need services for the next 1 to 2 years, 9 (6%) said they would need services 5 years or longer, and 5 (3.3%) said they anticipated that they would need food pantry services for the next 3 to 4 years (see Table 43). When asked if consumers planned to visit again the pantry at which they were being surveyed, 122 consumers (80.8%) said yes, 22 (14.6%) said they were unsure, and 7 (4.6%) said no (see Table 44). Finally, consumers were asked if they had ever applied for or received SNAP benefits. Most consumers

surveyed ($n = 54$, 35.8%) said they were currently receiving SNAP benefits, followed by 31 consumers (20.5%) who said they had received SNAP benefits in the past but were not currently receiving them. Some ($n = 24$, 15.9%) had applied for SNAP benefits and were currently waiting for approval, 23 consumers (15.2%) had never applied, and 19 consumers (12.6%) had applied but were not approved (see Table 45). Additionally, an independent t -test revealed that there were no significant differences in the way consumers and directors rated overall food pantry service satisfaction ($t_{(71.73)} = -.33$, $p = .371$).

Consumers' Attitudes Toward Self-Sufficiency: Pushing Factors for Food Pantry Use

Use reasons. Consumers were asked about the reasons behind their need to use food pantry services. Consumers were asked to rate their responses on a Likert scale (1= Not important at all, 5= Very important). Overall response to this section was a mean of 2.70 (slightly not important) and a standard deviation of .82 ($M = 2.70$, $SD = .82$). Regarding individual responses to statements describing reasons for food pantry use, the second most important reason was “having a job that does not pay enough to meet [their] needs” which was rated as neither an unimportant factor nor an important factor ($M = 3.62$; $SD = 1.63$) in causing them to use food pantry services. The first most important factor reported by consumers for food pantry use is a desire to be self-sufficient ($M = 3.85$, $SD = 1.55$) (see Table 46).

Additionally, an independent t -test revealed that there was a very significant difference in the way consumers and directors rated food pantry-use reason importance ($t_{(53.85)} = -9.65$, $p = .000$), with consumers' overall ratings being significantly less than directors. Additionally, an independent t -test comparing the importance of each food pantry-use reason revealed that there was only one use reason that does not show a significant difference between consumers and

directors responses, that being the use reason, “they are/ I am the type of people that need(s) food pantries.”

Perception and emotion. Consumers were asked to rate the way they feel when they visit the food pantry, using a Likert scale from 1 (I don't feel this way at all) to 5 (this is a very strong feeling). The strongest feeling reported by consumers was gratefulness, with responses indicating that this is a strong feeling ($M= 4.74$, $SD = .65$) experienced when visiting the food pantry. Relief was also a strong feeling experienced by consumers ($M= 4.09$, $SD = 1.14$) (see Table 47).

Overall, there are significantly different perceptions between consumers and directors regarding the experience of using a food pantry. However the only perceptions that were not found to be significantly different are the following emotions experienced: energized ($t_{(177)} = .82$, $p = .207$) and happy ($t_{(45.67)} = 1.25$, $p = .108$).

Rationalization. Consumers were asked to rank the importance of various resources that help people in need. Consumers used a Likert scale of 1 (Not important at all) to 5 (Very important), to rank each program. Consumers reported the following resources as being slightly important in helping people in need: government programs ($M= 4.72$, $SD = .74$) and charitable and faith based programs ($M= 4.72$; $SD = .61$) (see Table 48).

An independent t -test was used to compare the way consumers and directors ranked the importance of each helping resource. There was only one resource that was significantly different for consumers and directors: the importance of government programs in helping people in need ($t_{(2.72)} = 31.88$, $p = .005$), which consumers rated significantly higher than directors.

Dependence. Consumers were asked a series of questions to gain a better understanding of their dependence on food pantry services. Consumers were asked to rank their level of

agreement on statements using a Likert scale (1= Strongly disagree, 2= Slightly disagree, 3= Neither agree or disagree, 4= Slightly agree, 5= Strongly agree). The general response by consumers is that they slightly agree with the statements provided (see Table 49). The following are dependence statements that consumers agreed with most:

- Finding a good paying job will allow me to take care of myself and my family ($M=4.13$, $SD= 1.36$).
- Learning to budget my money will help me have more money to buy food on my own ($M= 4.11$, $SD= 1.26$).

On the other hand, the following items were agreed with least:

- People see my using the food pantry as indicating helplessness ($M= 1.97$, $SD = 1.36$).

Consumers said they strongly disagree with this statement:

- Staff in the food pantry do not respect me ($M= 1.57$, $SD= 1.36$).

Pulling Factors: Coping Strategies

Coping strategies (crisis solution). Consumers were asked to make recommendations to a single parent of two children coping with a lost job. They were asked to rank their recommendations on a Likert Scale of 1 (I do not recommend) to 5 (I strongly recommend). The coping strategies ranked highest by consumers (response rates fell between I slightly recommend and I strongly recommend) are as follows (see Table 50):

- Visit food pantries ($M= 4.68$, $SD = .84$).
- Cook most meals at home ($M= 4.63$, $SD = .86$).
- Apply for SNAP benefits ($M= 4.62$, $SD = .96$).

The lowest responses were:

- Wait for a good job that pays more than minimum wage ($M = 2.69$, $SD = 1.50$). The response rate for this coping strategy fell between “I slightly do not recommend” and “I neither do not recommend nor recommend.”
- Use credit cards ($M = 1.71$, $SD = 1.23$). The response rate for this coping strategy was “I do not recommend.”

Additionally, using an independent t -test to compare responses from consumers and directors about coping strategies to become self-sufficient, it was found that there are six strategies that were significantly different between consumers and directors, with consumers' ratings being higher than directors for the following coping strategies:

- Visit food pantries ($t_{(3.10)} = 177$, $p = .001$)
- Wait for a good job that pays more than minimum wage ($t_{(4.81)} = 58.66$, $p = .000$)
- Help family and friends when you can so they will help you when you need it ($t_{(4.13)} = 177$, $p = .000$)
- Take any job you can get ($t_{(2.97)} = 177$, $p = .0015$)
- Start your own business ($t_{(3.74)} = 48.43$, $p = .000$)
- Use credit cards ($t_{(4.70)} = 147.52$, $p = .000$)

Pulling Factors: Work Intention

Work intention. Consumers were asked about their work situation and their work intention by ranking the extent to which they agree with a series of statements using a Likert scale (1= Strongly disagree, 2= Slightly disagree, 3= Neither agree or disagree, 4= Slightly agree, 5= Strongly agree). The average response for work intention is 3.34 (neither agree or

disagree to slightly agree) ($SD= 0.82$). Although the response rate was only slightly agree, consumers indicated that they most agree with the following items (see Table 51):

- I am motivated to work and get ahead ($M = 4.07$; $SD = 1.32$)
- There is no point in looking for a job because no one will hire me ($M = 4.06$; $SD = 1.41$)

The two items consumers least agreed with are as follows:

- I am actively seeking assistance from an employment/vocational rehabilitation agency to help me find a job ($M= 2.52$, $SD= 1.67$). Consumers' responses for this item fell between slightly disagree and neither agree or disagree.
- I have joined a job club or support group for job seeking skills training and support ($M= 2.35$, $SD= 1.56$). Consumers' reported that they slightly disagree with this item.

Quality of Life

Distress. Consumers were asked to indicate, using a Likert scale (1= None of the time, 2= A little of the time, 3= Some of the time, 4= Most of the time, 5= All of the time), how often in the past 30 days they felt distress. On average, consumers responses fell between "a little of the time" and "some of the time" ($M= 2.46$, $SD=1.08$) (see Table 52).

SF-12. Overall, consumers' quality of life rating fell below the norm score of 50 ($SD= 10$). Their average *physical health* was 40.10 ($SD= 11.90$), *mental health* was 44.01 ($SD= 11.72$), and *physical functioning* was 43.16 ($SD= 13.66$). When asked about the extent to which functioning is limited by *physical* aspect, consumers response was an average of 40.64 ($SD= 12.62$). When assessed further, consumers identified *pain* with a mean of 39.69 ($SD= 13.90$), *general health* was reported at an average of 34.95 ($SD= 11.97$), and *vitality* was reported with a mean of 48.62 ($SD= 11.73$). Regarding the extent to which *emotions* limit functioning,

consumers' responses were at mean of 38.49 ($SD= 13.63$), limitations in *social functioning* were reported with a mean of 41.66 ($SD= 13.29$), and *mental status* was reported at 45.08 ($SD= 12.21$) (see Table 52).

CHAPTER FIVE

Discussion

Demographic Backgrounds

Consumers. Studies have shown that demographic factors such as household income, race, gender, and marital status are mediating factors for food insecurity. As discussed previously, some populations are disproportionately affected by poverty, hunger, and food insecurity. Similar to Hampton's study (2007), the present study found relatively higher incidences of poverty, unemployment, and food insecurity reported by Hispanic and African American households and households headed by single women with children. Furthermore, all of these factors contribute to increased reliance on food pantry services.

The present study revealed significant differences between directors and food pantry consumers in race, education, and socioeconomic status. Also, consistent with past research, a mixed response of sympathy and suspicion was received when directors were asked about food pantry clients. Many directors indicated that economic and societal causes were the primary reasons for chronic food pantry use. However, some directors believed a lack of motivation was behind consumers' chronic use of food pantry services, and other directors expressed the belief that there will always be a percentage of people living at the hierarchal bottom of society who would need to use food pantry services long-term.

Age. Results indicated that the mean age of consumers using food pantries is 44.45 years of age, with a range of 20 to 65 years of age. However, this is not the population that one would expect to be utilizing food pantry services since this is a working-age population. The current findings provide insight into the types of services that may need to be provided by food pantries,

including job-skills training and budgeting assistance, which have been successfully implemented in some of the currently surveyed food pantries.

The mean age for directors is 55.62, with a range from 27 to 69. A number of directors reported that they are retired. The difference in age may work to the benefit of consumers in that directors may better be able to fulfill the role of life coach and offer guidance from an experienced perspective. However, retirement status may affect directors' sensitivity to updates and needs of the every-changing job market, so it would be critical to provide directors with continued education or training to keep up with these changes, despite their employment status.

Sex. Results from the present study are similar to past research findings that the majority of food pantry consumers are female. It was found that 74% of consumers using food pantry services in the greater Dallas area are female. However, it was also found that the majority of directors in this same area are female (60.7%). This commonality may serve to be an asset in that female directors may better be able to understand the unique challenges that the large female consumer population faces and, ultimately, help to identify and implement solutions to meet the needs of such consumers.

Household composition. Results from the present study indicate that the mean number of people living in households that use food pantry services is 3.34 people. This number differs from other findings that indicate that the average household size is 2.64 people, with a majority of households having children under the age of 17 in the home. The present study found that households include, on average, 1.32 children under the age of 18. Finally, findings from the present study show that 82% of consumers have adequate housing. Only 14% of food pantry consumers said that they are currently living in transitional/supportive housing or at a shelter.

Such differences show that population composition differs by geographic location and economics. It further implies the community-based services in need.

Motivation to work. When consumers were asked about motivation to work using the stages of change scale, findings showed that the majority of consumers utilizing food pantry services in the greater Dallas area are not thinking about finding a job (41.2%) and can be defined as being in the Pre-Contemplation stage of change. Similarly when consumers were simply asked about their employment status, 31.1% said that they were unemployed and currently looking for work, and 4.6% said that they are unemployed and not currently seeking work, although they may be thinking about acquiring employment. In addition, in a further work intention self-report, there are conflicting responses in that consumers expressed motivation to work and get ahead, but also said that there is no point looking for a job because no one will hire them. Such a dilemma implies consumers would like to have earnings, but they possess neither self-efficacy nor strategies to change their unemployment status. Particularly, it is very important to understand ecologically why so many consumers are not thinking about finding a job at all. Finally, because this group very likely relies on food pantry services for an extended period of time, eventually consumers' dependence will be inevitable, and their capacity for self-sufficiency will disappear over time.

Income sources. The number of individuals who are dependent on Social Security Disability Benefits(SSDI) and Social Security Insurance (SSI) as primary sources of income, 15.2% and 25.8% respectively, is slightly lower than what is reported in other studies (52% combined) (Duffy et al., 1999). Additionally, among 60 consumers receiving SSI or SSDI, 65% of them are in the Pre-Contemplation stage of change, indicating that they are not thinking about

work at all. It would be helpful for vocational counselors to explore this population and provide consumers with professional vocational interventions.

Health. Findings in the literature regarding this population report that approximately 80% of food pantry consumers have health insurance through Medicaid or Medicare, making the findings from the present study substantially lower than that found in relevant studies. The present study found that the majority of consumers do not have health insurance, but a large portion have Medicaid Insurance (39%), and the second most common type of insurance was Medicare Insurance (11.9%).

More notably, the present study also revealed that consumers tend to underestimate their health risks and problems. According to measured waist and hip circumference and a calculated waist-hip ratio, the objective number of consumers who are overweight/obese is almost two to three times the number of consumers who self-report being overweight or obese. Furthermore, consumers showed a tendency to suffer through illness as opposed to seeing a health care provider. Ironically, present reports from consumers reflect that nearly 85% of consumers are in the Maintenance stage of change for healthy eating; however, this is not consistent with overweight/obesity findings for this sample. This reveals the subjective perspective of consumers regarding their current eating habits and may be indicative of consumers' desire to have healthy food programs provided at food pantries. Furthermore, 88% of consumers said their level of physical activity falls within the low range, which by national standards would not even be classified as "low." Rather, consumers are not doing regular physical activity beyond their daily activities. Such obvious misperceptions of personal health and lack of health management could result in consequential public health problems and increased health insurance costs.

Income. The present study revealed that less than 16% of consumers living in the greater Dallas area have a household income at or above the national poverty line for a family of four. In another words, there are 84% of existing consumers living in poverty and poor health. Unfortunately, most of them are of working age and are presumed to be hard working and to be pursuing a healthy and productive lifestyle. It is evident that interventions are needed to enable these consumers to escape poverty.

Race. This study revealed that the majority of consumers are African American, with this population accounting for 46% of those using food pantry services, while 35% of consumers were classified as White, non-Hispanic. Finally, 18.5% of individuals self-reported as Hispanic/Latino/Spanish. The number of Hispanic/Latino/Spanish consumers using food pantry services reported in the present study is lower than national findings. It may be possible that such individuals may be less inclined to participate in the study because of undocumented status. The race composition in the present study is consistent with literature, in that minorities often suffer from poor socio-economic status and research has shown that the majority of consumers using food pantry services are African American and Hispanic.

Additionally, the results from the present study support the findings in previous research and the wide assumption that the demographic background of directors greatly differs from the consumers they serve. In the present study, the large majority of directors are White, with only two directors being Black or African American and none who were of the Hispanic, Latino, or Spanish origin. The opposite ethical composition and contrast in socio-economic status may challenge directors' social justice and humanitarianism.

Marital status. Nearly 40% of consumers said they were married at the time of the survey. This is rather low compared to corresponding findings in the study conducted by Berner et al. (2011), which found that 66% of consumers (combined with and without children) are married. However, research has found that being married may serve as a mediator for poverty by, for example, increasing job opportunities (i.e., might allow one spouse to take care of children while the other works), job selection flexibility, and more critically, increased income.

Household change. Surprisingly, consumers' experiencing major life changes, which may be considered crises that would contribute to financial vulnerability or devastation, was reportedly low. Most perceive food pantries to be a resource utilized when one is experiencing crises; however, few consumers endorsed changes that would precipitate the need to use such services. This leads one to question the reasons that cause consumers to use such services, if personal crises are not being reported by consumers using food pantries. Another explanation could be that consumers started using a food pantry when they were experiencing difficult circumstances, perhaps more than a year ago, but have continued using such services.

School attendance. Overall, education levels appear lower in the greater Dallas area than research has shown in other studies. Studies have shown that less than 50% are not educated past high school, yet the present study revealed that more than 65% of consumers were not educated past high school, with 35.1% having never graduated from high school. Since possessing a high school diploma is a basic asset to surviving in a job market, a food pantry may need to establish education resources or transition services for this group. The present study inquired about directors' major in college, and it is interesting to learn that directors have earned degrees in areas such as Elementary Education and Business/Finance, with only one director

having attended classes related to vocational training. Such findings may suggest that directors need continuing education such as vocational rehabilitation, social work or public health to better provide effective services to consumers. Almost 90% of consumers said that they had not attended school in the last three months. Given that the present study regards attending school as improving educational status or receiving vocational training, such findings may imply that consumers would either not be interested in further education, simply could not afford additional education, or they do not know how to access further education or professional training for employment. Only 4% of food pantry consumers said that they were currently participating in classes related to job training. Since acquiring substantial earnings during working age is vital to exiting poverty, and additionally since directors are usually the first person to interact with consumers, directors may need to be educated to provide job training to consumers or may need to collaborate with vocational counselors to professionally assist consumers in becoming self-sufficient.

As part of the present study, two directors were interviewed because they had successfully provided additional budgeting and job-skills courses that proved to have a greater than 90% success rate. Such classes may serve as a useful model for other food pantry service providers. For those who attended a full-day course teaching job-training skills, in which consumers learned interviewing skills and resume building, more than 90% of consumers attending class became employed. Furthermore, these findings were for consumers who still were employed after 90 days. Also, for those attending two budgeting classes in which consumers are taught basic budgeting skills, more than 90% were able to make adjustments to their budgets that led to a decreased reliance on the food pantry, subsequently increasing self-

sufficiency and independence. Such findings lead one to believe that more food pantries should be providing these same opportunities.

Satisfaction: Received Food Pantry Services

Food pantry visits. Thirty percent of consumers said that the first time they had visited a food pantry was within the last six months. The first visit would be an opportune time for directors to approach consumers to build a rapport and discuss the reasons that have brought them to the food pantry. This is also an opportunity to not just give food, but to discuss ways to ameliorate the problems that have led to the need for food services. With this approach, if consumers visit the food pantry a second time, directors can approach consumers to follow-up on how agreed-upon solutions are working. It is important that directors make an effort to instill a sense of appropriate responsibility and realistic hope in consumers by treating them in such a way that shows them they do have some control over their life situation, even if that is just taking steps toward becoming self-sufficient by participating in job training classes, filling out job applications, or going on job interviews. These positive experiences and immediate feedback from directors would increase consumers' self-efficacy of self-sufficiency.

The number of times consumers had visited the pantry at which they were surveyed compared to the number of times that consumers were also receiving services at other food pantries may shatter the idea that consumers merely circulate between pantries to receive more food. The present study showed that nearly 60% of food pantry consumers were not using more than one food pantry to supplement their food needs. This reinforces the idea that food pantries are viewed as a community resource and consumers are inclined to use their neighborhood food pantry over other pantries. However, this inclination may also represent a barrier to receiving

services that promote consumers to go beyond the comfort zone of their neighborhood to seek employment opportunities in other areas.

Nearly 16% of consumers said they received food pantry services when they were a child, which may strengthen the notion that poverty is generational. When this item was examined, the research assistant observed that it was often difficult for individuals to quantify the number of times they had received these services as a child. This may be the reason that majority of consumers (58%) said they had received services at least once—as opposed to several times or regularly as a child.

Food Pantry Service Satisfaction

One major finding in current research is the important role of churches in food assistance. Research has shown that many rural food pantries are affiliated with a church or religious organization and, in the present study, most food pantries were connected to a church in some way. This raises concern about those in need of food assistance who do not attend a church or are not connected with a religious organization, as a lack of knowledge of the pantry-distribution system seemed to be a major reason for lack of use (Duffy et al., 1999). Because many food pantries are operated by churches, it is possible that potential consumers who are not associated with a church that has a food program may not obtain adequate information about food pantry services (Duffy et al., 1999). This raises concern about food pantries' ability to reach their target populations.

When examining food pantry service satisfaction in the present study, it was found that consumers are slightly satisfied with the services provided, with a mean response of 4.22 (meaning that consumers slightly agree with positive statements about food pantry services

provided). However, the standard deviation of the responses is more telling (.73), showing a consistency with responses. Most importantly, consumers strongly agree that food pantry staff treat them with respect. This is an open door for staff to interact with consumers on a deeper level, as consumers already feel they are respected by staff. The lowest response rate on this section was an item that asks whether the pantry offers food that is good for consumers' health and their families' health. Furthermore, the majority of consumers responded neutrally, that they neither agree nor disagree, about having limited opportunity to interact with directors or other staff, which may indicate that consumers simply do not feel comfortable providing a negative report of the food offered or limited interaction with directors/staff, due to an unequal socio-economic hierarchy.

Additionally, when responses were compared for consumers and directors regarding food pantry-service satisfaction, no significant difference was found. However, one has to question whether consumers and directors were comfortable being completely honest about services provided, as both groups have reasons to appear positive. For example, consumers are utilizing food pantry services and, despite confidentiality, there may be an internal need to please because they plan to continue using the services. Furthermore, there may also be a need to justify use, or the level of comfort they feel with maintaining use. Directors, on the other hand, may be biased toward the services provided. Although the resources are not perfect, as observed during the study, their subjective view is that, overall, food pantry services are satisfactory. It is possible that such defensiveness or social desirability may be a barrier to improve food pantries' services. Furthermore, such attitudes by management may perpetuate consumers' dependency and,

therefore, directors may not acknowledge or utilize their advantaged status to facilitate and coach consumers toward self-sufficiency.

When consumers were asked about the length of time they anticipated needing food assistance, the majority of consumers (41%) said they thought they would need assistance for the next 4 to 6 months. However, it was observed that consumers had a difficult time answering this question. Many were hesitant to endorse longer durations, indicating that they may still hope to not need food pantry services in the near future, perhaps because they unconsciously desired to appear socially acceptable. However, there may have also been a hesitancy to indicate shorter periods out of fear that doing so may limit future use. Many consumers vocalized that they hoped they would not need the services in the future; however, they emphasized that they were unsure about what the future held. Such responses provided deeper insight into consumers' perceived lack of control over their lives. Furthermore, an astounding 81% of consumers said that they plan to visit the food pantry again.

Interestingly, directors had a different perspective. Many said that they believed that consumers would need services five years or longer, and that most would need services the rest of their life. Such responses bring one to question whether or not the directors themselves believed that consumers are capable of providing for themselves independently. It was noticed that many directors did not feel comfortable rating the cause for use, "they are the type of people who need food pantries," perhaps because this may express directors' stigma toward consumers and the reasons behind such internal beliefs would be socially unacceptable to acknowledge. Additionally, such stigmatization would cause directors to neglect consumers' potential and right

to a better life, assume that consumers are always takers, and furthermore assume a one-way, top-down assistance to philanthropy.

Food stamp participation. Overall, the study revealed that consumers are underutilizing the food stamp program, SNAP. Self-sufficiency can be achieved through the use of multiple resources, such as using SNAP, TANF, and other social welfare resources. SNAP usage is another strategy for consumers to become independent from food pantries and at the same time give them more opportunities to be autonomous and learn to manage accessible resources. This experience would increase consumers' perception of internal control and further increase consumers' intention to be self-sufficient. However, the majority of consumers are solely relying on food pantries to supplement their food needs. Only a little over 35% of food pantry consumers are receiving food stamps. This number is substantially lower than that found in other studies (55%). Research has shown that the majority of people are eligible; however, they are not receiving services. This may be due to barriers such as undocumented status, lack of English skills, and homelessness.

Self-Sufficiency

Use Reasons. Chronic food pantry use is a complex issue, and the factors that contribute to food pantry use are multifaceted and involve socio-economic status, employment status, motivation, and food insecurity. Although some of these factors can be addressed at the individual level, other factors reach beyond the scope of the individual. Often, despite their best efforts, consumers may temporarily still need food pantry services. Directors need to work with community agencies and policy makers to create an environment in which individuals and

families are able not only to obtain food, but also to gain the resources that enable them to meet the educational and emotional needs of the consumers (Hoisington et al., 2002)

In an effort to determine the reasons that cause consumers to use food pantry services, consumers were given a number of reasons for food pantry use and asked to rate their importance. The mean response to reasons provided was 2.70, which falls between slightly not important and neither not important and important. The survey included assumed reasons for pantry use such as not having a job, not having a job that meets one's financial needs, disability, lack of skills, and lack of child care. However, it appears that these are not very important factors in leading individuals to use a food pantry. So, one is left with the question, what are the "real reasons" for food pantry use from the consumers perspective? Additionally, directors rated the importance of most items higher than consumers did, probably because most items are about job, income, and education. Conversely, consumers may have different reasons that they regard as more important in causing their food pantry use. The largest discrepancy was found in the item, "I do not want to do the type of work that is available to me." However, when individually comparing the importance of each use reason, there was only one item found to not be significantly different: "They are (I am) the type of people who need(s) food pantry services." This means that both consumers and directors agreed as to the same degree of importance for the type of people using food pantries.

In order to gain a better understanding of this population and their food pantry use, it would be useful for food pantries to conduct a brief intake interview to check in with consumers regarding their needs and concerns in addition to food and to further assess the reasons consumers are visiting the food pantry. In addition, it would be important for food pantries to

maintain accurate records of consumers' information along with the number of times they have visited the pantry, which may also serve as a time to build rapport. After rapport has been established between directors and consumers, the supply side (food pantry) would empathize with the demand side (consumer) in an ecological way and would better be able to provide initiatives that are accepted by consumers.

After looking at the average length of time, identified in past research, that consumers report using food pantries (28 consecutive months), one must question whether this length of use constitutes "chronic" use. In addition to receiving food at pantries, it would be beneficial for consumers to receive vocational rehabilitation services to help consumers gain competitive employment and, ultimately, to help them become self-sufficient. According to vocational rehabilitation service records, on average, a client with disability will return to work within 24-30 months with individualized vocational services provided by a certified rehabilitation counselor.

Perception and Emotion. Asking how consumers feel when they visit a food pantry provided useful information to learn how consumers feel about receiving services. The majority of consumers described feeling positive when they come to the food pantry and said they feel like they are being provided with the help they need to sustain themselves. With such positive responses, directors can take advantage of the positive experience of consumers to further interact with them and learn what further assistance, besides food, they can offer to support their consumers' self-sufficiency. Positive food pantry experiences may open a door for consumers to consider other social services that could help them become even more self-sufficient. Conversely, such positive feelings reported by consumers show that they are comfortable and

perhaps content with using food pantry services over and over, which might lead to just staying in a hand-out stage.

Additionally, when responses of consumers and directors were compared, the present study revealed that consumers' and directors' perceptions of emotions experienced by consumers were significantly different. The only two emotions that were not rated significantly different were energized ($t_{(.82)} = 177$, $p = .207$) and happy ($t_{(1.25)} = 45.67$, $p = .108$). The mean responses for both consumers ($M = 2.93$) and directors ($M = 2.68$) fell between slightly "do not feel this way" (2) and neither "do not feel this way at all" nor "this is a very strong feeling" (3). Such responses may indicate that there is no opportunity for a consumer to release their emotions, which may be a result of a lack of "human" interaction when they visit a food pantry for the sake of just going and taking food. It is worth noting that despite feeling relieved and grateful, consumers appear to lose the experience of other positive emotions such as feeling happy and comfortable. Fortunately, consumers do not appear to be feeling very powerless and hopeless. So, it is important for directors to use these positive emotions and continue strengthening consumers' hope and empowerment to make life changes.

Rationalization. Consumers were asked to rank the importance of several different resources in helping people in need. The resources included charitable and faith-based programs, government programs, families taking care of each other, and individuals taking care of themselves. Interestingly, consumers reported that all of the programs are either somewhat important or very important in helping people in need. These responses are understandable, since the majority of current consumers have either no earnings or have insufficient incomes and have usually received federal financial compensation. The high value placed on government and faith-

based programs by consumers also reflects their low intention to seek employment. It is worth noting that consumers rated government and charitable programs as the most important resources in helping individuals in need, while the resource rated least important is taking care of themselves. Such contraposition may shed light on consumers' perceived powerlessness and propensity for reliance on social welfare. Furthermore, when comparing the importance of helping resources rated by both consumers and directors, it was found that there was only one resource that was significantly different in importance: government programs that help people in need ($t_{(72)} = 31.88, p = .005$). Consumers ranked the importance of this program higher than directors did. Again this is a reflection of consumers' dependence on governmental programs for primary needs (food, income compensation, etc.).

Dependence. The responses from consumers regarding their dependence on food pantries has supported the fact that consumers need assistance in finding good paying jobs, education in learning to budget, and classes where job skills can be learned. Of the factors that cause individuals to become dependent on food pantries, the following statements were strongly agreed with by consumers:

- I need to earn more money so I do not have to rely on food pantries to feed my family
- Finding a good paying job will allow me to take care of myself and my family
- Learning to budget my money will help me have more money to buy food on my own
- Learning new skills will help me find a good paying job
- I will feel good if I do not have to rely on food pantries for food

These highly endorsed items reveal the need for better paying jobs as well as the consumers' desire to pursue independence from reliance on food pantry services. These positive reflections

may inspire consumers' motivation for self-sufficiency, however, they also reflect the desire for a professional's guidance and training, such as vocational rehabilitation and financial management training.

Crisis Solutions. Consumers' responses for coping strategies for crises provided support for the idea that utilizing government and charitable programs are consumers' primary means to cope with difficult situations. However, research has shown that using these resources alone is not adequate for helping consumers become self-sufficient. According to their responses for coping strategies during crisis, it is important to consider what limitations obstruct consumers from taking initiative to employ self-helping strategies, such as starting their own business, planting food or farming; however, the present study must take in to consideration the feasibility of such self-help strategies in the urban metro-complex context. Furthermore, when comparing coping-sufficiency responses of consumers and directors, six coping strategies showed significant differences, with ratings being higher from consumers:

- Visit food pantries ($t_{(3.10)} = 177, p = .001$)
- Wait for a good job that pays more than minimum wage ($t_{(4.81)} = 58.66, p = .000$)
- Help family and friends when you can so they will help you when they need it ($t_{(4.13)} = 177, p = .000$)
- Take any job you can get ($t_{(2.97)} = 177, p = .0015$)
- Start your own business ($t_{(3.74)} = 48.43, p = .000$)
- Use credit cards ($t_{(4.70)} = 147.52, p = .000$)

Understandably, consumers' ratings of using food pantries as a way to cope with crises were higher than ratings by directors. Additionally, it is interesting to learn that directors do not

strongly recommend waiting to take a good job that pays more than minimum wage. It implies that directors may have some ideas for job searching recommendations for their consumers.

Future studies are required to discover and further examine the effectiveness of such strategies.

Work Intention

It was evident from the results that there are some internal conflicts for consumers regarding work intentions. The majority indicated through their responses that they want to work, but they lack the self-efficacy to work. Consumers rated the following contradicting items almost equally high: “I am motivated to work and get ahead” and “There is no point looking for a job because no one will hire me.” Evidently, consumers are not ready to start looking for employment, although they may have some intention to do so. Furthermore, in general consumers appeared ambivalent about statements specifically referring to getting a job and the benefits associated with having a job. For example, “I am not thinking about finding a job,” “I will have a better life if I have a job,” and “I am beginning to see the value of having a job” were all statements that consumers did not strongly associate with, meaning their responses fell somewhere between neither agree or disagree and slightly agree. It appears that consumers would benefit from benefit analysis and motivational interviewing to increase their intention and job readiness.

However, when the majority of food pantries require consumers to live within certain zip codes surrounding the food pantry in order to receive services, it is likely to limit the opportunity of getting a job. Therefore, vocational rehabilitation services may be a good service model for food pantry directors to adopt. For example, they could provide a monetary stipend for transportation and other costs associated with interviewing for jobs.

Quality of Life

The opportunity to pursue a good quality of life is a basic human right extended to all, including individuals of low socio-economic status. More importantly, particular attention must be paid to the quality of life of people living in disadvantaged living situations, as this population is at a higher risk for illness or having a health emergency. Such latent hazards may cost an already disadvantaged population additional social capital. From public health perspectives, being healthy, even at a minimal level, is the first step to possessing the capability to work sufficient hours to earn enough income to support a basic living.

Distress. It is counterintuitive that consumers did not report being in serious distress. The majority of consumers said that symptoms associated with distress were felt a little of the time and for some items, such as feeling tired for no reason and feeling as if everything was an effort, their answers fell between a little of the time and some of the time. These are not the responses one would expect from individuals that are using a food pantry. Such responses are in accordance with consumers' emotional evaluation. This may be an indication that coming to the food pantry helps to relieve some situational stress, or it may also support the idea that consumers are comfortable with using the food pantry as a regular supplement to their food needs and are not burdened to find alternatives to such dependency.

Quality of Life. Consumers' overall quality of life appears to be lower than the national average. Although consumers' self-reported mental health is slightly better than their reported physical health, it is obvious that consumers' general health is lowest among all facets of quality of life, including physical activity, health problems, and chronic pain issues. On the other hand, it is interesting to recognize that consumers reported having a lot of energy. Given such a quality

of life profile, consumers need public health care to reduce their physical health conditions and additionally to take advantage of their relatively higher energy to participate in some self-help activities (e.g., attending job training, interview activities, etc.).

In the present study it was observed that consumers, even those with known health conditions such as diabetes, were allowed to acquire surplus amounts of pastries and sweets from food pantries. It is imperative that directors not only be educated themselves on briefly checking consumers' health risks and conditions, but also be trained on how to educate their consumers on healthy eating and food choices with consideration of the limited food variety, particularly a shortage of fresh vegetables and fruit. Finally, directors may need to be life-coaches, playing a role as a consultant who equips consumers in multiple ways by providing training and education instead of food-only services. It may be beneficial for the state federal government to provide educational training programs specific to directors to increase their knowledge and skills to assist in the management of food resources and distribution and further recruit various social-economic support for empowering consumers to take initiative in taking steps toward self-sufficiency.

Limitations

As part of the exclusion/inclusion criteria, consumers were required to be able to speak, read, or listen to English or Spanish. However, due to limits in funding, surveys were not able to be translated into Spanish. As a result, the Hispanic/Latino/Spanish consumers visiting a pantry in which a translator was not available were unable to complete the survey due to limited English skills. As a result, this population may have been underrepresented in the findings. However, as mentioned previously, it may also be due to such individuals being less inclined to participate in

the study because of undocumented status. Other studies have identified this status as a barrier in participation in programs that may be beneficial to helping individuals become self-sufficient.

When surveying consumers about food pantry-use reasons, it was apparent that the reasons listed were not resonating with consumers. As a result, no definitive answers were able to be found regarding reasons that cause consumers to use food pantries, as they do not appear to be the reasons we assumed, such as no job, a job does not pay enough to meet needs, disability, and so on. The fact that the use reasons provided in the survey did not reflect consumers' specific use reasons serves to be a limitation in the study. Perhaps the responses are indicative of what was already known: food pantry use is a multifaceted and complex issue. Future studies may consider using a focus group to invite consumers to share their reasons for use, which would allow consumers to further elaborate on the factors that have contributed to their need to use food pantry services.

Finally, although the present study examined a few facets of food security, there is still a need to measure food insecurity comprehensively in food pantry consumers. The definition of food insecurity includes lack of food for individuals who do not have physical, social, or economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life (USDA, 2010). Yet, there was a question as to what tools adequately measure food insecurity according to this definition? Is it possible to properly measure such factors? For example, how is social access defined, and what is the best way to measure it?

Implications

The ability of the food bank's top-down approach to promote self-sufficiency has been questioned, and one is able to see that there are indications that such methods may facilitate cycles of dependence. The food bank may need to use its leadership position to make changes in the food pantry's structure (providing other self-sufficiency promoting services in addition to food, i.e. training, consulting, etc.) and environment (having more refrigerators to store fresh produce), as well as promote directors' increased management knowledge and skills. Developing community initiatives that promote self-sufficiency through community development brings accountability and pride back into the community. Proponents of community development assert that no value exists in free handouts, and in order for community initiatives to mobilize and motivate individuals for change, they must instill integrity and pride in the neighborhood and create a sense of responsibility for shared community resources (e.g., community gardens, vintage shops).

There is an evident need for this type of community development in the greater Dallas area, and through the present study we have discovered two food pantries that may serve as models for instilling hope, accountability, and tools for self-sufficiency. One food pantry director expressed that its goal is to help individuals become more "sustainable." In an effort to help such individuals become sustainable, they require all consumers, before they receive food services, to take two budgeting classes. The classes are free, can be taken online at any time, and have a 90% pass rate. This director also emphasized the importance of motivating consumers to take GED classes and job-training skills. The pantry has a community garden that provides for their fresh fruit and vegetable needs. Finally, there is a focus on promoting healthy eating by educating

consumers on healthy eating options, for example, rinsing canned beans to cut down on sodium or providing recipes for seasonal vegetables that are produced from the community garden.

A director from a different food pantry explained that chronic use is a result of individuals being stuck and simply not being able to overcome their circumstances. In an effort to support consumers in becoming self-sufficient, this pantry focuses on treating consumers with respect and integrity, with a focus on not discriminating or pre-judging. It endeavors to instill hope by using names, engaging with consumers, and making the extra effort to try to understand consumers' life situations. Through this extra time, it is said that the pantry is able to help instill hope and integrity. By treating individuals in a way that communicates that someone believes in them and that they are capable of overcoming adverse circumstances, consumers are motivated to change. This pantry also offers job-training classes that have a high success rate for helping consumers find employment (92% who have secured and still have a job after 90 days).

It is evident that there is a need for food pantries to be more than food-distribution systems, but rather to serve as community resource centers that instill hope and provide tools and skills to facilitate self-sufficiency as well as offer emotional support to consumers. At the center of this facilitation is the much-needed strong leadership of the directors, serving as life-coaches to consumers. It is proposed that food pantries begin to adopt a model in which directors are increasing the amount of time spent with consumers, mainly to better understand their life situation and to help identify needs for further resources that consumers would benefit from, such as job training and educational programs to teach skills for self-sufficiency. Finally, it is imperative that a level of accountability be instilled in consumers. For example, one director described providing gas vouchers to consumers for job interviews. However, a level of

responsibility is expected for directors to follow up to confirm that consumers do have an interview for employment and that the resources are being used for the designated purposes. Further, if that consumer visits the food pantry again, the director takes time to check in with the consumer to ask how things are going and help identify further needs, if necessary. In this model, directors are taking a more directive and active role, fulfilling the role of life-coach, in which they are promoting self-sufficiency in the consumers that utilize their services.

Directors from such pantries cited underemployment as a primary reason for consumers' chronic use of food pantry services, further explaining that the state of the economy has left consumers with reduced work hours or with jobs for which they are overqualified. Additionally, a large portion of consumers have been observed to be skilled laborers that do not always have full-time work; others are single-parent households that are struggling to make ends meet. Such observations highlight the necessity for directors to identify the needs of such workers and collaborate with the community and consumers to find solutions.

It also became apparent in this study that food pantries grossly lack the equipment to properly store fresh produce for extended periods of time. For example, many pantries do not have adequate refrigerator and freezer equipment to store and prolong the freshness of products such as meat, dairy, fruits, and vegetables. As a result, pantries at times either are left with excess items that must be given away in surplus, or simply are left turning away items due to a lack of means to properly store the items. Possibilities to consider in the future include government subsidies that provide funds to help pantries acquire minimum standards of equipment to adequately store and maintain freshness of produce to be given to consumers (when needed as opposed to indiscriminately) to prevent spoiling.

The issue of dependence, chronic food pantry use, and the facilitation of self-sufficiency is a multifaceted and complex issue. This study merely scratches the surface of the issue of chronic food pantry use, but it is hoped that this is one step toward better understanding the population that will better inform self-sufficiency.

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Table 1

Food Pantry (n= 151)

Food Pantry	<i>N</i>	%
Wilkinson Center	12	7.9
Irving Cares	10	6.6
Community Breadbasket	15	9.9
Metrocrest Social Services	10	6.6
Cedar Hill Food Pantry	14	9.3
Network of Community Ministry	12	7.9
Desoto Food Pantry	15	9.9
Richardson East Church Of Christ	14	9.3
Brother Bills Helping Hand	10	6.6
Goslin Opportunity Center	12	7.9
Good Samaritan Food Pantry	12	7.9
Carrollton Friendship House	15	9.9

Note. $M = 12.58$, $SD = 1.98$; Range = 10-15.

Table 2

Consumers Race and Ethnicity (n=151)

Race/Ethnicity	<i>n</i>	%
White	51	33.8
Black or African American	70	46.4
American Indian or Native Alaskan	2	1.3
Hispanic/Latino	44	29.1
Not Applicable	28	18.5

Note: Consumers were able to double report being of Hispanic/Latino origin and another race.

Table 3

Consumers Marital Status

Status	<i>n</i>	%
Married	60	39.7
Widowed	11	7.3
Divorced	34	22.5
Never married	46	30.5
<hr/>		
Live with a spouse/partner	<i>N</i>	%
No	84	55.6
I live with my spouse	49	32.5
I live with a domestic partner	16	10.6

Table 4

Consumers Current Residence

Residence	<i>n</i>	%
Room, apartment or house that I rent	94	62.3
Apartment or house that I own	31	20.5
A friend or family member's room, apartment or house	18	11.9
Transitional and/or permanent supportive housing	2	1.3
Emergency shelter	1	.7

Note. Responding not applicable – *n*= 5, %= 3.3

Table 5

Consumers Household Changed

Situation	<i>n</i> (%)
I got married	5 (3.3%)
I got divorced	4 (2.6%)
I gave birth to a child	5 (3.3%)
I adopted a child	3 (2.0%)
One or more of my children moved out	5 (3.3%)
A domestic partner moved in	5 (3.3%)
One or more individuals under 18 moved in	6 (4.0%)
A domestic partner moved out	5 (3.3%)
A child of mine passed away	1 (.7%)
My spouse passed away	1 (.7%)
My partner passed away	1 (.7%)
Another family member passed away	14 (9.3%)

Table 6

Directors Race and Ethnicity

Race/Ethnicity	%
White	82.1%
Black or African American	10.7%
American Indian or Native Alaskan	3.6%
Hispanic/Latino	3.6%

Table 7

Directors Marital Status

Status	<i>n</i>	%
Married	22	78.6
Widowed	1	3.6
Divorced	4	14.3
Never married	1	3.6
<hr/>		
Live with a spouse/partner	<i>N</i>	%
No	7	25.0
I live with my spouse	21	75.0
I live with a domestic partner	0	0.0

Table 8

Directors Current Residence

Residence	<i>n</i>	%
Not applicable	1	3.6
Room, apartment or house that I rent	6	21.4
Apartment or house that I own	21	75.0
A friend or family member's room, apartment or house	0	0.0
Transitional and/or permanent supportive housing	0	0.0
Emergency shelter	0	0.0

Table 9

Consumers Attending School in the Last 3 Months

Situations	<i>n</i>	%
No, have not attended in the last 3 months	135	89.4
Yes, grade 1 through 12	4	2.6
Yes, college undergraduate years	9	6.0
Yes, graduate or professional school beyond a bachelor's degree	2	1.3
Yes, trade school	1	.7

Note. 31 (20.5%) were certified in a technical skill or occupation (e.g. welding or dental assisting); 6 (4.0%) were attending classes related to job training.

Table 10

Consumers Education Level

Level	<i>n</i>	%
No schooling completed	8	5.3
12th grade – NO DIPLOMA	17	11.3
Regular high school diploma	30	19.9
GED	16	10.6
Certification in a technical skill	6	4.0
Training in a technical skill	6	4.0
Some college credit, but less than 1 year of college credit	9	6.0
1 or more years of college credit, no degree	8	5.3
Associate's degree	13	8.6
Bachelor's degree	9	6.0
Master's degree	1	.7
Not applicable	28	18.5

Table 11

Consumers Motivation to Work

Stage of Change	<i>n</i>	%
Pre-Contemplation	61	41.2
Contemplation	8	5.4
Preparation	2	1.4
Action	56	37.8
Maintenance	21	14.2

Table 12

Consumers Employment Status

Employment status	<i>n</i>	%
Unemployed and looking for work	47	31.1
Unemployed and not currently seeking work	7	4.6
Part-time employed (one job)	21	13.9
Part-time employed (two or more jobs)	4	2.6
Full-time employed	16	10.6
Self-employed (part time)	3	2.0
Homemaker	5	3.3
Student	1	.7
Retired	6	4.0
Unable to work	40	26.5

Table 13

Consumers Current Work of Those Employed

Current work	<i>N</i> = 49	%
Employee of a for-profit company or business or of an individual, for wages, salary or commissions	26	53.06
Employee of a not-for-profit, tax-exempt or charitable organization	5	10.20
Local government employee	5	10.20
State government employee	4	8.16
Federal government employee	2	4.08
Self-employed in own not-incorporated business, professional practice or firm	3	6.12
Self-employed in own incorporated business, professional practice or firm	2	4.08
Working without pay in family business or firm	2	4.08

Table 14

Consumers Sources of Income

Sources	<i>n</i>	%
Income from self-employment	10	6.6
Income from employer	41	27.2
SSI	39	25.8
SSDI	23	15.2
Income from employment of a family member	27	17.9

Table 15

Consumers Household Income

Income	<i>n</i>	%
Under \$11,999	87	57.6
\$12,000 to \$15,999	19	12.6
\$16,000 to \$19,999	17	11.3
\$20,000 to \$24,999	9	6.0
\$25,000 to \$29,999	6	4.0
\$30,000 to \$34,999	2	1.3
\$35,000 to \$39,999	4	2.6
\$40,000 to \$44,999	3	2.0
\$45,000 to \$49,999	1	.7

Table 16

Directors Attending School in the Last 3 Months

Situations	<i>n</i>	%
No, have not attended in the last 3 months	22	78.6
Yes, grade 1 through 12	0	0.0
Yes, college undergraduate years	4	14.3
Yes, graduate or professional school beyond a bachelor's degree	2	7.1

Table 17

Directors Education Level

Level	<i>n</i>	%
Regular high school diploma	5	17.9
GED	1	3.6
Some college credit, but less than 1 year of college credit	1	3.6
1 or more years of college credit, no degree	4	14.3
Bachelor's degree	11	39.3
Master's degree	5	17.9
Doctoral degree	1	3.6

Table 18

Directors Employment Status

Employment status	<i>n</i>	%
Unemployed and looking for work	1	3.6
Unemployed and not currently seeking work	1	3.6
Part-time employed (one job)	2	7.1
Full-time employed	17	60.7
Self-employed (full time)	1	3.6
Homemaker	1	3.6
Retired	5	17.9

Table 19

Directors Current Work of Those Employed

Current work	<i>N</i> = 20	%
Employee of a for-profit company or business or of an individual, for wages, salary or commissions	2	7.1
Employee of a not-for-profit, tax-exempt or charitable organization	17	60.7
Self-employed in own not-incorporated business, professional practice or firm	1	3.6

Table 20

Directors Sources of Income

Sources	<i>n</i>	%
Income from self-employment	3	10.7
Income from employer	20	71.4
SSI	4	14.3
Income from employment of a family member	5	17.9

Table 21

Directors Household Income

Income	<i>N</i>	%
\$30,000 to \$34,999	2	7.1
\$35,000 to \$39,999	1	3.6
\$45,000 to \$49,999	5	17.9
Over \$50,000	18	64.3
No answer	2	7.1

Table 22

Consumers Health Insurance

Type	<i>n</i>	%
Insurance through a current or former employer or union (of you or another family member)	12	7.9
Insurance purchased directly from an insurance company (by you or another family member)	6	4.0
Medicare (> 65, disability)	18	11.9
Medicaid (low income, disability)	59	39.1

Table 23

Consumers Overweight & Health Conditions

Overweight	Underweight	High blood pressure	High cholesterol	Diabetes	Other
64	6	60	30	23	27
(42.4%)	(4.0%)	(39.7%)	(19.9%)	(15.2%)	(17.9%)

Table 24

Consumers Body Mass Index

Category	<i>N</i>	%
Normal (18-24)	26	17.2
Overweight (25-29)	43	28.5
Obese (≥ 30)	82	54.3

Note. $M = 32.51$, $SD = 7.90$.

Table 25

Consumers Use of Medical Services

Times	<i>N</i>	%
0	26	17.2
1	23	15.2
2-3	52	34.4
4-6	32	21.2
More than 6 times	18	11.9

Table 26

Consumers Emergency Room Visits

Times	<i>n</i>	%
0	72	47.7
1	47	31.1
2-3	19	12.6
4-6	10	6.6
More than 6 times	3	2.0

Table 27

Consumers Motivation to Eat Healthily

Stage of Change	<i>n</i>	%
Pre-Contemplation	3	2.0
Contemplation	0	0
Preparation	4	2.7
Action	16	10.7
Maintenance	127	84.7

Table 28

Consumers Exercise Stages

Stages	<i>n</i>	%
Pre-Contemplation	16	10.7
Contemplation	4	2.7
Preparation	3	2.0
Action	48	32.2
Maintenance	78	52.3

Table 29

Consumers Physical Activity

Level	<i>n</i>	%
Low	133	88.1
Moderate	14	9.3
High	4	2.6

Table 30

Directors Health Insurance

Type	<i>N</i>	%
Insurance through a current or former employer or union (of you or another family member)	17	60.7
Insurance purchased directly from an insurance company (by you or another family member)	3	10.7
Medicare (> 65, disability)	5	17.9
Medicaid (low income, disability)	4	14.3

Table 31

Directors Overweight & Health Conditions

Overweight	High blood pressure	High cholesterol	Diabetes
10	6	2	1
(35.7%)	(21.4%)	(7.1%)	(3.6%)

Table 32

Directors Use of Medical Services

Times	<i>N</i>	%
0	3	10.7
1	4	14.3
2-3	12	42.9
4-6	8	28.6
More than 6 times	1	3.6

Table 33

Directors Emergency Room Visits

Times	<i>n</i>	%
0	26	92.9
1	2	7.1

Table 34

Consumers First Time Ever Visited a Food Pantry

Time	<i>N</i>	%
This is my first visit	19	12.6
0-6 months ago	46	30.5
7-12 months ago	22	14.6
1-3 years ago	36	23.8
4 or more years ago	28	18.5

Table 35

Consumers First Time to This Food Pantry

Time	<i>N</i>	%
This is my first visit	23	15.2
0-6 months ago	44	29.1
7-12 months ago	24	15.9
1-3 years ago	45	29.8
4 or more years ago	15	9.9

Table 36

Consumers Number of Visits to This Pantry in Last 12 Months

Times	<i>n</i>	%
1-3	84	55.6
4-6	23	15.2
7-11	18	11.9
12 or more	26	17.2

Table 37

Consumers Other Food Pantries Visited in Last 12 Months

Times	<i>n</i>	%
<i>0</i>	<i>90</i>	<i>59.6</i>
<i>1</i>	<i>40</i>	<i>26.5</i>
<i>2</i>	<i>14</i>	<i>9.3</i>
<i>3 or more</i>	<i>7</i>	<i>4.6</i>

Table 38

Consumers Childhood Experience With Food Pantry Services

Times	<i>n</i>	%
At least once	14	58.33
Several times	5	20.83
Regularly	4	16.67

Note. 24 (15.9%) reported that they were members of a household that received food pantry services as a child.

Table 39

Consumer Access to a Food Pantry

Method	<i>n</i>	%
I walked	13	8.6
I used public transportation	11	7.3
I took a taxi	0	0
I drove my own car	89	58.9
I borrowed a car	12	7.9
A family member or friend drove me	27	17.9

Table 40

Consumers Visit Pantry with Children

Number	n	%
0	116	76.8
1	18	11.9
2	8	5.3
3	5	3.3
4	3	2.0
5	1	.7

Table 41

Consumers Visit Pantry with Seniors

Number	<i>n</i>	%
0	140	92.7
1	9	6.0
2	2	1.3

Table 42

Consumers Satisfaction

Satisfaction	<i>M</i>	<i>SD</i>
It is convenient for me to come to this food pantry	4.38	1.14
The food that I receive from this food pantry is worth the time that I invest in coming here	4.59	.88
The food that I receive from this food pantry is worth the money that I invest in coming here	4.39	1.06
This pantry offers the types of food that my family and I like to eat	4.35	1.01
This pantry allows me to choose the types of food that I want	3.61	1.50
This pantry offers food that is good for my health and my family's health	4.29	1.08
Some of the food that this pantry offers is not good for my health and my family's health	3.48	1.42
The staff at this food pantry treats me with respect	4.71	.86
The staff at this food pantry can relate to me and my life situation	4.43	1.02
Most people who come to food pantries are similar to me	3.99	1.17

Note. $M = 4.22$, $SD = .73$. Scores were based on a 5-point Likert scale: 1 (*Strong disagree*) to 5 (*Strongly agree*).

Table 43

How Long Will You Need Food Assistance

Length	<i>N</i>	%
Just for this month	16	10.7
2-6 months	62	41.3
7-11 months	16	10.7
1-2 years	12	8.0
3-4 years	5	3.3
5 years or longer	9	6.0
Most of my life	30	20.0

Table 44

Consumers Plan to Visit This Pantry Again

Response	<i>n</i>	%
No	7	4.6
Yes	122	80.8
Not sure	22	14.6

Table 45

Consumers Applied or Received SNAP (Food Stamp) Benefits

Response	<i>n</i>	%
No, I have never applied	23	15.2
Yes, I have applied but was not approved	19	12.6
Yes, I have applied and am currently waiting for approval	24	15.9
Yes, I have received SNAP benefits in the past, but am not right now	31	20.5
Yes, I am currently receiving SNAP benefits	54	35.8

Table 46

Consumers Reasons for Using Food Pantries

Use Reason Importance	<i>M</i>	<i>SD</i>
My job does not pay enough to meet my needs	3.62	1.63
I lost my job and am looking for work	2.89	1.85
I am unemployed and not currently looking for work	2.56	1.75
I depend on the income of a spouse, partner or other person who is now unemployed	2.35	1.67
I depend on the income of a spouse, partner or other person, but it is not enough to meet our needs	2.61	1.77
I receive SNAP (food stamps) or other public benefits, but they aren't enough to meet my needs	3.00	1.81
I am unable to work because I provide full-time care for my children, other family members or friends	2.07	1.57
I have a health condition or disability that prevents me from working at all	2.81	1.83
I have a health condition or disability that limits how much money I can earn from working	2.80	1.80
I don't have the education I need to earn enough money to meet my needs	2.50	1.69
I don't have the skills or experience I need to earn enough money to meet my needs	2.76	1.75
I can't find a job that will pay me enough to cover child care	2.23	1.64
I don't know how to find a job	2.17	1.65
I don't want to do the type of work that is available to me	1.92	1.41
I want to be self-sufficient	3.85	1.55
I am the type of person who needs food pantries	3.05	1.54
I am overwhelmed and don't know what to do	2.70	1.60

Note. $M = 2.70$, $SD = .82$. Scores were based on a 5-point Likert scale: 1 (*not important at all*) to 5 (*very important*).

Table 47

Consumers Feelings

Feeling	<i>M</i>	<i>SD</i>
Relieved+	4.09	1.14
Proud+	3.15	1.58
Grateful+	4.74	.65
Secure+	3.87	1.32
Confident+	3.75	1.36
Comfortable+	3.83	1.33
Embarrassed	2.22	1.46
Ashamed	1.99	1.35
Angry	1.49	1.03
Exhausted	1.85	1.26
Energized+	2.93	1.55
Happy+	3.68	1.38
Depressed	1.90	1.32
Hopeless	1.76	1.21
Motivated+	3.39	1.49
Powerless	1.88	1.28

Stressed	2.26	1.56
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Note. Scores were from 1 (*I don't feel this way at all*) to 5 (*This is a very strong feeling*).

Table 48

Consumers Rationalization

Rationalization	<i>M</i>	<i>SD</i>
Government programs that help people in need	4.72	.74
Charitable and faith-based programs that help people in need	4.72	.61
Families taking care of each other without help from charities or the government	4.27	1.17
Individuals taking care of themselves without help from charities or the government	4.11	1.25
Friends and neighbors helping each other	4.50	.94

Table 49

Consumers Dependence on Food Pantries

Dependence reason	<i>M</i>	<i>SD</i>
My need for help from the food pantry is only temporary	3.99	1.15
I will always need food pantries and food stamps to survive	2.44	1.49
I need to learn how to better manage my money so I have enough money to buy food	3.11	1.60
I need to earn more money so I do not have to rely on food pantries to feed my family	4.01	1.35
I want to learn new skills so I can find a good job	3.94	1.43
My friends think that it is normal to receive assistance from food pantries	2.84	1.52
Staff in the food pantry do not respect me ²	1.57	1.20
People see me using the food pantry as powerless	2.00	1.35
People see me using the food pantry as helpless	1.97	1.36
People see me using the food pantry as hopeless	2.04	1.43
Other family members are encouraging me to find a job so I do not have to rely on food pantries and food stamps	2.95	1.62
Workers in the food pantry give me advice on how to look for a job	3.22	1.48
Workers in the food pantry are very sympathetic to my life situation	3.92	1.31
Workers in the food pantry encourage me to think about long term solutions so I do not have to rely on food pantries to survive	3.42	1.42
Workers in the food pantry believe I will always need assistance from them	2.13	1.34
I have very limited interaction with the staff of the food pantry	2.56	1.43

I am confident I can eventually earn enough money so that I do not have to rely on food pantries for survival	3.76	1.43
I am confident that my need for assistance from food pantries will be temporary	3.83	1.33
I am confident that I can find a way to reduce my dependence on food pantries	3.89	1.30
I am confident that I can find a good paying job	3.81	1.51
Finding a good paying job will allow me to take care of myself and my family	4.13	1.36
Learning to budget my money will help me have more money to buy food on my own	4.11	1.26
Learning new skills will help me find a good paying job	4.06	1.36
I will feel good if I do not have to rely on food pantries for food	4.05	1.32
Relying on food pantries for food makes me dependent	2.79	1.51
Relying on food pantries for food decreases my <u>motivation</u> to take care of buying food by myself	2.28	1.50
Relying on food pantries for food decreases my self- <u>confidence</u> to take care of buying food by myself	2.41	1.56
Relying on food pantries for food decreases my self-confidence in improving my quality of life	2.28	1.42
I want to reduce my dependence on food stamps and food pantries for assistance	3.68	1.46
I want to learn new job skills	3.75	1.45
I want to find a better job	3.86	1.48
I want to stop using food pantries as my main food source	3.58	1.44

Note. Scores were based on a 5-point Likert scale: 1 (*Strongly disagree*) to 5 (*Strongly agree*).

Table 50

Consumers Crisis Solutions

Solution	<i>M</i>	<i>SD</i>
Visit food pantries	4.68	.84
Apply for SNAP benefits (food stamps)	4.62	.96
Get more/better education	4.21	1.19
Pursue technical training (e.g. welding, dental assisting)	4.05	1.30
Plant a vegetable garden and/or raise animals	3.36	1.39
Wait for a good job that pays more than minimum wage	2.69	1.50
Help family/friends when you can so they'll help you when you need it	4.26	1.04
Take any job you can get	4.22	1.11
Start your own business	3.07	1.61
Use credit cards	1.71	1.23
Plan food purchases carefully	4.42	1.02
Food shopping for value	4.41	1.08
Cook most meals at home	4.63	.86
Share meals or ask family, friends or neighbors for help	3.97	1.26

Note. Scores ranged from 1 (*I do not recommend*) to 5 (*I strongly recommend*).

Table 51

Consumers Work Intention

Work Intention	<i>M</i>	<i>SD</i>
I am actively seeking assistance from an employment/ vocational rehabilitation agency to help me find a job	2.52	1.67
I get along with my coworkers and my supervisor at work	3.54	1.63
I probably should look for a job	3.40	1.65
I have joined a job club/support group for job seeking skills training and support	2.35	1.56
I am not thinking about finding a job	3.68	1.60
I am performing well on my job	3.15	1.68
I am working hard to keep my job	3.12	1.70
I am happy with my stay at home lifestyle	3.32	1.59
I will have a better life if I have a job	3.76	1.51
I am beginning to see the value of having a job	3.85	1.49
I am thinking about what kind of job is right for me	3.38	1.55
I am currently applying and interviewing for jobs	3.21	1.68
I have received or am currently receiving the education and training that can lead to a job	2.75	1.66
I am motivated to work and get ahead	4.07	1.32
There is no point looking for a job because no one will hire me	4.06	1.41

Note. $M = 3.34$, $SD = 0.82$. Scores ranged from 1 (*Strongly disagree*) to 5 (*Strongly agree*).

Table 52

Distress

During the last 30 days, about how often ...	<i>M</i>	<i>SD</i>
Did you feel tired out for no good reason?	2.84	1.31
Did you feel nervous?	2.70	1.35
Did you feel so nervous that nothing could calm you down?	2.09	1.37
Did you feel hopeless?	2.11	1.31
Did you feel restless or fidgety?	2.65	1.41
Did you feel so restless you could not sit still?	2.27	1.40
Did you feel depressed?	2.56	1.45
Did you feel that everything was an effort?	2.87	1.38
Did you feel so sad that nothing could cheer you up?	2.37	1.36
Did you feel worthless?	2.16	1.36

Note. $M = 2.46$, $SD = 1.08$. Scores ranged from 1 (*None of the time*) to 5 (*All of the time*).

Table 53

Consumers Quality of Life

Area	Min	max	<i>M</i>	<i>SD</i>
PHYSICAL HEALTH	11.42	62.69	40.10	11.90
MENTAL HEALTH	20.05	78.32	44.01	11.72
Category	Min	max	<i>M</i>	<i>SD</i>
Physical Functioning	22.11	90.82	43.16	13.66
Role Limitation-physical	20.32	57.18	40.64	12.62
Pain	16.68	57.44	39.69	13.90
General Health	18.87	55.52	34.95	11.97
Vitality	27.62	67.88	48.62	11.73
Role Limitation-emotional	11.35	56.08	38.49	13.63
Social Functioning	16.18	56.57	41.66	13.29
Mental Status	15.77	64.54	45.08	12.21

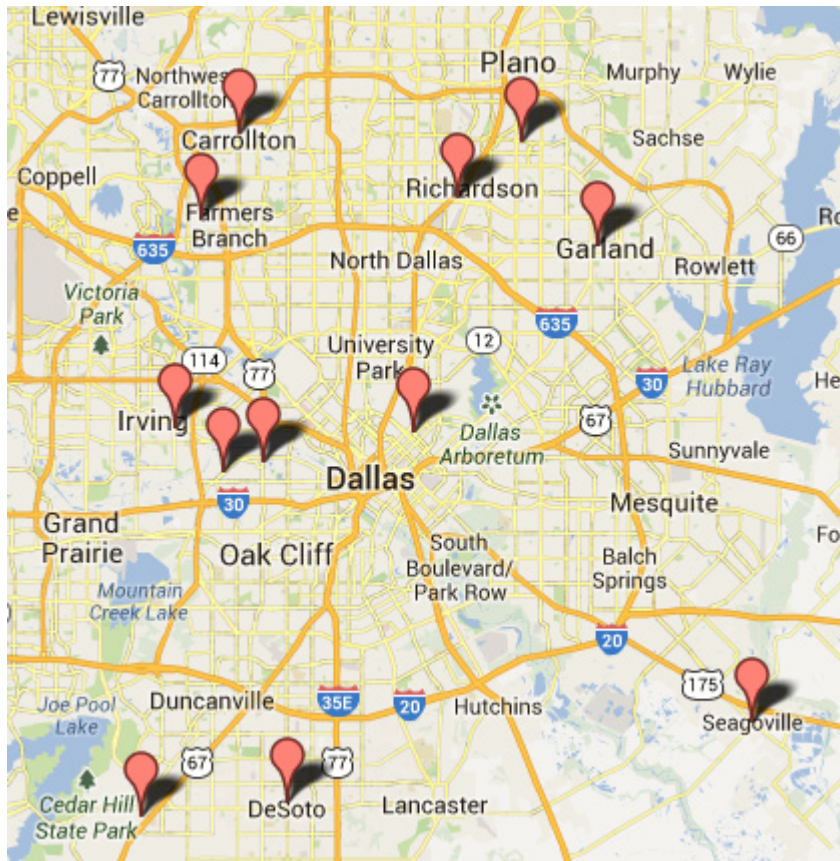


Figure 1. Map of food pantry locations in the greater Dallas, Texas area. Created June 25, 2013 at maps.google.com. Map Data @ 2013 Google.

BIOGRAPHICAL SKETCH

Candice Sims

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EDUCATION/TRAINING *(Begin with baccalaureate or other initial*

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
Northern Arizona University College of Social and Behavioral Sciences	B.S.	2006	Political Science/Women's Studies
The University of Texas Southwestern Graduate School of Health Professions	M.R.C	2013	Rehabilitation Counseling Psychology

Positions and Employment

2008-2010 Account Executive at Dunham+Company.

Clinical Experience

2012-2013 Intern Therapist at University Rehabilitation Services.

2012-2013 Intern Therapist at Metrocare Services.

2013-2013 Student Psychiatry Consult at Children's Medical Center