

The Voices of People with Food Insecurity: Their Preferences for Overcoming Their Food Insecurity Problems

**Long Term Hunger Relief Committee,
Cabarrus County Farm and Food Council**

Research Team

Dr. Jim Dudley, Coordinator, Long-Term Hunger Relief Committee

Kelsey L. Milam, MSW, Cabarrus Health Alliance

Jake Wiltshire, MSW Candidate, UNC Charlotte

Long-Term Hunger Relief Committee Members

Mike Wojciechowski., Cooperative Christian Ministries

Alicia McDaniel & Jessica Montano, Cabarrus Health Alliance

Anna Thadani, Director, Women, Infants, and Children (WIC)

Aronda Dunlap-Elder, Cabarrus County Schools

Kathy Mowrer, Cabarrus County Department of Human Services

Dr. Herb Rhedrick, First Missionary Baptist Church of Concord

Pastor Kevin Whidden, Concord First Assembly

Joyce Berry-Biles, Cooperative Christian Ministry

Rita Dominguez, Carolina Health Care System

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BACKGROUND INFORMATION

During 2013, the Cabarrus County Farm and Food Council (CCFFC) recognized that the community was facing a food security crisis for thousands of its residents. The problem was mostly manifested in growing lines of people needing emergency food at several food emergency distribution centers. Local agencies and churches assisting people with food emergencies were overwhelmed with the growing demand and running out of ideas for solutions. The Farm and Food Council responded by creating a committee, named the Long-Term Hunger Relief (LTHR) Committee, that was charged with finding “long term” solutions to this crisis. While the LTHR Committee did not have a specific charge, it’s members decided to explore ways to help some food insecure people move beyond emergency food assistance to greater ongoing self-sufficiency. One overall question that the LTHR Committee had to figure out was what “more self-sufficiency” might look like particularly related to food insecurity.

The concept of Food Insecurity was defined by the United States Department of Agriculture (USDA) as having one or more of the following circumstances: worried that food will run out, food bought does not last, could not afford a balanced meal, had to cut the size of a meal or skip a meal, ate less than they felt they should, were hungry but did not eat, lost weight, and did not eat for a whole day or more (USDA, 2014). This definition offers degrees of severity of food insecurity as a continuum from worry about food running out to not eating for a day or more at a time.

“Circle of Services”

During the first stage of the LTHR Committee’s deliberations, the Committee met monthly. During this stage, agencies and churches reported to us about what they and other groups were doing related to food insecurity and shared ideas about how the groups could work more closely together. Over time, we came up with several additional and largely unavailable services that could supplement emergency food service based on the wealth of ideas and experiences of the organizations that were represented on the Committee. We called our new proposed configuration of services a "Circle of Services" which is presented in Figure 1 below.

Food Security Survey

In stage 2, we realized that existing agencies did not have the funding to even begin to add the services that were identified in the Circle of Services so we began to document the extent of food insecurity and hunger in Cabarrus County. We wanted to potentially build a case for funding of these and other services. We developed a Food Securities Survey that was given out

voluntarily to everyone standing in line for emergency food at the food distribution centers represented by agencies and churches represented on the LTHR Committee. This survey used some of the questions used by the USDA (U.S. Department of Agriculture) that measure different levels of food insecurity. That effort continued until we collected 168 completed surveys from several emergency food sites. These results are available to readers of this report upon request. Based on the sample surveyed, we found substantial food insecurity at different levels: worry about not having enough food (86% of sample), not able to afford healthy food (85%), not being able to afford enough food generally (83%), cutting the sizes of meals (58%), and skipping some meals (41%). Among other findings, we consistently found over 20 percent of our respondents went without eating for an entire day at different frequencies during the past year.

HOW THE STUDY WAS CONDUCTED

Interviews with Food Insecure People

In stage 3, we decided that we needed to learn more by directly consulting people who are food insecure and hungry. We decided to focus on people living in Kannapolis, primarily in the Carver and Centerview neighborhoods. After exploring different methods of investigation, we chose brief individual interviews with people who were attending free meals at churches and a smaller community center. These sites were selected because we had partnerships with the sponsors of these programs and we could reach the attendees fairly easily. These informal interviews were conducted in rather noisy settings prior to or after the participants ate their meals. Sometimes we interviewed them while they were eating if that was acceptable to them. The approach was mostly in conversational form. The rest of this report focuses on stage 3 and what we have learned from these interviews with 50 people with food insecurity issues.

Selection of People to Interview

We selected fifty people based on their attendance at these free meal programs indicating their current problems with food insecurity and hunger. Virtually all who were selected were residents of Kannapolis. While they were not asked if they were food insecure and no specific measure of food insecurity was used in the selection process, they were presumed to be food insecure based on their attendance at these local programs. These free meals were provided at four different churches in the area sponsored by Samaritan Tables. Our data came from two of these churches and from another separate free lunch program provided by a small homeless shelter run by a community leader.

Characteristics of People Interviewed

Of the fifty people in the sample, females totaled 29 (58%) and males 21 (42%). There was a total of 29 (58%) white people and 21 (42%) African Americans. None were Latino. Their ages ranged from under 21 years of age to over 60. We decided to estimate their age based on observations and used three broad categories: under 21 years, 21 to 59 years, and 60 years or

over. We estimated their age rather than asking them because age was suspected of being a privacy issue for many of them. These interviews were conducted for approximately 15 to 20 minutes in dining situations in which others were sometimes within ear shot. Only two (4%) people were estimated to be 20 years or younger, 29 (58%) were 20-59 years, and 19 (38%) were 60 years or older.

Interview Schedule Used

The Interview Schedule used in this study consisted of a diagram of the “Circle of Services” (see Figure 1 below) identifying seven types of services that could help people move beyond needing emergency food from food pantries and free meals at churches. These seven types of services include Nutritious Food, Employment and School Assistance, Preparing Meals, Buying Food, Government subsidies, Counseling, and Community Connections. Under each of these service areas, the diagram listed four to six specific services that are possible.

Four overall questions were asked in the study as follows. They are:

- a) Which of the seven “Service Areas” (in the Circle of Services) seem most important to you in obtaining healthy food for yourself and your family? Can you pick the top three most important service areas? Or you could pick only one or two preferences if you wish.
- b) Which specific items listed under each of the “Service Areas” that you chose are most important for you and your family?
- c) Please explain why the services that you selected are important to you.
- d) What, if anything, can you do to help make services better and more available to people in our community? (options given: introduce us to community leaders, attend classes, attend neighborhood meetings, recruit others, speak out, give us feedback on what we can do, other ideas of how you can help the community)

Informed Consent and Other Ethical Protections

The interviewers began the interviews by introducing themselves and their affiliation with the CCFFC and its LTHR Committee. The purpose of the study was then shared, the interview questions were mentioned, the study was described as taking about 10 to 15 minutes, and people were invited to participate. They were told that this was not something that they had to do; it was totally voluntary. Approximately six people who were asked to participate declined before a total of 50 agreed to be participants. These 50 then were asked to read the informed consent form that we made available for them to see. This consent form described the study’s purpose, the voluntary nature of the study, and the importance of confidentiality. Confidentiality was explained to mean that none of their responses would be associated with their names in any way. We did not have financial resources to conduct the study, but we did obtain small contributions of vegetables and fruit from local neighborhood stores (Lowe’s Food and Harris Teeter) that we gave to the participants as a way of saying thank you.

Figure 1: Circle of Services: Services to Combat Long Term Hunger



FINDINGS

A. Preferences for Overcoming Food Insecurity

Table 1 identifies the preferences chosen by the interviewees (hereafter referred to as **participants** or **research participants**) that reflected their most important current needs. Most of them selected three preferences while a few chose to select only one or two service areas. They were not asked to rank these three preferences in any order.

Table 1: Preferences among 7 Service Areas (N=50)

| Service Area | Frequency | Percent |
|-----------------------------------|-----------|---------|
| 1) Nutritious Food | 24 | 48 |
| 2) Employment & School Assistance | 23 | 46 |
| 3) Community Connections | 20 | 40 |
| 4) Government Subsidies | 18 | 36 |
| 5) Counseling | 17 | 34 |
| 6) Buying Food | 15 | 30 |
| 7) Preparing Meals | 13 | 26 |

As Table 1 indicates, having Nutritious Food was the most frequently mentioned preference; it was chosen by nearly half (48%) of the participants. This was followed by preferences for Employment and School Assistance chosen by 46 percent of the participants and Community Connections by 40 percent. Government subsidies, primarily SNAP, were selected by 36 percent. An expressed need for Counseling, help with buying food, and preparing meals were the final three preferences.

Table 2: Preferences for Specific Nutritious Food Assistance (n=24)

| Specific Preferences | Frequency of Subgroup | Percent of Subgroup Preferring Nutritious Food | Percent of Total Sample |
|-----------------------------------|------------------------------|---|--------------------------------|
| 1) Finding Nutritious Foods | 12 | 50.0% | 24 |
| 2) Understanding Nutritious Foods | 9 | 37.5% | 18 |
| 3) Wish for Community Garden | 5 | 20.8% | 10 |
| 4) Interest in Organic Food | 3 | 12.5% | 6 |

Table 2 describes the preferences for specific types of nutritious food services needed by those who chose it as a preference. Half of the subgroup choosing this preference wanted help with finding nutritious food; they were about a quarter of the total sample. Also, over one-third of this subgroup wanted help in understanding what foods are and are not nutritious and they were 18 percent of the total sample. Other less chosen specific services include wishing for a garden and interest in organic food.

Table 3: Preferences for Specific School and Employment Assistance (n=23)

| Specific Preferences | Frequency | Percent of Sample Needing Employment | Percent of Total Sample |
|-----------------------------|------------------|---|--------------------------------|
| 1) Job Opportunities | 13 | 56.5 | 26 |
| 2) GED | 10 | 43.5 | 20 |
| 3) Job Training | 7 | 30.4 | 14 |
| 4) College | 1 | 4.3 | 2 |

Table 3 described the participants who wanted assistance finding a job or job training, or finding a way to obtain a GED (high school equivalency degree). Over half of this subgroup wanted employment assistance and they represented about one quarter of the total sample.

As Table 4 below describes, just over half of the participants who chose Community Connections assistance needed transportation to access food; they also represented 22 percent of the total sample. Others selecting community connections also wanted someone to address missing groups of food insecure people, the need for developing leaders, and needing neighborhood networks of resources.

Table 4: Preferences for Specific Community Connections Assistance (n=20)

| Specific Preferences | Frequency | Percent of Subgroup Needing Community Connections | Percent of Total Sample |
|------------------------------|------------------|--|--------------------------------|
| 1) Developing Transportation | 11 | 55 | 22 |
| 2) Identify Missing Groups | 8 | 40 | 16 |
| 3) Developing Leaders | 8 | 40 | 16 |
| 4) Network of Resources | 7 | 35 | 14 |

B. Reasons Given for Their Expressed Needs

We also asked the research participants why they selected the service areas that they chose as being important to them. This was an open-ended question and the responses were volunteered by them in their own words without any prompting by the interviewers. In many instances, participants mentioned more than one reason for their preferences.

Table 5 summarizes their responses in ranking order. Forty percent of them gave the reason that they wanted to eat healthy or nutritious food. A need for a job or job training was the second most reported reason by a relatively large number (38%). Access issues in getting to food sources was the third most important reason with 36 percent. Access issues included not having adequate transportation or having other problems preventing them from getting to healthy and reasonable food supplies, particularly supermarkets. Table 5 also mentions other reasons in which they indicated needing help including advocacy to obtain food stamps (SNAP), budgeting for food and shopping strategies, improved housing, counseling on personal problems, and learning more about healthy food preparation. See Table 5 below.

Table 5: Reasons for Why These Services are Important (N = 50)

| Reason | Frequency | Percent of Total Sample |
|--|------------------|--------------------------------|
| 1) Desire to eat healthy or nutritious food | 20 | 40 |
| 2) Needs a job or job training | 19 | 38 |
| 3) Difficulty accessing food & transportation limitations | 18 | 36 |
| 4) Need more help from SNAP (Food Stamps) | 13 | 26 |
| 5) Need budget help in buying food or shopping strategies | 13 | 26 |
| 6) Has a mental disorder, medical problems, or a disability (not including Diabetes) | 9 | 18 |
| 7) Unstable housing arrangements mentioned | 8 | 16 |
| 8) Needs counseling | 7 | 14 |
| 9) Needs GED or High School degree | 7 | 14 |
| 10) Has Diabetes in particular | 7 | 14 |
| 11) Learn about healthy food and how to prepare it | 6 | 12 |
| 12) Wish to grow a garden | 2 | 4 |
| 13) Wish to shop at inexpensive farmers' markets | 2 | 4 |

Note: Most of the research participants selected more than one response.

C. How They Can Help Improve Food Services in their Community

Finally, we asked the participants what they could possibly do to help improve the state of food-related services in the community. We asked this question because we wanted them to consider the possibility of moving beyond a dependency position to actively working on creating positive changes in their lives. Most of them, when asked what they could do, had little or nothing to say on their own so we asked them to respond to several possible options that we identified. These options are described in Table 6 below.

Responses in Table 6 were informative. At the top of the list, about one-third (36%) said they would consider attending classes on topics of interest to them such as cooking classes. Other

relatively high frequency options included attending neighborhood meetings, giving us feedback, speaking out, and being volunteers or “foot soldiers.”

Table 6: How the Research Participants Can Help Improve Services (N = 50)

| Different Ways They Can Help Improve Services | Frequency | Percent |
|--|------------------|----------------|
| 1) Attend classes (e.g., cooking, health issues, etc.) | 18 | 36 |
| 2) Attend neighborhood meetings | 17 | 34 |
| 3) Give us feedback on what we can do | 17 | 34 |
| 4) Speak out for what they need | 12 | 24 |
| 5) Volunteer or be a “Foot Soldier” | 11 | 22 |
| 6) Recruit others to help | 8 | 16 |

A special category that we call “potential community leaders” was added to our report based on discussions between the two interviewers after the interviews were completed. This category included five participants who seemed to have special leadership qualities or a potential for developing them. These leadership qualities included a broader perspective on food insecurity problems beyond just their own, a realistic awareness of some of the challenges of changing their circumstances to the better, and a strong desire to support improvements in food assistance in their neighborhood. In addition, some of them had previous and current volunteer experiences with food pantries and dinner programs. We concluded that these people and others like them could be good applicants for community-level jobs in future food programs.

D. Statistical Associations among Demographic Characteristics and Preferences

A bivariate analysis was conducted to determine if the gender or race of the participants was associated with a preference for nutritional food or a need for employment assistance. The only association that was found was perhaps surprising. Female participants were more likely than males to select employment assistance (Chi Square = 4.428, $p = .035$). Fifty-nine percent of the women indicated they needed employment assistance in contrast to only 28 percent of the men.

RECOMMENDATIONS

As Table 1 indicates, the top four preferences of the participants were wanting nutritious food, employment assistance, community connections, and SNAP and other government food

programs in that order. Other areas of service were also selected less frequently.

What follows are the recommendations of the research team based on our findings.

- 1) Organizations that provide emergency food to people in need (e.g., food pantries, free meal programs) are strongly urged to give significant attention to the quality of the food that they give out and to provide helpful information about nutritious food and why such food is so important to the recipients' health.** A desire to both want to have more access to nutritious food and more understanding about nutritious food are noteworthy findings to address in this way. This preference further suggests that more can also be done among many existing agencies and churches to emphasize specific types of nutritious foods for people with serious health problems and those struggling to survive. For example, people with diabetes could be informed about the kinds of healthy food to eat and what not to eat.
- 2) Agencies, churches, and other community groups are strongly urged to explore additional ways to assist people with employment and completion of their high school diploma.** Perhaps this can involve these organizations creating a few new jobs of their own, referrals to employers and employment agencies, providing personal references, and advocacy when it is needed. These types of assistance can be very important for people to be able to eat in a healthy manner. We should remember that assisting someone in finding a job or a better paying job is a responsibility for all of us along with the county, state, and federal governments.
- 3) A specific recommendation from our findings also indicates that we should not overlook the people who are food insecure for a range of new and existing positions roles as change agents.** Creating specific opportunities for people with food insecurities who have leadership potential could go a long way in solving several problems including employing them, hiring those with first-hand experience with the problem, and promoting role models for others.
- 4) Addressing food insecurity should include finding innovative ways to help people improve their means of transportation to farmers' markets, supermarkets, and other healthy food sources.** Inadequate transportation stands out as an important barrier to obtaining healthy food and needs to be addressed in some new innovative ways. Transportation was identified several times in the study as an important barrier to obtaining healthy food. While a car would be preferred by many this is usually an unrealistic option because of the costs involved. Public transportation could also be important especially in many of the neighborhoods of Kannapolis without accessible bus stops. Yet, it can be difficult to manage a bag or two of groceries returning home on a bus. Finding creative new ways of providing transportation that are tailored to the needs of specific neighborhoods may also need more attention among community groups.

- 5) **More attention needs to be given to strengthening the social fabric of local neighborhoods and networks in food insecure localities.** This includes initiatives to strengthen neighborhood groups as a food resource, developing local leaders with expertise on nutritious food, and more efforts to identify food insecure and hungry people not well known in these neighborhoods. In the study, improving community connections was the third most frequent preference of the participants. Community connections could mean many things and it was somewhat difficult in the study to discern what specifically the participants may have needed or wanted. “Missing groups” selected by some seemed to indicate that they knew others, sometimes many others, who were not getting the services that were available. Wanting to have access to neighborhood leaders and groups were also concerns for some as they did not feel that they had satisfactory connections with existing neighborhood groups.

- 6) **Food insecure people need more support, assistance, and advocacy in obtaining SNAP food vouchers and other government program benefits.** The need for government-subsidized food programs was selected as the fourth most frequently selected preference. SNAP was mentioned the most and there seemed to be wide-spread dissatisfaction with what SNAP offers. This program either provided too little in assistance (many mentioned receiving less than \$30 per month) or found that they were not eligible to receive any food stamps. Some may have been hesitant to more actively pursue SNAP services because of the stigma that seems to be associated with food stamps. It may be a popular view among some in the community that SNAP is a “government handout” that people should avoid out of pride. Whenever such a view seems evident, it needs to be countered with information about the actual objectives of SNAP and other government-subsidized programs including promoting self-sufficiency and dignity.

- 7) **More counselors are needed located in accessible places in the community to assist with many important types of problems.** The fifth most frequent preference of the participants was for counseling for many different reasons. Some of the reasons identified include help managing their finances, assistance in maximizing their dollars for food purchases, help with serious family relationship problems, and serious mental health problems.

OTHER RELATED SUGGESTIONS FOR FUTURE FOOD SECURITY PROGRAMS

The following suggestions are based in part on our findings and what we observed at the settings where we conducted our study. We want to encourage additional efforts to design and implement programs addressing food security beyond emergency food. Maybe some of these suggestions have been tried and found to have flaws that we have missed. However, these

suggestions are our attempt to begin or continue a discussion with providers and others about how we can have greater success in promoting healthy eating amongst the poor. The suggestions are:

- Overall, we suggest that more effort be given to providing services within the neighborhoods where the people who are food insecure conduct their daily lives, rather than at existing agencies and government offices. The location of the “place” for effective programs is an important component and should be given more thought based on its closeness to where the potential recipients live and where they feel most comfortable. This strategy can also help address the transportation challenges that participants identified.
- We suggest that people who are experiencing food insecurity be treated as “consultants.” Because they are directly experiencing food insecurity and hunger, they are likely to potentially have a storehouse of strategies for surviving without enough food. Further, treating them in this way with respect and dignity can be beneficial in reassuring them at a time when they may have lost self-respect and confidence in themselves. They can also provide meaningful feedback on new initiatives that we may be considering.
- We think more can be done to encourage food recipients like those we interviewed to assume some of the responsibilities for the services they receive when they are able. For example, one of the settings involved some of the recipients in assisting with meal preparation in the kitchen, waiting on tables for those who were eating, and cleaning up the dining area afterwards. We should foster as much responsibility as possible rather than doing for recipients when they can do for themselves. This is clearly preferred to fostering complete dependency, as was seen at some settings, if we want some of the recipients to gain benefits from their experiences and move beyond dependency. For example, these programs can include eating a healthy meal combined with learning something new about cooking, meal preparation, and grocery shopping.
- Overcoming food insecurity has no simple solution or silver bullet. Rather, we all know that it is a complex problem. This is partially evident in the Circle of Services designed for these interviews. This Circle of Services lists several possible service areas for promoting healthy eating. We suggest that several types of services can be incorporated into one overall program with the long-term goal being to increase their independence. For example, an existing free meal program can be expanded over time to incorporate several components such as informal cooking instructions for some, education about nutritious food, guidelines for special diets, sharing healthy affordable recipes, shopping tips, budgeting information, and legislative matters pertaining to food subsidies. Resource people with food and related specialties (e.g., a counselor, dietitian, nurse)

can introduce themselves to individuals who have personal needs or questions at little cost. A job specialist can discuss interviewing strategies and hand out notices of job openings. As an example, we brought a dietitian with us a couple of nights when we were conducting interviews and she mingled with several people who had personal questions to ask about their situations. This worked out very well.

STRENGTHS AND LIMITATIONS OF STUDY

Limitations: This was an exploratory study that did not attempt to obtain a representative sample of food insecure people living in Kannapolis. We hope to interview additional samples of food insecure people in Cabarrus County in the future if interest and support is evident. Among the weaknesses of this study was the absence of Latino people attending these sites. Also, we decided to estimate the participants' ages and assigned them to one of three age categories. We preferred this approach to asking them their age because of privacy issues that may have been intrusive for the short time that we were with them as strangers. While the Circle of Services, the focus of the interviews, was put together with extensive input from the LTHR Committee, some aspects may not have been clearly stated such as the "community connections" area and the question of how they could help make services better. A further limitation of the questions was that the services were limited to what we identified even though we gave the participants opportunities to identify alternative services. Also, there was not enough time to discuss questions in more depth than we did.

Strengths of the study included interviewing people who are food insecure rather than seeking information from secondary sources. We also decided to go to them and meet them at places where they congregated. We went to programs in Kannapolis where the participants were readily available and relaxed enough to converse with us. Also, the interview questions were open-ended so the participants could express their views more easily. Informed consent was emphasized and they were asked to sign an informed consent form before we proceeded. Another strength was that we emphasized their dignity by the way in which we talked with them, emphasizing that their views were very important to us. We viewed them as "consultants" who could teach us what they were experiencing and needed. We also returned after the study was completed to share with them what we learned and to ask them if they agreed with our findings. We also gave them a brief handout of our findings and recommendations and asked if they had further suggestions or recommendations.