

ANALYZING FOOD CHOICE AND DIETARY MOTIVATIONS OF CLIENTS  
WITHIN CLIENT CHOICE AND  
PRE-PACKAGED FOOD  
PANTRY MODELS

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ANALYZING FOOD CHOICE AND DIETARY MOTIVATIONS OF CLIENTS  
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## TABLE OF CONTENTS

	<b>Page</b>
ACKNOWLEDGMENTS .....	v
LIST OF TABLES .....	viii
LIST OF FIGURES .....	ix
ABSTRACT.....	x
CHAPTER	
I. INTRODUCTION.....	1
II. LITERATURE REVIEW.....	5
Poor in a Rich Country: Defining Hunger and Food Insecurity .....	5
Structural Factors that Contribute to Food Insecurity.....	6
Food Banks and Pantries.....	8
Growth of Emergency Food Networks .....	10
The New Face of Hunger: Who Uses Emergency Food Assistance.....	15
Criticisms of Food Pantries.....	17
Localizing Hunger.....	18
Stigma .....	20
Dietary Quality of Food Provided .....	22
How People Make Food Choices .....	24
Food and Health: Consequences of Food Insecurity and Poor Diet.....	27
Resisting Stigma by Controlling Health.....	29
III. METHODOLOGY .....	32
Units of Analysis and Selection of Research Setting.....	33
Procedures .....	38
Intake Process of Food Pantries.....	43
Food Pantries Used in the Study.....	44
Dysfunctions.....	47

IV. FINDINGS.....	49
Deserving versus Undeserving Poor.....	50
Healthier Food Options.....	53
Renegotiating Perceptions of Choice and Health.....	56
Choice: All or Nothing.....	56
Challenging Mainstream Definitions of Nutrition.....	59
Healthism: A Way to Reject Stigma.....	61
V. DISCUSSION.....	64
VI. CONCLUSION.....	68
Limitations.....	70
Future Studies.....	71
APPENDIX A: CONSENT FORMS.....	73
APPENDIX B: INTERVIEW GUIDE.....	75
APPENDIX C: INTAKE FORM.....	78
REFERENCES.....	80

## LIST OF TABLES

<b>Table</b>	<b>Page</b>
1. Hunger in America 2010 Report of Adult Clients in Food Pantry .....	16
2. Univariate Analysis of Clients Interviewed for Study .....	42
3. Characteristics of Food Pantries within Study .....	45

## LIST OF FIGURES

Figure	Page
1. Description of Organization and Types of Food Pantry Designs .....	36
2. Intake Process at the Food Pantry.....	43

## **ABSTRACT**

# **ANALYZING FOOD CHOICE AND DIETARY MOTIVATIONS OF CLIENTS WITHIN CLIENT CHOICE FOOD AND PRE-PACKAGED FOOD PANTRY MODELS**

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Private emergency food networks within the United States have increased substantially since the economic downturn of 2007. Within the private food networks of food pantries, little research has explored how food choice, or lack of food choice, impacts perceptions of identity and health among food pantry clients. Through thirty-one, in-depth qualitative interviews and participant observations of three food pantry locations in the central Texas area, this study explores how food pantry clients negotiate identity, stigma, health, and food choice within a food pantry setting. Using divergent perspectives theory, this study finds that participants attribute their need for food pantry

services as being a result of external environmental factors, such as a job loss or disability. The participants, however, saw other food pantry clients as being lazy and living off the system. By distinguishing the experiences of food pantry clients, participants were able to label other pantry clients as “undeserving complainers” while continuing to preserve a positive self-identity. Additionally, this research finds that perceptions of choice and health are conceptualized very differently between food pantry employees and food pantry clients. Ultimately, while food pantries have become more physically accessible to low-income populations, the reality is, many food pantries are still socially and emotionally inaccessible to completely meeting clients’ needs.

## CHAPTER I

### INTRODUCTION

Hunger and food insecurity in America are significant social problems that have gained substantial political and media attention since the United States' economic crisis of 2007 (Berberoglu 2011; Bruening et al. 2012). Dubbed as one of the worst economic downturns since the Great Depression, the 2007 recession triggered a global crisis, which increased unemployment rates and poverty while also reducing job security (Bruening et al. 2012; Cooper 2012). Despite the announcement by the National Bureau of Economic Research that the recession ended in June of 2009, families and individuals in America continue to struggle to maintain a quality of life that provides sufficient access to basic human needs (Cooper 2012; *The New York Times* 2010). However, as the economy continues to fluctuate, millions of Americans are faced with the decision to either "heat or eat" (Frank and Kennedy 2007:1). As a result, Americans are choosing to pay bills and mortgages to avoid losing their homes, but are then faced with the daily challenges of food insecurity and hunger (Bruening et al. 2012). In 2008, approximately 17.1 million households experienced food insecurity in America (Malbi et al. 2010).

Periods of economic turmoil are characterized with the expansion and increase of funding of emergency food networks, such as soup kitchens, food pantries, and government assistance programs (Daponte and Bade 2006; Poppendieck 1998; Scanlan 2009; Vartanian, Houser and Harkness 2011). While government assistance programs,

such as the Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children (WIC), provide resources to feed hungry people, many of the families and individuals who utilize these food-related entitlements are forced to supplement these programs with other public and private emergency food networks (Daponte and Bade 2006; Poppendieck 1998). Furthermore, proposed cuts to the food stamp program by the Senate Agriculture Committee and the House Agriculture Committee threaten to reduce the food stamp budget by billions of dollars (*The New York Times* 2012).

This current research is significant in order to improve the dietary quality and development of children who grow up in poverty. Krueger et al. (2003) find that children from low socioeconomic backgrounds are more likely to consume more processed, calorie-dense foods and develop unhealthy dietary behaviors that continue into adulthood. As a result, children who are exposed to unhealthy dietary practices are more likely to have increased rates of obesity, diabetes, and other nutrition related health problems into adulthood (Moffat 2010; Pollan 2006). Thus, by understanding what factors impact food choice among food pantry clients, we can better create nutrition education programs and improve access to healthier food options within food pantries.

Within academic research, there has been a significant focus on the topics of poverty, private emergency food networks, and the efficacy of government programs in America. This current study, however, aims to delve deeper into the emergency food networks of food pantries to understand what social factors impact food choice and dietary motivations between food pantry clients who receive food aid from “client choice” pantry designs as compared to clients who receive food aid from “pre-packaged” food pantry designs. This study will address the following research question: How do

food pantry clients negotiate identity, stigma, health, and food choice within a food pantry setting? While the topic of emergency food networks and food pantries are explored within this paper broadly, the majority of this research focuses on three food pantries located within the central Texas area. The decision to focus on Texas food pantries as opposed to other states' food pantries was significant because the state of Texas often refuses large amounts of federal funding which in turn puts an emphasis on community based organizations to provide food to the hungry (Luhby 2011).

From a sociological perspective, this research is relevant in order to understand the efficiency of food pantry operations as it relates to clients' needs. With the continuing economic instability and the growing population of the food insecure, food pantry research impacts a large and increasing segment of the population. By understanding how food pantry clients view food choice, or lack of food choice, government funded and privatized food networks can begin to adopt necessary practices that are more meaningful to food pantry clients.

Despite the importance of food and food choice, there have been no studies that explore what factors impact the dietary choices of food pantry clients. Furthermore, there have been no prior studies that explore how food pantry clients who receive pre-packaged food aid negotiate or alter dietary behaviors. As a result, this research will contribute to the gaps within existing literature by exploring the factors that impact food choice as well as how food pantry clients negotiate identity, stigma and health within these settings. This research will lay the foundation for future studies of food pantries and food choice.

Through the use of qualitative research methods, this study compares how food pantry clients negotiate food choice between clients who receive food assistance from

client choice food pantry models and clients who receive food assistance from pre-packaged food pantry models. By conducting 31 in-depth interviews, this research aims to better understand how the role of food choice, or lack of food choice, impacts dietary motivations and identity among food pantry clients.

## CHAPTER II

### LITERATURE REVIEW

#### *Poor in a Rich Country: Defining Hunger and Food Insecurity*

Poverty is a social problem that contributes significantly to the development of American society by impacting government policies, economics, and everyday social interactions. While poverty in an affluent, developed nation, such as the United States, seems difficult to imagine, the reality is that poverty continues to increase because of economic instability, structural inequalities, and changing family structures (Cancian and Danziger 2009; Iceland 2006). According to Poppendieck (1998), poverty is recognized as being a social problem through a process of negotiation and societal labeling.

Poppendieck (1998) states, “sociologists have argued for quite some time that social problems don’t exist ‘out there,’ as objective realities, but rather in a socially negotiated process of selection and labeling” (p. 40). As a result, some social scientists argue that poverty is not necessarily an unusual or rare phenomenon, but rather poverty is recognized as a social problem through a socially constructed process. Furthermore, poverty is manifested through the social concepts of hunger and food insecurity (Poppendieck 1998). Poppendieck (1998) argues that deprivation became defined as hunger because food is an immediate physical need, and food assistance is the quickest and easiest form of aid.

A challenge to conceptualizing and operationalizing hunger and food insecurity in America is the inability to create a universal definition of hunger. Clancy (1993)

argues that, unlike developing nations that do not have access to food sources, hunger in America is not manifested as starvation. As a result, hunger and food insecurity are more complex than merely a lack of resources. Food insecurity is also defined by the quality and safety of food. The US Department of Agriculture (2009) defines food insecurity as families or individuals that experience “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in a socially acceptable way” (p.1). In both the 1993 *Survey of Income and Program Participation* and the 1997 *National Survey of American Families*, over a quarter of families described food insecurity as not being able to afford the types of foods they would like to eat and also being concerned about running out of food before being able to purchase more (Iceland 2006).

#### *Structural Factors that Contribute to Food Insecurity*

Food insecurity is a reflection of macro-structural components that are influenced by social, cultural, and political factors (Scanlan 2009). According to Scanlan (2009), food insecurity is closely related to economic problems and ecological factors, such as natural forces or climate change (Scanlan 2009). Additionally, food insecurity is closely linked to globalization, as well as to larger structural inequalities that occur within politics or during times of war (Scanlan 2009). Because food insecurity manifests itself in a variety of structural factors, understanding why people in America are food insecure is a multi-layered problem.

Extensive research on poverty and nutrition find that food insecurity and hunger are closely associated to particular environments. Food deserts and obesogenic environments are often considered primary barriers for low-income populations to have

access to healthier food options. Edwards and Clarke (2009) conceptualize obesogenic environments as areas that encourage sedentary behavior, while promoting the consumption of high-calorie foods. The authors state that individuals who reside in obesogenic environments typically suffer from lower socioeconomic statuses and increased obesity rates due to poor diet.

Similar to obesogenic environments, Schafft et al. (2009) analyze how certain areas within Pennsylvania are characterized as having a lack of healthy food outlets. Food deserts are “geographic areas with few or no full-service or regular food retail outlets or with outlets carrying only limited selections of healthful foods, and these often at high prices” (Schafft et al. 2009:156). The authors find that lack of transportation and mobility prevents low-income residents in rural areas from having access to large grocery stores. As a result, the poor are forced to shop locally usually in smaller, more expensive grocery stores that have significantly fewer healthy options. Lack of transportation also significantly impacts which food pantries individuals have access to. As a result, while some people may prefer a “client choice” food pantry model, the individual may only have access to “pre-packaged” food pantry designs because of proximity.

Similarly, Bustillos et al. (2009) explore food availability and healthy food options in two Texas counties through a food inventory survey on supermarkets, grocery stores, convenience stores, and dollar stores. Similar to Schafft et al.’s (2009) research, Bustillos et al. (2009) acknowledge that lack of transportation is a challenge for individuals living in rural areas. As a result, poor access to food sources and lack of availability of more healthy food options have a greater impact on food choice and consumption over other social factors such as culture, religion, and gender.

Dean and Sharkey (2011) argue that food insecurity is also self-perceived when individuals feel they lack social and cultural capital. Dean and Sharkey (2011) explore the self-perceptions of food insecurity by interviewing 1,803 adults in the central Texas region to assess basic characteristics of people who self-identified as food insecure. The authors find that residents who came from low-income backgrounds and experienced self-perceived low social capital tended to describe experiencing food insecurity at higher levels. Additionally, people who had lower levels of education were more likely to describe experiencing food insecurity. While environment and lack of accessibility to food options is a significant structural barrier that impacts the types of foods that people eat and have access to, other individual factors also contribute to food choice and diet.

#### *Food Banks and Pantries*

In the past, hunger in America was measured by assessing the risk factors associated with hunger in low-income children populations (Clancy 1993). Recently, however, hunger is being measured by the growing requests and dependency of emergency food networks (Clancy 1993; Riches 2002). During the recession of the 1980s, private food assistance grew to 180 food banks, 23,000 food pantries, and 3,300 soup kitchens (Clancy 1993). As of 2010, the national organization Feeding America has calculated that the United States currently has over 200 food banks that provide food to 33,500 food pantries, 4,500 soup kitchens, and 3,600 emergency shelters (Mabli et al. 2010).

While a majority of private food agencies, such as food pantries and soup kitchens depend on community donations for food and clothing, other agencies are provided with food from larger food bank organizations. Food banks are “centralized warehouses or

clearing houses registered as non-profit organizations for the purpose of collecting storing and distributing surplus food (donated/shared), free of charge either directly to hungry people or to the front line social agencies which provide supplementary food and meals” (Riches 1986 as cited in Riches 2002:650). While some food banks distribute food directly to clients, other food banks distribute food and other goods directly to food pantries, which are “private, voluntary organizations situated in local communities” (Duffy et al. 2006:503).

Food pantry designs consist of, but are not limited to, two different models. The first food pantry model, which is referred to as “client choice,” is designed to allow food pantry clients to choose the types of foods they want (Capital Area Food Bank of Texas 2012). This set up may be similar to a grocery store and preserves the idea of the consumer/shopper where clients are free to explore each aisle and make autonomous food choices. Within the client choice food pantry model, there may be some restrictions in the amount of food the client is able to take home. For example, a client may be given a list specifying certain limits, such as one protein, three different vegetables, two fruits, etc. (Capital Area Food Bank of Texas 2012). These limits are predetermined by size of household and the amount of resources available at that particular food pantry. Within the food pantry there are several different variations that are considered to be client choice models, which will be explained later within this paper (Capital Area Food Bank of Texas 2012).

The second food pantry design in this study is referred to as the “pre-packaged” food pantry model. This pantry model administers a set of pre-determined food items

that are already pre-packaged in a bag that are given directly to clients.<sup>1</sup> Rather than allowing clients free access to the food supplies, the food items are pre-selected by volunteers with the designated protein, vegetables, and other items determined by the food pantry.

### *Growth of Emergency Food Networks*

Within the United States, the history of emergency food networks and government assistance food programs is complex and often met with varying degrees of success and criticism. Temporary assistance programs aimed at reducing hunger date as far back as the Great Depression. Within the last 50 years, however, one of the major government assistance programs focused on food and nutrition has been the Food Stamp Program, currently known as the Supplemental Nutrition Assistance Program (SNAP).

The Food Stamp Program was first launched in 1961, under President Kennedy, as a government funded program to provide financial assistance to low-income populations, which allowed this group access to purchase healthier food options (Daponte and Bade 2006; Vartanian et al. 2011). By 1974, the program became available nationwide, however, there were mixed reviews about whether or not the food stamp program significantly reduced hunger and improved nutrition among low-income populations (Vartanian et al. 2011). While some studies find that food stamps are effective in helping low-income populations bridge the widening socioeconomic and nutritional gap between classes, critics of the program argue that food stamps encourage dependency on government resources and contribute to the “undeserving” poor (Katz 1989; O’Connor 2002).

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<sup>1</sup> The terminology used within this thesis is based on a conversation the researcher had with John Turner the Senior Director of Marketing and Branding at Capital Area Food Bank of Texas on November 11<sup>th</sup>, 2011.

In 1977, the Food Stamp Act transformed the spending power of food stamps by reducing the amount of coupons that were allocated to households (Daponte and Bade 2006). Additionally, the act eliminated the requirement that households had to pay out of pocket expenses to get access to food stamps (Daponte and Bade 2006). While the act was beneficial in allowing more people access to food stamp benefits, a negative consequence was that the new act “decreased the program’s ultimate effectiveness in eradicating hunger and food insecurity among participants” (Daponte and Bade 2006:674).

In the early 1980s, Americans experienced a severe recession that led to increased rates of unemployment and underemployment (Poppendieck 1998). In the spring of 1983, the federal government was forced to create the Temporary Emergency Food Assistance Program (TEFAP), which “provided for the distribution of additional surplus commodities held by the Department of Agriculture...and allocated funds to the states and to local and private agencies to reimburse them for administrative costs” (Poppendieck 1998:102). While TEFAP was intended to be a short-term solution, today, this program still continues to assist low-income families gain access to food resources.

According to Poppendieck (1998), with “the erosion of the value of minimum wage, a reduction in the purchasing power of public assistance, the decline of job security, and wave after wave of cutbacks in food assistance, housing subsidies, and welfare benefits have all reduced the overall share of income going to the bottom layers of our society” (p. 4-5). According to the United States Department of Agriculture Food and Nutrition Service (2012), as of 2012, approximately 46 million people utilized the Supplemental Nutrition Assistance Program each month. However, there are many

families who are eligible for government assistance programs that often do not utilize these services because of lack of accessibility, fear of social stigma, or frustration with the welfare system (Biggerstaff et al. 2002; Poppendieck 1998; Vartanian et al. 2011). Additionally, in 2012, the Senate Agriculture Committee has recently proposed a farm bill that “contains \$4.5 billion in cuts to the food stamp program over 10 years” (*The New York Times* 2012). The Congressional Budget Office estimates that the purposed cuts to the food stamp program would negatively impact approximately half-a-million households by cutting their benefits by an average of \$90 per month (*The New York Times* 2012). Additionally, the House Agriculture Committee has already voted to cut food stamp benefits by \$33 billion over the next decade (*The New York Times* 2012). Despite the constant federal cuts to food assistance programs, however, Biggerstaff et al. (2002) assert that the food stamp program continues to serve the largest amount of poor people in the United States compared to any other welfare program with the exception of Medicaid (Daponte, Haviland, and Kadane 2004).

As government suspicion of welfare recipients abusing the system enhanced political debates about the efficacy of the food stamp program, the government began to administer food stamp allotments that were insufficient to last the month (Daponte and Bade 2006). As a result, because of the inadequate benefits given to clients, many people have been forced to supplement their food stamps benefits with food pantry services or soup kitchens (Daponte and Bade 2006; Riches 2002). According to a study conducted by Biggerstaff et al. (2003) of emergency food program participants in Virginia, 37% of soup kitchen and food pantry clients receive food stamp benefits. Similarly, in a study conducted by Riches (2002) of food banks in Canada, 65% of the people who used food

bank services also received other government assistance from various welfare programs. These studies show that government assistance food programs alone are insufficient to alleviate food insecurity and hunger.

A major criticism of government assistance food programs is the inability to effectively calculate how much resources are needed to help alleviate hunger. With the development of the official poverty measure in the 1960s, the original calculation stated that families spend approximately a third of their income on food resources (O'Connor 2002; Poppendieck 1998). Thus, if a family could not purchase a nutritionally adequate diet by allocating a third of the household income to food, they would be considered poor by American standards (Poppendieck 1998). As a way to calculate food resources for families, the government created the Economy Food Plan, which is now referred to as the Thrifty Food Plan (Clancy 1993; Poppendieck 1998). In 1992, the Thrifty Food Plan stated that a family of four should spend approximately \$358 on food monthly (Clancy 1993). However, this calculation is inaccurate today because personal necessities, such as housing and health care, cost more today than in 1960 due to inflation (Poppendieck 1998). However, the official poverty measurement and food stamp benefits are still calculated based on the 1960s costs of living (Poppendieck 1998).

While budget cuts on federally funded food entitlement programs significantly reduced the food assistance safety net for millions of Americans during the recession of the 1980s, food banks began to grow to help supplement the decreasing government assistance. While St. Mary's Food Bank in Phoenix is considered to be the first official food bank in the United States, the idea of food banks has existed since the 1960s and early 70s (Poppendieck 1998). It was not until the emergency period of the 1980s,

however, that the federal government began to encourage the growth of private emergency food networks (Biggerstaff et al. 2002; Poppendieck 1998).

The Emergency Food and Medical Program, created during Johnson's War on Poverty, encouraged the creation of food pantries as a way to increase the national safety net and help low-income populations gain access to food resources (Poppendieck 1998). In 1975, the government gave St. Mary's a grant to educate other cities on how to establish and create food banks (Poppendieck 1998). A year later, the federal government funded St. Mary's on a separate project, called Second Harvest, to continue to spread more information on food banking knowledge (Poppendieck 1998). The organization was federally funded for five years at approximately a million and a half dollars, and in 1980 Second Harvest began to distribute food nationally (Poppendieck 1998). "From fifteen million pounds [of food] in 1981, donations through the national office grew to 285.7 million pounds in 1995" (Poppendieck 1998:125). Second Harvest is one of the largest government-funded organizations aimed at alleviating hunger in America. However, while it is difficult to determine whether cuts in federal funding for food assistance programs impacted the growth of privatized food networks or whether the growth of privatized food networks created a withdrawal of government assistance, one thing is certain, since the 1980s, food banks have been the fastest-growing charitable industry in the United States (Riches 2002).

While many food pantries vary by how each organization distributes food to the hungry, the people who utilize food pantry services also come from a wide array of ages, races, and cultural backgrounds. As Americans experience increased unemployment and underemployment, the face of poverty is becoming increasingly more middle-class

(Bruening et al. 2012; Waddan 2010). As a result, it is important to understand the demographic makeup of clients who uses food pantry services.

*The New Face of Hunger: Who Uses Emergency Food Assistance*

People who use food pantry services come from diverse backgrounds. Table 1 highlights some of the basic demographic information gathered from the government-funded Hunger in America 2010 study conducted by Feeding America in 2009. The study interviewed more than 62,000 clients who used food bank services throughout the state of Texas, which included services such as soup kitchens, shelters, and food pantries. Of those clients, 296 participants used food pantry services exclusively within the study. However, for the variable of “Household Income,” all members within the household were considered.

The largest demographic age of food pantry clients is between the ages of 30-49 years old. Seventy percent of the food pantry clients are female, while only 30% are male. Latinos and Hispanics make up approximately 38% of food pantry clients, while approximately 37% are non-Hispanic white and 24% are non-Hispanic black. Within the household, 27% of food pantry clients have at least one employed adult. A majority of food pantry clients that responded to the survey had less than a high school education. Additionally, the monthly income for 30% of the food pantry clients falls between the ranges of \$500.00 to \$999.00 per month. The Hunger in America (2010) study provides a basic understanding of the demographic makeup of food pantry clients within the state of Texas. This data, however, is consistent with the demographics of food pantry clients throughout the United States.

**Table 1** **Hunger in America 2010 Report of Adult Clients in Food Pantry**

<b>Variables</b>	<b>%</b>	<b>Frequency (f)</b>
<b>Household Size (Mean)</b>	3.5	-
<b>Age</b>		
18-29	14.5%	43
30-49	43.3%	128
50-64	31.9%	95
65 and over	10.2%	30
<b>Sex</b>		
Male	30.0%	89
Female	70%	207
<b>Race</b>		
Non-Hispanic White	35.7%	107
Non-Hispanic Black	24.3%	73
Latino or Hispanic	38.1%	113
Other	00.7%	3
<b>Marital Status</b>		
Married	34.3%	102
Living as married	10.4%	31
Widowed	8.4%	25
Divorced	23.3%	67
Separated	6.8%	21
Never Married	17.0%%	50
<b>Citizenship</b>		
U.S Citizens	83.0%	246
Not a US Citizen	17.0%	50
<b>Highest Level of Education Attained</b>		
Less than high school	40.0%	118
High School Degree only	36.7%	109
Non-college Business/trade/technical School	3.4%	10
Some college/two-year degree	14.0%	41
Completed college or higher	5.9%	18
<b>Employment</b>		
Currently Employed	26.5%	78
Unemployed	73.5%	218
<b>Household Income for Previous Month</b>		
No Income	5.3%	56
\$1-\$499	14.5%	153
\$500-\$999	30.1%	316
\$1000-\$1,499	19.5%	205
\$1,500-\$1,999	13.2%	139
\$2,000-\$2,499	3.7%	38
\$2,500-\$2,999	1.0%	11
\$3,000 or more	5.0%	53
Unknown	7.6%	79

All data provided by the Hunger in America study of 2010.  
<http://cafbtnx.convio.net/site/DocServer/4408.pdf?docID=601>.

While some of the demographic information in Table 1 is consistent with survey information on poverty, (female-headed households and children still rank highest among those in poverty) the findings in Table 1 also show that married families are more likely to use food pantry services than any other marital group (Cancian and Danziger 2009; Iceland 2006).

Additionally, over 95% of the individuals who use food pantry services have some form of monthly income within the household. These demographics suggest that as unemployment and underemployment rates continue to increase because of the recession, government assistance or minimum wage jobs alone maybe insufficient to provide adequate access to food resources to people in need. As a result, emergency food networks help to fill the gap between household income and household need to provide the hungry with more food options.

#### *Criticisms of Food Pantries*

Despite the increasing availability and dependency on emergency food networks in the United States, food pantries continue to be highly criticized for the inability to completely alleviate hunger and food insecurity in America. Within academic circles, the growth of private food networks are criticized for removing the responsibility of hunger from the government and instead localizing hunger as a community problem. Similarly, food pantry operations have been criticized for creating and enhancing negative stigmatizing labels for clients who use food pantry services. Furthermore, food pantries are also scrutinized for the dietary quality of the foods that are provided to clients.

*Localizing Hunger*

With the growth of privatized emergency food networks and the decline in funding for government food assistance programs, some researchers argue that the increasing privatization of emergency food networks essentially “localizes” the idea of hunger and ultimately fails to address the larger structural issues of poverty, excessive political control, and economic exploitation (Daponte and Bade 2006; Poppendieck 1998). According to Daponte and Bade (2006) and Poppendieck (1998), private food assistance networks remove government responsibility while putting the burden of feeding the hungry onto private companies and local food pantries. Poppendieck (1998) asserts that “we are becoming attached to our charitable food programs and increasingly unable to envision a society that wouldn’t need them...we are losing sight of both the underlying problem and its possible solutions” (p. 17). Furthermore, Riches (2002) states that the rapid emergence and growth of food bank services indicates an increase in poverty and a failure of welfare states to provide adequate income support to low-income individuals. Similarly, Daponte and Bade (2006) argue that the term “emergency food assistance” gives the misperception that food aid is a temporary problem rather than a chronic dilemma (p. 669).

Social scientists argue that food pantries and government funded food programs are insufficient to meet the day-to-day needs of the millions of people who are hungry (Daponte and Bade 2006; Poppendieck 1998; Tarasuk and Eaken 2003). As food assistance networks continue to grow, increasingly these organizations are becoming more privatized and community based. A negative consequence of the privatization of emergency food networks is that the burden of resources often falls on small

communities unable to provide enough food to feed their hungry communities. The growth of community based emergency food networks is a direct result of the charitable choice condition of the 1996 welfare reform act (Bielefeld 2006; Cashwell et al. 2004; Knippenberg 2003; Weiss 2001). The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) introduced during the Clinton administration in 1996 prohibited “states from discriminating against religious organizations in the competitive bidding process” (Cashwell et al. 2004:158). Religious organizations were able to apply for federal funding under the understanding that the organization could not refuse to help clients based on religious affiliation (Bielefeld 2006; Cashwell et al. 2004; Knippenberg 2003; Weiss 2001). As a result, many communities began the anti-poverty effort of alleviating hunger through the creation of food pantries (Cashwell et al. 2004). Today, many food pantries are run by religious organizations. Conversely, in a study conducted by Ebaugh, Chafetz, and Pipes (2005), the authors look at the role that faith has in impacting where organizations look for funding. The authors find that the more religious the organization is, the less likely the organization will get funding from government agencies. However, these organizations have higher levels of social and community activism.

In a study conducted in Ontario of fifteen food banks, Tarasuk and Eaken (2003) find that church groups or community service agencies generally operate food pantries. In a similar study conducted by Duffy et al. (2006), the researchers find that two-thirds of the food pantries in Alabama and Mississippi are church sponsored or run by faith based organizations. Tarasuk and Eaken (2003) find that the majority of food and goods that are distributed to food pantry clients are donated from within the community. As a result,

some food pantries are forced to limit the amount of resources recipients are able to receive because of limited funding (Daponte and Bade 2006; Poppendieck 1996; Tarasuk and Eaken 2003). While in 1999, Second Harvest distributed approximately 516 million pounds of food, 60% of the food banks and pantries were still forced to turn people away due to lack of resources (Clancy 1993). Ultimately, food pantries lack the ability to respond to the food needs of everyone who seeks assistance because of lack of sufficient food resources and funding (Tarasuk and Eaken 2003).

### *Stigma*

As emergency food networks become increasingly more privatized and institutionalized, these networks are also becoming increasingly more bureaucratic and suspicious of clients who use food pantry services (Poppendieck 1998). Food pantries and food banks are increasingly requiring clients to provide proof of need, identity, address, and size of household (Daponte and Bade 2006; Poppendieck 1998; Tarasuk and Eaken 2003). These suspicions stem from the limited resources that community food pantries have and the distrust that food pantry clients may be “seeking help [when they] may not really need assistance...may be seeking more than their share, and ...may plan to resell or otherwise misuse the benefit” (Poppendieck 1998:235). Unlike soup kitchens where food is consumed on site, food pantries face the challenge of ultimately not knowing how the resources are used once the food leaves the pantry. As a result, some food pantries take additional precautions of pre-screening before a food pantry client is given food. For example, in Ontario food banks, the staff is required to interview clients to determine eligibility and need for food bank services (Tarasuk and Eaken 2003). Clients are required to present identification, proof of income, residence, and proof of

expenditures (Tarasuk and Eaken 2003). Individuals who qualify are given one or more bags of groceries.

While these tactics may preserve the resources to only those individuals in need, socially, this process can be dehumanizing and stigmatizing to food pantries clients (Poppendieck 1998). As result of fear and stigma, these pre-screening methods may ultimately deter a food pantry client from using food pantry services because of the fear or humiliation of not being labeled as “in need.”

In a study conducted by Rogers-Dillon (1995), the author explores the social stigma of women who use food stamp benefits. Rogers-Dillon (1995) asserts that using government assistance is not in itself perceived as being stigmatizing by the person who uses the services, but rather it is not until the person is in front of others who do not use food stamps that the individual feels embarrassed and negatively judged. Thus, Rogers-Dillon (1995) states that stigma occurs through symbolic interaction, where a person sees themselves through the eyes of others and through interactions. Similarly, Poppendieck (1998) states that within American culture, we constantly stress the importance of independence. However, when asking for food, it places the food pantry client as the dependent and therefore in a position of weakness.

To reduce the power imbalance between food pantry clients and the individuals who run food pantry agencies, some organizations choose to promote dignity by preserving the freedom of food choice (Poppendieck 1998). The client choice food pantry design allows for individuals to have autonomy and individuality in regards to food choice. “Shopping is an adult activity; it implies competence and individuality, and it casts the client in an active rather than a passive role” (Poppendieck 1998:240).

Similarly in a study conducted by Griffin, Liu, and Khan (2005), the authors explore the process of personal choice as it compares to the standard constructed choice model.

According to Griffin et al. (2005), normative choice models are based off of consistency, coherence, and rationality. Thus by allowing food pantry clients the freedom to choose, it preserves self-dignity by allowing the client to play the role of the active consumer.

On the other hand, too many choices can become overwhelming and lead to choice overload, which is the inability to make a decision because of too many options (Griffin et al. 2005). Similarly, some emergency food providers prefer not to give client choice due to lack of resources and lack of time. In a study conducted by Poppendieck (1998) of emergency food agencies, the author finds that many of the providers felt that individuals who use food pantry services lacked shopping skills, as well as nutritional knowledge. As a result, offering pre-bagged food items would reduce the frustration that food pantry clients may feel when walking through the aisles.

Conversely, Altman (2006) states that ideas about freedom of choice and human agency are ultimately irrelevant because human action is pre-determined by larger structural barriers and forces that have existed long before the individual. As a result, people who use food pantry services make food choices based largely on macro-structural barriers.

#### *Dietary Quality of Food Provided*

Another criticism of food assistance programs is that they lack an adequate nutritional diet determined by the Thrifty Food Plan and the USDA (Poppendieck 1998; Daponte and Bade 2006). Poppendieck (1998) states “studies repeatedly showed that most households with food expenditures at the level of the Thrifty Food Plan, upon which

food stamp allocations are based, do not obtain nutritionally adequate diets, the physicians' reasons that some proportion of food stamp recipients [are] probably hungry" (p. 134). Food pantries and soup kitchens are seen as a way to provide supplemental resources to the hungry. In a study conducted by Daponte et al. (2004) of the Food Stamp Program, WIC, and food pantries in the Pennsylvania area, the authors find that food stamps had the greatest impact on whether a household would minimally maintain a diet adequate to the Thrifty Food Plan over families that depended solely on food from food pantries. Similarly, in a study conducted by Greenberg, Greenberg, and Mazza (2010), the authors explore the nutritional content of the foods provided at a church based food pantry. While the food pantry received government funding to provide nutritious meals to food pantry clients, in 2008 the government funding was cut which ultimately impacted the quality of the foods provided (Greenberg et al. 2010). As a result, Greenberg et al. (2010) state "inadequate nutrition [is] all too often associated with inadequate shelter, lack of health care and bad education, and poverty is at the core of all" (p. 2021).

In a study conducted by Riches (2002), the author explores the growth of food banks in Canada and their effectiveness in achieving food security among low-income populations. Riches (2002) concludes that food bank services need to be coupled with public education and advocacy in order to provide nutritional health and well-being among low-income populations. Similarly, for counties that do not have food bank services, the development of these organizations should be an immediate government focus (Riches 2002). According to Riches (2002), the goal of food banks is not to alleviate poverty, but rather provide emergency relief and temporary food security. As a

result, Riches (2002) asserts that government funded food-related programs need to be reformed in order to provide human beings with the basic rights of food security. While Riches (2002) suggestions for reducing food insecurity and improving governmental policies are valid arguments, the reality is, these solutions fail to address the larger structural problems of why hunger in America continues in a nation with surplus resources.

### *How People Make Food Choices*

While the localization of hunger, stigmatization, and the dietary quality of foods provided in food pantries are important criticisms to explore in order to improve current private emergency food networks, it is also important to understand how the role of food choice impacts how people eat. Understanding how food choice is made on a micro level is a very complex process. Human beings make individual food choices based on numerous factors, such as “on the basis of cultural values, with psychosocial factors [that] shap[e] their food choices” (Nestle et al. 1998:S51). While environment may play a significant role in the types of food sources that individuals have access to, several micro factors impact food choices and dietary motivations. In order to provide food sources that are more meaningful to food pantry clients, it is important to explore how individuals make particular dietary choices.

Outside of the food pantry environment, cost is a significant factor that contributes to individual food choice. In a study conducted by Steptoe, Pollard, and Wardle (1995), the authors distribute a food choice questionnaire to understand how 358 adults make food choices. The authors find that price of food was a significant factor that motivated individual food choices. The study finds that the price of food plays a more

significant impact on food choice among low-income populations as compared to middle-class groups (Steptoe et al. 1995). Similarly, the study finds that price plays a more significant role in food choices among women than men. Participants within the study claimed that food choices were made based on how affordable the food item was and whether the purchase was seen as being a “good deal” for the money spent (Steptoe et al. 1995). This study supports the idea that in the case of low-income populations where resources may be minimal, cost can greatly determine what a family can afford to purchase.

Closely associated with cost as being a factor that determines food choice is time scarcity and convenience. In a study conducted by, Jabs and Devine (2006), the authors explore how time scarcity plays a significant role in food preparation and food consumption patterns for Americans. Jabs and Devine (2006) state that feelings of time scarcity are often experienced by individuals who are employed full-time and have families or by individuals who are in poverty struggling to make ends meet. Jabs and Devine (2006) assert that from an economic perspective, convenient food options allow for other household duties to gain more attention. As a result, families and individuals who experience feelings of time scarcity are increasingly more reliant on fast food consumption and quick dinners.

Additionally, preparing food for families and other members of the household contributes significantly to food choices and dietary motivations. In a study conducted by Gillespie and Johnson-Askew (2009), the authors explore the processes that families undertake to change family food and eating routines using the framework of the “family food-decision-making system” (FFDS). The study finds that family food-decision

making is a group decision. Similarly, most food and eating decisions are based on recurrent routine behaviors that change over time. When changes do occur, specific short-term decisions are agreed upon within the family unit regarding food choice. Similarly, Nestle (2007) states that children within a household have increased purchasing power and influence on family food choices.

Culture is another significant determinant for how people eat and make food choices. In a study by Gans et al. (1999), the authors interview four Hispanic groups in New England to show how variation exists between different cultures and perceptions of food. Throughout the interviews, Gans et al. (1999) find that several Hispanic subgroups expressed how rice and beans are staples to their diet. Furthermore, several of the Hispanic subgroups consume red meat often and use fat and lard during food preparation. In a similar study conducted by Ristovski-Slijepcevic, Champan, and Beagan (2008), the authors analyze how people in Canada conceptualize and define healthy eating habits by exploring the impact that culture has on food choices. The study looks at four different ethno cultural groups, the African Nova Scotians, Punjabi British Columbians, Canadian born European Nova Scotians, and British Columbians in Canada. Ristovski-Slijepcevic et al. (2008) find that individuals attribute strong cultural identity to being a primary motivation of food choice.

Cost, time, family structure, and culture are all significant factors that impact individual food choice. Emergency food networks and food pantries must take into consideration the various differences that impact dietary motivations in order to provide foods that are more meaningful to their clientele. For example, if time scarcity is not taken into consideration with the types of foods provided at a food pantry, clients may

instead choose a more convenient solution that is less time consuming than preparing a homemade meal. Similarly, if foods provided at a food pantry do not take into consideration cultural diversity, pre-packaged pantry models may provide food items that do not meet the cultural standards of a particular family. Thus, by understanding and taking into consideration the various individual factors that impact food choice, food pantry models can improve the quality and variety of foods provided to food pantry clients while also promoting dignity among this population.

*Food and Health: Consequences of Food Insecurity and Poor Diet*

While food pantries and food programs attempt to provide healthier food options to clients, the reality is that there are still nutritional deficiencies that exist. These nutritional deficiencies have negative health implications for low-income populations (Companion 2010). According to the *Progress for Children* report, it is estimated that malnourishment and poor diet contribute to approximately 5.6 million deaths of children each year (*The Lancet* 2006). While malnourishment can be attributed to poverty and poor education in developing nations, within developed countries, such as the United States, malnutrition is evident through the prevalence of childhood obesity (*The Lancet* 2006). Kupillas and Nies (2007) state, “nearly 35% of those who are 100% to 200% below the poverty line are obese, 3% above the national average” (p. 41). Individuals that come from low socioeconomic backgrounds often consume lower quality foods, develop unhealthy dietary behaviors, experience increased levels of stress, and have limited access to appropriate health care (Krueger et al. 2003). As a result, even though individuals have access to processed foods, they may still be considered food insecure

because the foods that they consume do not meet the recommended dietary nutritional standards specified by the USDA's Food Pyramid (Chilton et al. 2009; Nestle 2007).

Similarly, in a study conducted by Powell and Bao (2009), the authors find that when fruit and vegetable prices increased within supermarkets by 10%, there was also an associated .7% increase in childhood body mass index. Powell and Bao (2009) find that while an increase in the price of fast food is negatively associated with child weight gain, it was not a statistically significant relationship. The authors find that children of low-income families are more sensitive to price increases in healthy foods than children who come from higher income families.

In a similar study conducted by Darton-Hill et al. (2004), the authors utilize the life course perspective to understand prenatal development as it relates to rates of obesity. The major life course perspective that Darton-Hill et al. (2004) focus on throughout their analysis is childbirth and fetal development. The authors argue that patterns of malnutrition significantly impact the development of chronic diseases into adulthood (Darton-Hill et al. 2004). Further, Darton-Hill et al. (2004) assert that chronic health patterns are intergenerational. As a result, unhealthy dietary patterns, marked by lack of physical activity, as well as childhood nutritional development are all significant life events that contribute to chronic health problems later into adulthood. Similarly, Bogin (1999) asserts that in populations that experience famine or food insecurity, growth and sexual maturation are often stunted in children as compared to individuals that grow up in environments with adequate food resources.

The long-term consequences of malnutrition and inadequate access to healthy food options can negatively impact children into adulthood. Thus by improving the

quality of food that is provided within food pantries, we can gradually begin to reduce the increasing gap of health disparities among low-income populations.

### *Resisting Stigma by Controlling Health*

While dietary quality significantly impacts childhood growth and development, socially, poor nutrition and health disparities also impact perceptions of self, identity, and empowerment. In a study conducted by Jackson (2010), the author analyzes a cohort from prior birth through middle-age adulthood. Jackson (2010) initially hypothesizes that poor health and nutrition during childhood is a significant factor that contributes to low cognitive development, and thus poor nutrition in childhood is a predictor of occupational skills into adulthood. The study finds that children who experience poor health during crucial developmental stages suffer from severe educational disparities. These education disparities continue throughout adulthood, which in turn, impacts adult occupational skills (Jackson 2010). Similarly, Crosnoe (2007) finds that young, obese women are less likely to attend college as compared to non-obese students. Crosnoe (2007) states that the stigma associated with obesity and poor health negatively impacts perceptions of self and identity among young women.

While obesity is not the primary focus of this research, understanding how health impacts perceptions of self-identity is significant in exploring how people negotiate negative labels and stigma. Whether stigma is associated with poverty or obesity, stigmatization can be internalized and develop into a core aspect of identity. As a result, stigmatized individuals may “possess a devalued and denigrated identity within our society” (Shih 2004:175). According to labeling theory, within society the dominant group constructs labels for the subordinate group, which in turn impacts the subordinate

groups' perception of self (Mirowsky and Ross 2003). Within American society, poverty is often associated as a reflection of "individual inadequacies" and the fault of an individual's poor life decisions (Rank 2005:6). Through the process of labeling and stigmatization, people who utilize food stamps or food pantry services may feel the negative stigma associated with needing food assistance to support themselves and their families. Furthermore, labels can be enforced through informal social controls, such as feeling dehumanized when trying to get food aid from a food pantry.

One way to manage stigma is the development of neutralization techniques. Neutralization techniques are tools that stigmatized individuals use in order to justify and defend their own behaviors (Gailey and Prohaska 2006). Divergent perspectives theory states that human beings have a tendency to attribute their personal situation as being a result of external factors that are out of their control. For example, human beings are more likely to blame the economy for the inability to find employment rather than attribute unemployment to personal failures. On the other hand, when observing the behaviors of others, human beings tend to attribute personal deficiencies to explain other individuals' current situations (Small and Peterson 1981). For example, people who are unemployed are viewed as being lazy and not wanting to work rather than unemployment being a result of environmental factors. Similarly, Shih (2004) finds that individuals are able to reduce negative stigma by viewing their current situation in terms of resilience and empowerment. As a result, food pantry clients may resort to various neutralization techniques to avoid being stigmatized as being dependent on the system.

Similarly, another skill stigmatized individuals may use is the empowerment model, which allows the individual to be active participants within their surroundings. In

the case of food pantries, by allowing choice, food pantry clients are able to be active participants in determine what their family and themselves consume. As a result, client choice food pantries may allow clients to feel more empowered within their settings. According to Wathieu et al. (2002), by allowing consumers the ability to choose from a variety of items, consumers become more empowered and tend to have a more positive self-identity. As a result, “an empowered consumer would attribute a positive product experience to her own expert mobilization of power” (Wathieu et al. 2002:303). Within a food pantry setting, client-choice options allow participants to not only take an active role within their health, but it may promote feelings of empowerment and positive self-identity that positively impacts the individual in other aspects of daily social life.

## CHAPTER III

### METHODOLOGY

The growth of hunger and food insecurity in America is a complicated and multi-dimensional history with recurring patterns of increased funding for privatized emergency food programs and decreased funding of government assistance programs. While the demographic makeup of food pantry clients varies by age, race, sex, and marital status, gradually with the recent recession, the face of poverty is evolving and becoming increasingly more middle class. The negative social stigma associated with poverty, however, still impacts individuals who utilize food pantry services and other emergency food networks. As a way to combat the stigma and promote dignity, however, more food pantry models encourage client choice to allow for increased autonomy within food choices. In order understand if food pantries are currently meeting the needs of their clients, it is important to consider the macro and micro level factors that impact food choice among low-income populations. With improvements to healthier food options and increased nutrition education to food pantry clients, food pantries have the ability to reduce nutrition related illnesses among low-income populations, while also empowering individuals to take control of their health. This study aims to explore how factors such as food choice, or lack of food choice, have significant social and personal importance as it relates to identity, stigma, and health among food pantry clients. Within this current project, this study aims to address the research question: How do food pantry clients negotiate stigma, health, and food choice within a food pantry setting?

*Unit of Analysis and Selection of Research Setting*

The unit of analysis within this study was individuals that used food pantry services in the central Texas area. The decision to use food pantry clients was central to this study for several reasons. While some food pantries require proof of need, other food pantries allow clients access to food with little to no questions asked. As a result, individuals who have access to food pantry services are making food choices, or receiving food, without regard to cost because the resources are free. Thus food choices and dietary motivations are not influenced by the variable of cost within food pantry settings. This is a rare opportunity to understand what other social factors influence food choice.

While the topic of emergency food networks and food pantries are explored within this paper broadly, the bulk of this research focuses on three food pantries located within the central Texas area. The decision to focus on central Texas was not only attributed to the fact that the researcher resides in Texas. Rather the decision to focus on Texas food pantries was seen as beneficial on a larger scale. According to Luhby (2011), Texas Governor Rick Perry openly opposes receiving large amounts of federal assistance and often “likes to tell Washington to stop meddling in state affairs” (p. 1). Despite this opposition, according to the 2012 Federal Census, Texas provides approximately \$5447.00 in food stamp benefits to people in need, which translates into approximately \$454.00 a month (United States Census 2012). As stated by Poppendieck (1998), in 1992, a family of four was estimated to spend \$358 on food costs. Fourteen years later, however, the cost of living has increased due to inflation and a family of four would have a difficult time feeding their family on only \$454.00 in food stamps for the month. As a

result, because of limited food stamp funding and limited federal resources, communities within the state of Texas are forced to depend on private emergency food networks to help feed the food insecure. As a result, Texas is a good location to research because so many communities depend on community based organizations to help supplement their food needs through the end of the month.

Prior to the start of this project, the researcher contacted the local food bank distribution center, Capital Area Food Bank. Capital Area Food Bank is a federally operated food program under the umbrella of Feeding America. Capital Area Food Bank is located in Austin, Texas and is the distribution center responsible for providing food and other goods to food pantries in a 1,900 mile radius in central Texas. The food bank caters to 20 counties and serves two million pounds of food each week. According to the Capital Area Food Bank Annual Report (2010), during 2009 through 2010 the organization distributed 25.3 million pounds of food, drove approximately 300,000 miles, and had an average cost of food at \$0.35 a pound (p.4). Capital Area Food Bank also has two mobile food vehicles that travel to locations in areas that lack large grocery stores with adequate options for healthy fresh foods. Over 85% of the food distributed by Capital Area Food Bank is considered healthy by United States Department of Agriculture (USDA) standards. According to the Agricultural Marketing Service Quality Standards (2011), the “USDA quality standards are based on measurable attributes that describe the value and utility of the product...Standards for each product describe the entire range of quality for a product and the number of grades varies by commodity” (p.1). According to the USDA quality standards, each product receives a grade based on several different factors. These grades allow consumers and retailers to assess the quality

of the product based on the quality standard grade given by the USDA. Thus to be considered healthy by USDA standards, foods within food banks have met specific quality standards that the product is good for consumption.

It is estimated that the Capital Area Food Bank of Texas provides emergency food resources to approximately 284,900 different people annually and about 48,000 different people weekly (Mabli et al. 2010). Of the individuals who receive food aid from The Capital Area Food Bank of Texas, approximately 41% of the members of the households are children under 18 years of age. Of these households, about 73% have incomes below the federal poverty line and approximately 18% are homeless (Mabli et al. 2010). Approximately, 80% of the clients served through the emergency food programs in central Texas are identified as food insecure (Mabli et al. 2010). Twenty-six percent of the households who use the Capital Area Food Bank of Texas also receive food stamps (Mabli et al. 2010).

Figure 1 provides a brief outline of the organization of Capital Area Food Bank as well as the various types of food pantry models used within this research. While additional client choice food pantry models exist, the three referenced in Figure 1 are the primary models referred to within this study.

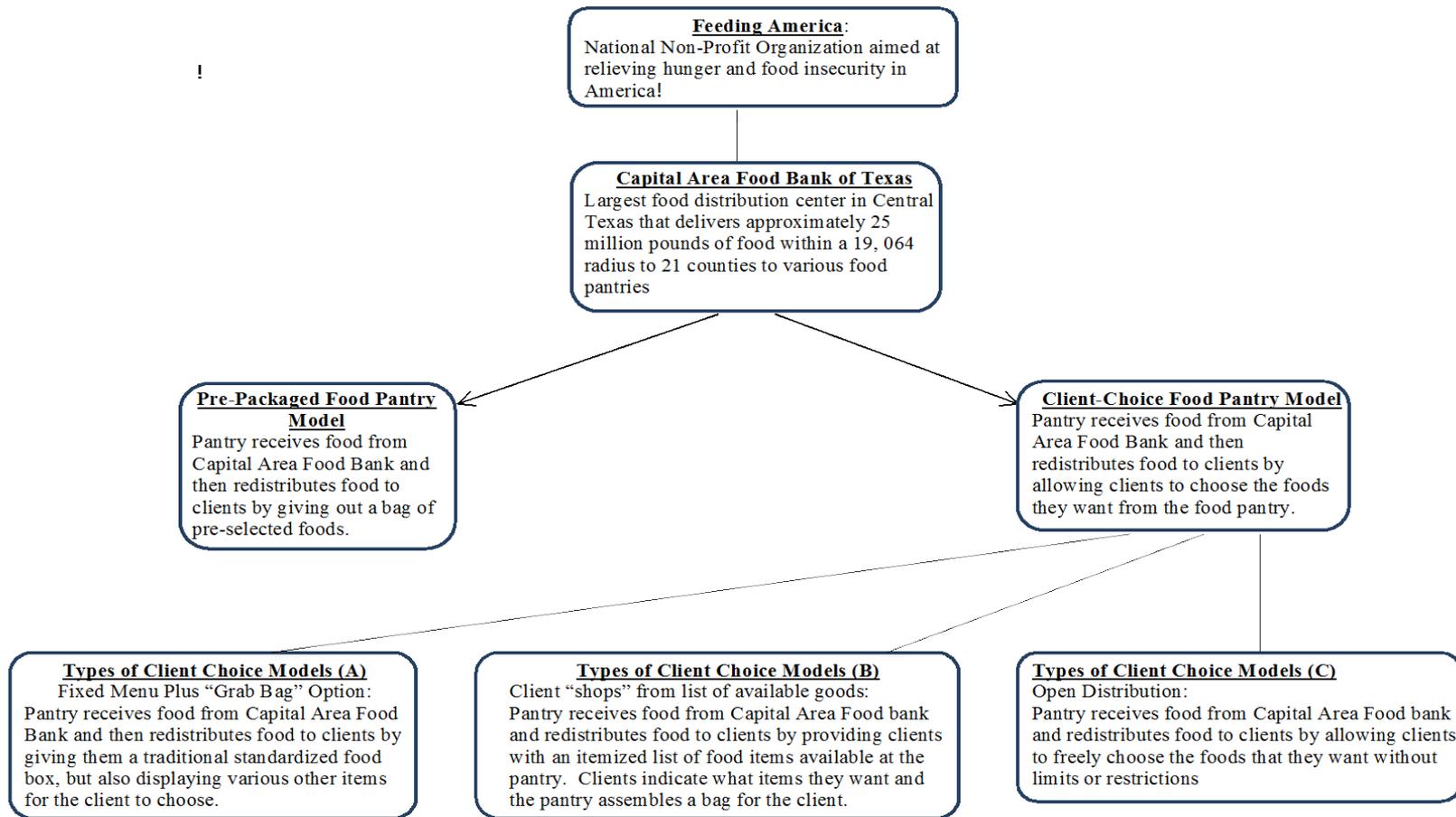


Figure 1: Description of Organization and Types of Food Pantry Designs  
 Information from this chart provided through Capital Area Food Bank (2012)

Within the central Texas area, Feeding America is the umbrella company that Capital Area Food Bank of Texas falls underneath. The Capital Area Food Bank is responsible for distributing food to a variety of food pantries. In order to receive foods at a discounted price through Capital Area Food Bank, food pantries are required to comply with specific standards. One of the requirements that food pantries are expected to comply with to join the Capital Area Food Bank network is to utilize the computer database, OASIS. The database OASIS communicates with all of the food pantries located in central Texas that are affiliated with Capital Area Food Bank. The purpose of utilizing OASIS is to track how frequently food pantry clients use food pantry services. Food pantries are required to have all new clients fill out a standard Food Pantry Intake Form.<sup>2</sup> The information gathered on this form includes: client's physical address, contact information, size of household, and verifies if the client is currently receiving government assistance in any form (i.e. food stamps, disability services, social security etc.) (Capital Area Food Bank 2012). Food pantries within the Capital Area Food Bank network do not require clients to provide proof of need. All that is required is a valid form of identification. The information gathered from the intake form is then entered into OASIS. Additionally, this form states that food pantries cannot charge a fee to food pantry clients, cannot require the client to participate in any religious events, and the pantry cannot refuse assistance based on race, color, age, religion, national origin, disability, gender, sexual orientation, or political affiliation (Capital Area Food Bank 2012).

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<sup>2</sup> See Appendix C for Food Pantry Intake Form

### *Procedures*

Interviews for this study were conducted from June 2012 through August 2012. Because this study used human subjects, the researcher gained prior approval from Texas State University's Institutional Review Board (IRB) to ensure that risk was minimized to participants in the study. After gaining both IRB and Capital Area Food Bank approval to go to several food pantries in central Texas, the researcher conducted participant observations to understand how food pantry clients utilized food pantry services. With the assistance of a key informant, usually the food pantry coordinator, the researcher was able to gain access to 31, willing respondents. Participants were separated into two groups, clients who used client choice food pantry services and clients who received pre-packaged food items. To maintain consistency, 15 participants were chosen from the pre-packaged food pantry and 16 participants were interviewed from client choice food pantries. The researcher attempted to gather participants who represented a wide range of ages, genders, socioeconomic statuses, and racial/ethnic backgrounds.

Qualitative research was beneficial for this study because unlike surveys that reflect basic patterns, in-depth interviews allowed for respondents to explain in their own words what individual and structural factors impact dietary choices. Using qualitative methodology allowed the researcher to supplement the observations done within the food pantry with in-depth participant interviews to gain a deeper understanding of the dietary motivations of food pantry clients. According to Esterberg (2002), qualitative research allows the researcher to immerse themselves within the social life and setting of the group, which provides a more encompassing depiction of the setting. Furthermore, participant observations allowed the observer to understand how the participants viewed

their social life (Esterberg 2002). Additionally, qualitative research is beneficial because it revealed more in-depth information that may not have been apparent with survey data. Within this study, the research design was enhanced through the use of triangulation methodology, utilizing both participant observations and in-depth interviews (Esterberg 2002).

Throughout the study, the researcher observed the behavior of the food pantry clients upon their initial entrance into the food pantry setting to the time that the participant left the food pantry. The researcher interviewed clients as they waited to gain access to the food distribution area within the pantry. In both the pre-packaged and client choice food pantry designs, the researcher observed the foods that the client was either given or chose by observing the items within the clients' bag or cart after the client left the food distribution area.

Before the interview, participants were provided with a consent form that ensured that participation in the study was completely voluntary and in no way impacted their access to food pantry services.<sup>3</sup> Participants were told that they were chosen for this study because they were using food pantry services. Approximately 30 questions were asked during the interviews, which took anywhere from five minutes to 45 minutes. The face-to-face interviews with the participants helped to establish rapport between the respondent and the researcher. While face-to-face interviews took more time, one of the benefits of conducting an in-depth interview was high response rates. Additionally, with in-depth interviews, the researcher was able to follow up with probing questions that would otherwise be difficult to do in survey research. The interviews were conducted at the food pantry locations as clients waited in the waiting area. Participants were offered a

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<sup>3</sup> See Appendix A for the copy of the consent form given to participants.

beverage of choice for participating in the study and were told that they could withdraw from the study at any time without any negative consequences.

With the participants' permission, the interviews were recorded and transcribed. The researcher's notes and transcripts were kept in a locked filing cabinet at the researcher's home and were only accessible to the researcher. All identifying information was removed from the notes and transcripts and pseudonyms were used to protect the identity of all participants.

Participants from both client choice food pantries and pre-packaged food pantries were asked the same basic demographic information, such as age, race, level of education, marital status, and structure of household.<sup>4</sup> Additionally, both sets of participants were asked background information about childhood dietary patterns. The purpose of these questions was to discover how childhood dietary patterns influenced adulthood dietary motivations. Participants from the client choice food pantries were asked questions that focused on dietary motivations and food choice. These questions were aimed at exploring the social factors that contributed to the decision to choose certain foods over others. Respondents who received food from the pre-packaged food pantries were asked questions that focused on how they felt about the foods they received and how, or if, the foods they received impacted food preparation. At the end of the interview, both sets of participants were asked questions concerning perceptions of diet and nutritional information. At the conclusion of the interviews, participants were asked if they knew any other food pantry clients who may be willing to participate in the project. Immediately upon the conclusion of the interviews, the tapes were transcribed.

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<sup>4</sup> See Appendix B for research questions asked during the study.

From here the researcher was able to sort and categorize recurring patterns and themes among the food pantry clients.

Using an open coding technique, the researcher, first read through all of the transcripts to discover any recurring patterns or themes within the dialogue of food pantry clients (Esterberg 2002). After reading through the transcripts, several recurrent themes and phrases became evident. These themes were then organized into an excel spreadsheet, which allowed the researcher to see which patterns were most prevalent. After this was completed the researcher began to do “focused coding” which “entails going through [the] data line by line, but this time [with a] focus on key themes identified during open coding” (Esterberg 2002:161). These significant findings are discussed later on within this research.

Table 2 reflects the demographic makeup of the clients interviewed within this study. Out of 31 participants, 36% of the participants self-identified as white, 32% self-identified as black, 19% self-identified as Hispanic, and 13% self-identified as “Other.” A majority of the participants interviewed within the study were male. Forty-eight percent of participants had received a high school degree, while approximately 23% indicated that they had taken some college courses but had not received a degree. Eighty-one percent of the participants were unemployed and most of the participants indicated that their monthly income ranged between \$500.00-\$999.00. Several participants described their income as fluctuating from month-to-month and as a result would often provide a range of answers. The researcher coded these broad answers as “Unclear by Response.”

**Table 2** Univariate Analysis of Clients Interviewed for Study

<b>Variables</b>	<b>%</b>	<b>Frequency (f)</b>
<b>Age (mean)</b>	50.1 years	-
<b>Race</b>		
White	36%	11
Black	32%	10
Hispanic	19%	6
Other	13%	4
<b>Sex</b>		
Male	55%	17
Female	45%	14
<b>Marital Status</b>		
Married	7%	2
Not Married	74%	23
No Response	19%	6
<b>Level of Education</b>		
Less than High School Degree	23%	7
High School Degree or Equivalent	48%	15
Some College	23%	7
College Degree	3%	1
Unclear by Response	3%	1
<b>Employment Status</b>		
Employed	19%	6
Unemployed	81%	25
<b>Size of Household</b>		
Live Alone	61%	19
Two Members in Household	13%	4
Three Members in Household	7%	2
Four Members in Household	0%	0
Five Members in Household	0%	0
Six Members in Household	3%	1
Seven Members in Household	3%	1
No Response	13%	4
<b>**Number of Children</b>		
None	26%	8
1-2	32%	10
3-4	19%	6
5-6	3%	1
No Response	19%	6
<b>Household Income for Previous Month</b>		
No Income	19%	6
\$1-\$499	23%	7
\$500-\$999	26%	8
\$1000-\$1,499	13%	4
Unclear By Response	19%	6

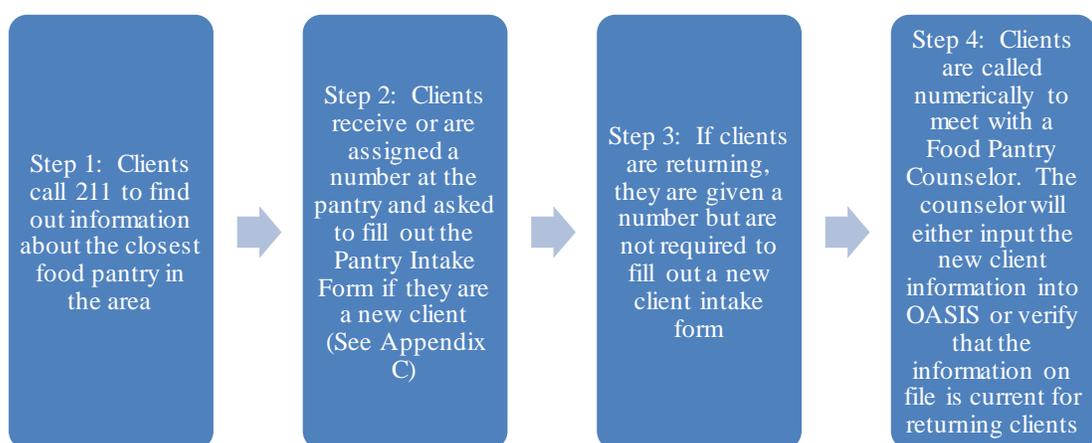
**\*\* May not be living in household at time of interview.**

Additionally, when asked how many children the participant had, many respondents indicated that their children did not live at home any longer. As a result, the variable “Number of Children” may not be indicative of the number of members within the household.

### *Intake Process of Food Pantries*

Food pantries within this study share similar intake procedures as seen in Figure

2.



### DEPENDING ON WHETHER ARE IN CLIENT CHOICE VERSUS PRE-PACKAGED FOOD PANTRY MODEL

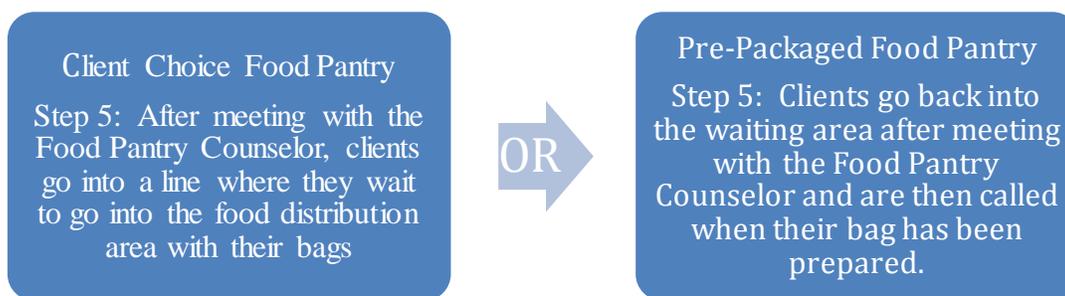


Figure 2: Intake Process at the Food Pantry

First, clients would enter the food pantry facility, which was most often located within a community church or a large community center. Clients would either take a

number or were assigned a number upon entering the facility. New clients were required to fill out the “Pantry Intake Form,” while returning clients were allowed to sit in the waiting area for their number to be called. When a clients’ number was called, the individual would then move to a desk to speak with a Food Pantry Counselor. Using the OASIS database, the counselor would either enter the new food pantry clients’ contact information or verify that the information within the database was current. Differences between the intake process for pre-packaged food pantries and client choice food pantries differed after the client met with the Food Pantry Counselor. Within the pre-packaged food pantry setting, once the clients’ information was entered or updated in the system, the client would sit back down in the waiting room to wait for his or her name to be called again. After the client was called for a second time, he or she was allowed to walk back to the food distribution area to pick up a bag or box of pre-selected foods.

On the other hand, in the client choice food pantry model after meeting with the Food Pantry Counselor, clients would file into a line that led into the food distribution area. In the food distribution area, the clients either had partial or full ability to choose food items with a volunteer assisting them.

#### *Food Pantries Used in the Study*

Two different client choice models and one pre-packaged food pantry model were used within this study (See Table 3). Community Food Pantry<sup>5</sup> is the main client choice food pantry within the Capital Area Food Bank network. This pantry is most closely defined as an “open distribution model” (Capital Area Food Bank 2012). An open distribution model is when the food pantry allows clients complete autonomy to choose the types of foods that they want (Capital Area Food Bank 2012). Within an open

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<sup>5</sup> Real names and locations are replaced with pseudonyms throughout this project.

distribution model, there are no limits or restrictions to the amount of food clients can take. However, in Community Food Pantry there were limits on the amount of food that clients were able to take home. For example, during the time of the observation, clients could receive up to three canned items, one meat product, and eight loaves of bread. Additionally, the clients served at Community Food Pantry were required to reside in the zip codes surrounding the food pantry location. Clients from outside of that area were provided with information to other food pantries closer to where they lived. Furthermore, Community Food Pantry allowed clients to utilize food pantry services once a month. Individuals over the age of 55, however, are allowed to use the food pantry twice a month. Community Food Pantry is the only pantry within this study that was not held within a church setting and did not have any religious affiliation. This pantry was located in a large community center.

Name of Food Pantry	Community Food Pantry	Loaves and Fishes Food Pantry	St. Stephens Food Pantry
Design of Food Pantry	Client Choice Food Pantry-Open Distribution	Client Choice Food Pantry-Fixed Menu Plus Grab Bag Option	Pre-Packaged Food Pantry
Clientele of Pantry	Clients who reside within a specific zip code surround the pantry	Clients who reside within a specific zip code surround the pantry	Clients who reside within a specific zip code surround the pantry
Frequency Client can go to Food Pantry	Once a month; Elderly over 55 years old are allowed twice a month	Twice a month for six months and after that client must wait a year to go back to food pantry	Every 45 days for clients; Homeless clients are allowed to come every 15 days

The second client choice food pantry within this study was Loaves and Fishes Food Pantry. This food pantry most closely resembles a “Fixed Menu Plus ‘Grab Bag’ Option” (Capital Area Food Bank 2012). This design provides clients a fixed standard box of food items, including bread, eggs, fruits, and vegetables that the pantry has on hand. Clients are then allowed to choose food items from one shelf. During the time of the study, some of the items that clients were given the option of choosing between were items such as cereal or oatmeal, canned carrots or canned peas, and cookies or cake. Clients who went to Loaves and Fishes Food Pantry were allowed to come to the food pantry twice a month for six months. After that limit was reached, clients were not allowed to return to the pantry for a full year. The clients served at Loaves and Fishes Food Pantry were required to reside within the specific zip code that surrounded the food pantry. Clients who came from outside of the surrounding zip codes were given information to food pantries closer to where they lived. According to food pantry coordinators, restricting access to food pantry services based on location helped to preserve the food resources and prevent clients from going from pantry to pantry multiple times a day collecting food.

The third food pantry used within this study was a pre-packaged food pantry design. St. Stephens Food Pantry caters both to homeless individuals as well as clients who live within the zip codes that surround the food pantry. Similar to Community and Loaves and Fishes Food Pantry, clients who came from outside of the zip code area were given information to pantries closer to their homes. Within St. Stephens Food Pantry, homeless individuals were allowed to return to the food pantry every 15 days. Non-homeless clients, however, could utilize food pantry services every 45 days. While St.

Stephens' employees attempted to work with clients with health or dietary restrictions, most clients were simply given a bag of food without much input in the process. St. Stephens also provides clients with clothing vouchers that could be used to get free clothes through St. Stephens' partner church, St. David.

Both Loaves and Fishes Food Pantry and St. Stephens Food Pantry both had religious affiliations and were located near or inside of a church. However, it should be noted that food pantries could not discriminate against any clients based on religious affiliation. Additionally, these organizations could not require food pantry clients to participate in any religious events (Capital Area Food Bank 2012).

### *Dysfunctions*

Within each of the food pantries, employees described similar dysfunctions within the system. A common problem that several food pantry coordinators recalled was that after leaving a food pantry, some clients would try to sell the food to make extra money rather than to eat. This is a dilemma because, within the state of Texas, selling unauthorized food products is a fineable offense that impacts the distributing food pantry. In situations where clients have been caught selling food items after leaving the food pantry, food pantry employees will either deny the client food resources or will only provide a minimal amount of food to these individuals.

Additionally, another dysfunction that occurs within food pantries is that clients have been known to falsify information in order to go to multiple food pantries virtually undetected. While the implementation of OASIS reduces some of this behavior, once a client knows that a food pantry utilizes the Capital Area Food Bank database, some clients have been able to work around the system by providing a false name or address to

food pantry employees. In one of the interviews, a client admitted that some days he maps out where he can get free food and spends the entire day “shopping” at different food pantries. Similarly, another client admitted that she “pantry hops” to avoid going grocery shopping because the cost of food is so expensive.

## CHAPTER IV

### FINDINGS

Thirty-one participants were interviewed throughout the duration of this study. Fifteen participants were recruited from pre-packaged food pantries and 16 participants were recruited from client choice food pantries. Food pantry clients within both settings overwhelmingly expressed a desire to improve their dietary habits. However, due to limited financial resources and a lack of nutritional knowledge, improving diet was seen as extremely difficult to accomplish at that particular time. Within many of the clients' current situations, food pantries were being used to supplement food stamps, disability checks, or unemployment checks to feed themselves or their families for the week.

Throughout the interviews, participants often dichotomized and differentiated between their own personal experiences and the experiences of other food pantry clients. Participants attributed their current use of food pantry services as a direct result of external environmental factors that were out of their control. These factors were most often cited as a sudden loss of a job or a physical ailment that prevented the participant from employment. However, when describing their perspective on other food pantry clients within the same system, participants would claim that other clients' situation was a result of personality factors, such as a lack of desire to work or sheer laziness. Divergent perspectives theory is used throughout this analysis to understand variances in the attributes that an individual make about ones own self as compared to another individual's behaviors (Small and Peterson 1981). Divergent perspectives theory states

“individuals are more likely to perceive their own behavior as caused by the situation, and the behavior of others as caused by underlying personality dispositions” (Small and Peterson 1981:123). Divergent perspectives theory, also referred to as the actor/observer hypothesis, is evident throughout the major findings of this study.

### *Deserving versus Undeserving Poor*

The distinction between “deserving and undeserving poor” has been debated within American society since Lyndon B. Johnson announced the War on Poverty in 1964 (O’Connor 2002). In the 1960s, as the number of unskilled, unemployable individuals grew economists began to pursue new avenues of social welfare policies to assist this population (O’Connor 2002). Economists and politicians distinguished which individuals were worthy of assistance and which individuals were simply abusing the system. Referred to as the “American Underclass,” this term referred to “sub-working-class people at the very bottom, and focusing heavily on racially segregated Blacks, Latinos, and Native Americans” (O’Connor 2002: 266-267). By the 1970s, the term underclass became the new label to describe undeserving poor individuals who abused government assistance. By creating distinctions between deserving and undeserving poor, society was able to stigmatize and marginalize a specific group of people, most often characterized as being poor minorities.

From a sociological perspective the terms deserving and undeserving poor represent not only socioeconomic divisions but also racial divisions within our society. Within the food pantry environment, the social concepts of deserving and undeserving poor serve as a way to stigmatize and enforce informal social controls. Throughout the interviews, participants would create a distinction between their personal experiences and

the experiences of other food pantry clients. When discussing their own experiences, participants would mention that they would rather be working and earning their own income rather than utilizing food pantry services. However, due to external controls, such as job loss or disabilities, they were unable to gain employment. When describing the experiences of other food pantry clients, however, participants were quick to identify the other clients as being lazy and abusing the system. One participant states:

I think there's a lot of people out there that just want to live off the system. I'm not capable of working all the time that's why I'm here today, but when I can work, I work you know. And, I love to work. I'd rather make my own way, my own money and everything. Right now my money is going to rent to keep a roof over my head so I have to get a little extra food and stuff right now. I think a lot of people abuse the system. They live off of it, they've found a way where they can go from one place to the next, and get all this free food and not do anything. There's a lot of them around. There's a lot of people who lie about how many kids they have. I know one guy here one time he had four homeless bags saying he had four children. I know he lives in the woods off Riverside Drive. I know he lives there, okay, cause I have friends that live in them woods. That I've known for years, and I know he camps right there with them. So there's a lot of people that come in here and take advantage of the situation, again taking more than what they need so somebody else is going to without, somewhere down the line.

56, White Male, Pre-Packaged Food Pantry

By clearly distinguishing himself from others who use food pantry services, this client is able preserve his own personal identity and avoid the negative stigma associated with other food pantry clients who abuse the system. Similarly, when another participant was asked to name things he did not like within the food pantry, the participant responded:

The people that come here. (laughs) Definitely the people that come here. It seems that I guess we can only live our lives through the eyes that we live in...and it seems like so many of the people that come here are so rude and very selfish.

51, Black Male, Client Choice Food Pantry

Additionally, when food pantry clients witness other clients “complaining” about the types of foods provided to them, participants labeled these individuals as undeserving and ungrateful. In one interview, when a client overheard another food pantry client complaining about the quality of food at the food pantry, the participant was quick to defend the food pantry and their services.

I was listening to one of the interviews you were doing earlier with the guy telling you about the Vienna sausage and the luncheon meat. It is pretty much the bottom of the line. (laughs)...I agree with the way they're [the food pantry] doing it. I mean I've seen people walk in here. I actually got very irritated, they yell at the staff, you know cause they didn't get what they wanted or something or they didn't get enough. Well if you all didn't take so much for yourselves there'd be more for us and stuff. And, you know, it's just totally nonsense and not necessary to do stuff like that. It's just people who [are] just thinking about themselves. But I think these food pantries do a really pretty good job.

56, White Male, Pre-Packaged Food Pantry

Additionally, another client expresses frustration with individuals who complain about the free food they receive at food pantries.

If people don't want to eat it that's their problem. This is what we have to offer we are trying to give you healthy food because that's what you need. It's not what you want, you're already begging pretty much, so, learn to accept what you're given....cause a lot of people come especially with other food pantries where the homeless are involved, they just want to complain. People are giving them free food and they are complaining about it not being good enough. You know, which I can understand to a certain extent, but I don't know.

40, “Other” Race, Male, Pre-Packaged Food Pantry

Food pantry clients negatively stigmatize and label individuals who complain or criticize food pantry operations as being ungrateful and thus undeserving of help. By using informal controls such as negatively labeling people that critique the food pantry system,

participants are able to distinguish themselves as deserving poor while other clients are undeserving and ungrateful. As stated by labeling theory, labels can be reinforced through informal social controls, such as stigmatization. In the case of food pantry clients who recognize the negative social stigma associated with being seen as “undeserving poor,” these individuals work against that label by labeling others as ungrateful. Labeling others in the same situation is neutralization technique that justifies an individual’s own behavior, while negatively judging others (Gailey and Prohaska 2006). In the case of food pantry clients, by adopting the neutralization technique of condemning others who complain as being ungrateful, the individual is able preserve a positive self-identity and remain part of the dominant class.

#### *Healthier Food Options*

While several participants label other food pantry clients as being ungrateful and undeserving, when questioned about the types of changes the participants would like to see within the food pantry system, overwhelmingly the respondents expressed a desire for healthier food choices and more variety. Several participants also mentioned that they wished food pantries would offer foods that took into account various health restrictions, such as diabetes and food allergies. For example, one homeless female participant states:

I was just talking to my boyfriend yesterday that I am a little worried about my diet cause it’s hot...and because me and my dad keep very active we are involved in a lot of things, we have to move around a lot. So I have been getting really tired. You know because I am not getting the nutrients. Because a lot of this food is great, this is different [referring to this pantry], but a lot of the pre-packaged ones [pantries] and the ones that come in Ziploc bags with the little weenies and stuff, its food but it’s just like a filler. So I think there needs to be more concentration on the actual nutrients in the food. Cause we don’t get to eat that often, so I think if there are more nutrients in smaller amounts of food than a large amount of food with no nutrients would make more sense.

## 36, White Female, Pre-packaged Food Pantry

Similarly, another client states that he would like to see improvements with the quality of foods provided by food pantries. The participant states:

If I am starving, yeah [I'll eat the food here]. But, other than that it's just salt. It's crackers, Vienna sausage, and luncheon meat, and potted meat product. And...salt, it's all salt and in this kind of heat that's the last thing you want to eat is a bunch of salt... I would rather see less quantity of food in exchange for better quality of actually healthy food.

## 40, "Other" Race, Male, Pre-Packaged Food Pantry

Additionally, clients mentioned a desire to have more food options than those currently available. One woman stated that she felt that food pantries provided the same foods each month and she wished she had a bigger selection to choose from. Similarly, another client wishes that food pantries would offer more variety.

Within the food pantry...it needs to be broadened [the foods] it needs to be more like dried milk, more fresh milk, eggs, bacon, and sausage. And more snacks a lot more snacks...

## 59, "Other" Race, Female, Client Choice Food Pantry

This same client also wished that food pantries would take into consideration a variety of health restrictions that many food pantry clients suffer from. She states:

When you go to a food pantry they say here you take this, or you take that. They don't know what illnesses you have like diabetes, or that you're on high cholesterol and stuff like that and you can't eat some of the foods that I just said. You just can't. And, sugar free, lots of sugar free stuff. And I think that would be so wonderful. I really do. And instead of high cholesterol, low-cholesterol, low-sodium...

## 59, "Other" Race, Female, Client Choice Food Pantry

Several participants interviewed within this study mentioned suffering from health ailments such as diabetes, cancer, and high blood pressure. These participants often

times did not feel that their health restrictions were being taken into consideration with the foods available to them at food pantries.

While food pantry clients expressed the desire for healthier foods and more variety, participants would consistently reaffirm that they were not “complaining” about food pantry services. By creating a dichotomy between themselves and the undeserving, complainers, participants informally enforced social controls and negative stigma on other food pantry clients. Despite the desires for improvement within the food pantry system, many of the clients did not feel comfortable expressing these desires directly to food pantry employees. One client states:

I think what they're doing they're doing on their own time, I'm not going to ask them to change what they are trying to do with their own time.

37, “Other” Race, Male, Pre-Packaged Food Pantry

Similarly, another client states:

You know we're blessed. You know what I'm saying. They prepare the bags. So, I'm grateful for what they give me. When you come to this kind of place you can't be choosy. Whatever they give you is what your gonna get. You don't have no choice. I mean it's just being blessed with what we get. I never ask why or how. You can't I mean they give you what they have. There is nothing they can do about it. They will bring it here for us.... I love everything. I'm not complaining. You know you would be a fool to complain. I mean there is nothing you can do...you can't complain.

54, Hispanic Male, Pre-Packaged Food Pantry

The inability to feel comfortable requesting healthier food options may be a reflection of the underlying assumption that individuals in the vulnerable position of being need cannot complain when given free food. This lack of empowerment may further stem from the clients fear of being labeled as undeserving by their peers or being seen as ungrateful by food pantry employees. As a result, by not requesting particular foods or

“complaining” about the foods provided, the participants are able to maintain a distinction between themselves, as grateful, and others, as undeserving.

*Renegotiating Perceptions of Choice and Health*

Food choice is an integral aspect of social life that reflects perceptions of identity, gender, class, and power (Atkins and Bowler 2011, Beardsworth and Keil 1997, Belasco 2010; Bonnekesson 2010; Cairns, Johnston, and Baumann 2010). According to Nestle et al. (1998) food choice is a reflection of both behavioral and social influences. Things such as culture, religion, media advertising, social eating with others, and food availability are all social influences that impact food choice (Nestle et al. 1998). On an individual level, preferences such as taste, childhood history of food choices, and nutritional knowledge also impact dietary motivations (Nestle et al. 1998).

Food choice is a very personal and empowering aspect of daily life that people often take for granted. The ability to make independent food choices is empowering and allows the individual to take an active role in ones own health and nutrition. However, within a food pantry environment where food choice may be restricted or limited, having the freedom to choose ones own food items becomes significant in impacting perceptions of self-identity.

*Choice: All or Nothing*

Within a food pantry setting, the freedom to choose one’s own food is important to an individual’s identity. One client states:

I like it [freedom to choose] cause I guess it’s just a sense of dignity and you know that a lot of people on the street don’t like to be controlled and a lot of them kind have psychological issues like paranoia and stuff, so the ability to not have somebody delegating your food, which is like the most vital thing to help you out here. Yeah I don’t like getting the pre-packaged things.

## 36, White Female, Pre-Packaged Food Pantry

Similarly, another client expresses the importance of choosing ones own foods. The

client states:

Well when someone gives you a bag of food perhaps there's some things that you really don't eat. And, it's wasteful. You know if you're going to discard it, where as someone else like me might like it. Why you take something when you can just leave it there for someone else can take it? That's what's one of the best parts about this. When someone gives you a bag of food that you don't like...what are you going to do?

## 53, Black Male, Client Choice Food Pantry

Additionally, another client states:

I would rather choose, that way I don't have to carry things that I can't use. I mean I would rather be able to pick the things that I know are of use to me. Then to not...then to get a bunch of food that's no good for me because of maybe the diet I'm on. Whatever or if I'm even a diabetic, you know, there may be some things I couldn't use...I'd be just toting home, you know, just to give to somebody else. So I'd rather have the choice of being able to pick.

## 49, Black Female, Client Choice Food Pantry

While several clients expressed wanting the ability to choose their own foods, clients who received food assistance from partial client choice food pantries, consistently expressed feelings of not feeling like they had a choice in the foods that were given to them. For example, Loaves and Fishes Food Pantry is a "Fixed Menu grab bag option," where clients are given box of pre-selected items but the clients are then able to choose certain food items from another shelf. (Capital Area Food Bank 2012). Within this setting, several clients stated that they still did not feel that they had any autonomy with food choices. As a result, food pantry clients considered partial choice food pantries the same as pre-packaged food pantry models. One client states:

Interviewer: Whenever you go into the food pantry, can you tell me about some of the foods that you typically will choose?

Client Response: Here it's not a choice. They just give you I guess what they have available is what they give you. They have it already bagged and boxed up here.

49, Black Female, Client Choice Food Pantry

Similarly, two other clients who also received food assistance from the Loaves and Fishes Food Pantry shared similar sentiments.

Interviewer: Tell me about some of your food choices.

Client Response: Here you don't get a choice. There are mainly canned goods available. I typically get green beans and carrots.

65, White Male, Client Choice Food Pantry

Interviewer: How do you feel about being able to kind of choose your own foods whenever you come to the food pantry?

Client Response: That'd be nice. But you really don't pick out what you want, Miss, really like only the bread stuff. That's what you get to pick out.

47, Hispanic Female, Client Choice Food Pantry

In situations where clients are given partial food choices, clients associated these pantries as being the same as pre-packaged food pantries. Conversely, in situations where the client has complete freedom to choose all of the items, many clients tended to feel more independent with their food choices. However, in one interview at the Community Food Pantry, which is an "open distribution" design, a client stated that he still did not feel that he had the freedom to choose his own food items. The client expressed that many of the foods that food pantry allows the clients to choose from would not have been his first choice if shopping at a supermarket. As a result, in this instance, even in an open

distribution food pantry design, some clients may still not feel complete autonomy with their food choices.

*Challenging Mainstream Definitions of Nutrition*

With the growth of emergency food networks and food pantries, extensive research has explored the importance of the accessibility of nutritious foods in low-income areas. While participants acknowledged that they had increased proximity to food pantries, several participants still felt that their health and dietary needs were not being met. A major component to this is that food pantry clients challenged mainstream traditional perceptions of health and nutrition based on their own personal lived experiences. While several food pantry clients consistently reiterated a desire for food pantries to offer healthier foods options, the concept of healthy food was conceptualized very broadly among the participants. For example, one participant with a severe allergy to vegetables states:

Well for one thing I can't eat vegetables. I'm allergic to lettuce and all kinds of greens. I get real sick and I wind up...in the past year I've been to the hospital...So I got to know what I'm eating. That's why I prepare myself. I just don't take anything they give me either cause I get sick. I've been in the hospital twice this past year... I can't eat any proper food. It's in my files. It's in my record. It's in my history...and that's the way. I don't think about it because I know what I can eat...That's what I want to explain to you and trying to tell you, so if I know food is going to do me harm I'm not going to get it. I'm not...I'm going to give it to somebody else that needs it. I'm not going to get it...that's the way I am.

54, Hispanic Male, Pre-Packaged Food Pantry

While food pantry clients that suffer from severe food allergies are rare, with the limited resources available at food pantries, these individuals find it difficult to consume a majority of the foods available to them. As a result, these individuals must renegotiate conventional definitions of "healthy foods" in order to consume foods adequate for

subsistence. This same participant also states that mainstream notions of health and nutrition are middle-class luxuries. Within a food pantry environment, individuals simply need to eat for survival. Similarly, another participant states:

So, yeah when I say you know that in my own personal lifestyle, I would go and you know these the kinds of foods that I eat these the kinds of foods that I look for and the labels and stuff. But I don't come here and pick up this can and look at the label cause I don't want to know. Cause I already know that what's going to be in it, but I know that I need it for now. It ain't going to hurt me a little bit, but if you eat it day after day after day after day after day, number one it gets sickening and number two it's not healthy for you. So I'm not on the health issue when I come here.

56, White Male, Pre-Packaged Food Pantry

The idea that healthy foods and perceptions of health are different between food pantry clients is apparent by another participant who suffers from diabetes. This participant recently had his toe amputated because of a diet high in sugar.

Well, there's a lot of diabetics. A lot of elderly....I mean a lot of fruits and vegetables, and then some of the fruits diabetics can't eat cause they're too high in sugar like watermelon, mangos, I think peaches off the top of my head we can't eat cause it turns into sugar as soon as it goes into the body.

39, Hispanic Male, Client Choice Food Pantry

While academic research explores the accessibility of healthy, nutritious foods to low-income populations, a majority of this research conceptualizes health and nutrition based on conventional medical definitions. The reality is that human variation exists with how every body metabolizes and utilizes food sources. As a result, by narrowly defining health to medical definitions, extreme segments of the population are largely being ignored within these discussions. While it may never be possible to completely take into account all of the health variations that human beings experience, by becoming increasingly more sensitive to others' needs, food pantries can at least begin to have

discussions that explore how perceptions of health and nutrition are redefined within this population. In order for food pantries to be completely effective in their goals of feeding the hungry, food pantry coordinators must challenge traditional definitions of health and nutrition in order to offer foods that are more sufficient to meeting clients' needs. While the accessibility of food pantries has increased substantially over the years in low-income areas, food pantries may still be socially and emotionally inaccessible in meeting low-income populations' needs.

*Healthism: A Way to Reject Stigma*

An interesting theme that arose during interviews was the paradox that existed between clients' answers and clients' actions. Throughout the interviews, clients were asked to reflect upon their thoughts on their current dietary habits. Several of the participants would often state that they viewed their dietary habits as relatively healthy and consumed high amounts of fruits and vegetables regularly. Conversely, later on in the interview, clients were asked to describe the last meal that they ate. These answers strongly contradicted the earlier reflections on their dietary habits. For example, one participant states that his dietary habits today consist of a lot of vegetables. However, when asked to the last meal he had consumed this participant states that his last meal was "fried chicken, black-eyed peas, and rice."

Similarly, another participant who was asked about how his diet today was different from his childhood states:

Now I'm kind of trying to watch my health and all that. Back then it's all this starchy food. I'm a diabetic so I got [to] watch the carbs...[I try to eat] more broccoli, cauliflower, more fresh fruits and vegetables. Some meat.

However, when asked to reflect back on the last meal consumed, this same participant states that he ate a hamburger and two tacos the night before.

This interesting paradox that exists between clients' responses and clients' actions could be accredited to a variety of factors. First, because the clients knew the study was about health and dietary patterns, it is very plausible that social desirability impacted some of the participants' answers. Another plausible factor, however, could be the impact of the social movement of "healthism" as a tool to manage negative stigma.

Within American society, the idea of health and healthy eating has become an indicator of positive moral value of an individual's character (Guthman 2011).

"Healthism represents a particular way of viewing the health problem, and is characteristic of the new health consciousness and movements...Healthism situates the problem of health and disease at the level of the individual" (Crawford 1980:365). Thus, choosing to consume healthy foods and conform to social norms of health and nutrition are seen as a moral characteristic to take control over one's own longevity (Guthman 2011). Conversely, Guthman (2011) states that healthism discriminates against obese people and individuals who do not have access to healthier food options. Healthism is viewed as a way to blame the victim and ignore the larger structural inequalities that prevent certain groups from adopting a healthier lifestyle (Guthman 2011).

In the case of food pantry clients, by presenting oneself as conforming to traditional and popular ideas of health and eating, participants within the study may have been attempting to further challenge the negative identity associated with being a part of a stigmatized group. By presenting themselves as health conscious individuals, clients

are able to preserve the identity that they are part of the majority of Americans who are concerned with healthy eating. Additionally, because healthism is viewed as empowering, food pantry clients are also able to feel that they have a more active role in their own health and diet. However, while several participants claimed to eat fresh fruits and vegetables, the reality was, that either due to financial constraints or personal preference, these individuals continued to choose unhealthy food options. As a result, social pressures such as healthism may play a significant role in how food pantry clients negotiate and define stigma. This in turn impacts how these clients redefine and challenge traditional concepts of health and food choice.

## CHAPTER V

### DISCUSSION

As private emergency food networks continue to grow within neighborhoods and communities, low-income populations have increased proximity to healthier food options. However, increased proximity does not necessarily mean that food pantries are socially or emotionally accessible to their clients. While the goal of food pantries is to feed the hungry and provide healthier food options to clients, several social barriers prevent these goals from being completely met. While food pantry clients overwhelmingly describe a desire for healthier food options, increased variety, and more foods that take into account their health restrictions, food pantry clients within this study did not feel comfortable expressing these desires to food pantry employees.

Within the food pantry setting, informal controls prevent clients from voicing their opinion to food pantry employees. These informal controls may stem from fear of being labeled as undeserving by their peer group. These controls may also be internalized, and clients may not feel comfortable expressing their desires because they feel they are in a vulnerable position of need and do not want to be perceived as ungrateful by food pantry employees. As stated by Daponte and Bade (2006) and Poppendieck (1998), as food pantries operations become increasingly more bureaucratic and rigid, many food pantry clients may begin to feel increasingly more stigmatized and unable to effectively communicate directly to food pantry employees. Furthermore, as a way to avoid becoming labeled as “undeserving” or “ungrateful” by both their peers and other food

pantry employees, participants within the study began to adopt neutralization techniques (Gailey and Prohaska 2006). Participants began to condemn other food pantry clients by labeling them as ungrateful and abusing the system (Gailey and Prohaska 2006). By clearly dichotomizing and labeling other food pantry clients, the participant was able to maintain a positive self-identity and remain part of the larger social “majority.”

Furthermore, when asked to reflect on their personal situation, clients were quick to attribute external environmental factors that were out of their control as the reason why they used food pantry services. Conversely, participants would often attribute individual failures to other food pantry clients to explain why they believed other food pantry clients used food pantry services. As a result, by viewing their personal situation in terms of resilience and empowerment, participants were able to resist the negative stigma associated with using food pantry services and clearly dichotomize their situation from that of other food pantry clients (Shih 2004).

Additionally, because perceptions of health and choice vary from person to person, food pantry clients may feel that their health needs are being ignored within a food pantry setting. While there may never be a tangible solution to completely account for the various health restrictions, it is important for food pantry employees to begin having discussions to allow food pantry clients to feel empowered and comfortable expressing their desires. By allowing individuals more autonomy within their dietary choices people may begin to feel more empowered in other avenues of their life, which may translate to increased personal success. A viable solution may be to allow a third-party investigator into food pantry facilities to interview clients about their overall opinions of food pantry operations. Clients may feel more comfortable expressing their needs to a stranger rather

than directly to a food pantry employee who they may see once a month. Further in-depth interviews should be conducted to allow food pantry clients the freedom to express their feelings without fear of social stigma or being labeled as “undeserving.”

While the act of providing food to people in need, creates a power imbalance between food pantry employees and food pantry clients, two food pantries within this study attempted to reduce this power imbalance by promoting freedom of choice (Poppendieck 1998). However, because the idea of choice is conceptualized very differently between food pantry employees and food pantry clients, within the situation of partial choice food pantries, many clients did not feel that they had autonomy within their food choices. Food pantry clients only perceived choice in open distribution models that allowed them complete freedom to choose all of their own food items. Additionally, food pantry clients viewed partial choice food pantries as being the same as pre-packaged food pantries. While the ultimate goal of food pantry employees who work within partial client choice food pantry models is to promote dignity and choice, this message is not being translated effectively to all food pantry clients.

Further research should explore whether food pantry resources are being utilized efficiently in conjunction with clients’ needs to explore if the goals of both parties are being met. Throughout the interviews, several participants stated that within pre-packaged food pantry settings, many of the foods that they did not like were often thrown away or redistributed. Several clients preferred to be able to choose their own items to avoid wasting food. Thus, by redefining perceptions of health and choice within the food pantry environment, food pantry employees can begin to better assess the needs of clients

that utilize food pantry services and reduce the amount of food that goes unused within food pantries.

## CHAPTER VI

### CONCLUSION

Through the use of participant observations and in-depth interviews this project aimed to explore the research question: How do food pantry clients negotiate stigma, health, and food choice within a food pantry setting? This study finds that regardless of food pantry setting, pre-packaged or client choice models, clients make food choices and dietary choices based on the foods available. While food pantry clients overwhelmingly expressed a desire for healthier food options, more variety, and wished that food pantries would offer more foods that took into account a variety of dietary restrictions, many clients did not feel comfortable expressing these feelings verbally to food pantry employees. A major deterrent within the food pantry setting, is the negative stigma associated with “complaining” about the foods given. Through informal controls, food pantry clients labeled other food pantry clients as undeserving, while portraying their own situation as a reflection of external factors, such as a sudden job loss or disability. This neutralization technique and stigmatization of other clients allowed the participant to maintain a positive self-identity (Gaily and Prohaska 2006). These neutralization techniques are an example of divergent perspectives theory, which states that human beings have a tendency to attribute their personal situation as being out of their control, while observing other human beings situation as being a result of personal deficiencies (Small and Peterson 1981).

Similarly, within both pantry settings, clients expressed feelings of being restricted in their food choices. While client choice food pantry models allowed for more autonomy within food choices, clients who went to partial client choice food pantry models still felt that these pantries were the same as to pre-packaged food pantry designs. Ultimately, while food pantries have become more physically accessible to low-income populations, the reality is, many food pantries are still socially and emotionally inaccessible to clients' needs. By redefining perceptions of health and choice that are more applicable to food pantry clients, food pantry employees can begin to understand in what ways their organizational goals are meeting the needs of their clients.

Furthermore, it is significant for social scientists to analyze the various tactics that food pantry clients adopt in an attempt to resist negative social stigma by both their peers and other food pantry employees. Aside from food pantry clients using neutralization techniques to preserve a positive self-identity, clients also may use healthism as a way to manage stigma. By feeling empowered by taking control of their own health, food pantry clients may feel that by portraying themselves as being health conscious they are presenting characteristics of having good moral values (Crawford 1980; Guthamn 2011). By understanding and exploring the social factors that impact food choice such as stigma, identity, and health, food pantry employees can fully understand the needs of food pantry clients. This research provides the foundation for further research in this area of study to explore if food pantries are utilizing their resources and meeting the needs of clients to the best of their abilities.

### *Limitations*

While this research aims to fill a gap in the existing literature by exploring perceptions of identity, stigma, health, and food choice in private emergency food networks, with any social research there are limitations. One of the limitations of conducting in-depth interviews and participant observations is the inability to make generalizations to the larger population of food pantry clients. While the researcher attempted to access food pantries in different areas within a city in central Texas, the participants interviewed within this study were only gathered from three different food pantries. As a result, these feelings and answers may not be representative of all food pantry participants in Texas or even in the United States. The researcher attempted to reduce this bias by gaining a sample of individuals from various genders and racial/ethnic backgrounds.

Additionally, another possible limitation within this study is social desirability bias (Esterberg 2002). According to Esterberg (2002), social desirability bias occurs when “interviewees tend to give the responses that they think the interviewer wants to hear” (p. 86). Within the study, the participants were aware that the study was being conducted to explore food choices and dietary motivations. As a result, some participants may have felt that the researcher was looking for particular answers regarding health and food choice. For example, when asked about perceptions of their current diet, often participants responded by stating they ate socially perceived “healthy” foods (i.e. vegetables, fruits, fish). The researcher attempted to alleviate this bias by asking the participants to describe his or her last meal. This was done to see if the participant actually ate the foods they claimed they wanted to consume more of. Many times,

participants would describe eating fast foods, fried foods, or processed foods instead of healthier food options. This shows that perhaps for some individuals social desirability was a motivation for particular answers. It may also be possible that participants were providing answers that they believe represented a health concerned middle-class perspective. This may have been a tool to reduce negative stigma and conform more to the dominant class.

Lastly, because the researcher is not bilingual and there is a large Spanish speaking population in the central Texas area, the researcher was unable to interview this segment of the population. As a result, Spanish-speaking people who utilize food pantry services were excluded from this study. This demographic group may have yielded different answers than what was reflected in this study. However, in speaking with food bank employees, many of the food pantry settings were located in communities where the clients had a conversational understanding of the English language.

#### *Future Studies*

Yet despite these limitations, this research provides a new understanding of how food pantry clients view identity, stigma, health, and food choice within a food pantry setting. This study aims to lay the foundation for future studies regarding perceptions of identity and empowerment within food pantry settings. Areas for further research include exploring the roles of food pantry coordinators and how employees negotiate and perceive their jobs as well as how employees perceive food pantry clients. A recurrent theme expressed by several food pantry coordinators was the sentiment that to go hungry in this area was virtually impossible because low-income groups have a variety of available resources. This idea brings to light the question of how food insecurity is

perceived by food pantry coordinators and employees. Similarly, this study could further be expanded by conducting more in-depth interviews with food pantry clients to allow for more patterns to emerge regarding perceptions of identity, stigma, health and food choice within the food pantry setting.

## APPENDIX A

### CONSENT FORM

#### Analyzing Food Choice and Dietary Motivations of Clients within Client Choice and Pre-Packaged Food Pantry Models

You are being asked to participate in a study that will explore food choice and food motivations among food pantry clients. This research study aims to understand how food choice is impacted by several factors such as culture, access to certain foods, and nutritional knowledge. My name is Jamilatu Zakari and I am a graduate student at Texas State University in the Department of Sociology. This research project will be used for my Master's thesis. My contact information is: 646-942-4419 or jz1082@txstate.edu.

I have chosen you as a participant for the study because I have previously made your acquaintance while volunteering at the food pantry and would like to ask you to participate in the study. You are being asked to participate in this study because you use food pantry services. By agreeing to participate in this study, you will be asked questions regarding the reasons why you chose particular food items. In the case of participants who receive services from pre-packaged food pantries, questions will focus on how receiving pre-packaged food items impacts how you cook and prepare food.

Approximately 30 questions will be asked. The interview will take approximately one hour, maximum an hour and a half and will take place in a convenient location for you. You will be one of approximately 30 people chosen to participate in this study. My goal with this study is to produce a thesis.

If you decide to participate in the study, you will take part in a one-on-one in-depth interview with me. With your permission, the interview will be recorded and transcribed. The possible risk to your participation is psychological harm from describing past or present events that may have been or are currently overwhelming. As a courtesy I have provided a list of agencies to contact that might be helpful to you after this interview: (1) Capital Area Mental Health ([www.camhc.org](http://www.camhc.org), 512-328-1000), (2) Austin Stress Clinic ([www.austinstress.org](http://www.austinstress.org), 512-326-1717), and (3) Lifeworks ([www.lifeworksweb.org](http://www.lifeworksweb.org), 512-735-2400). Note that any costs of counseling, medical aid, or other services are the study participant's responsibility. Additionally, Capital Area Food Bank of Texas has additional resources to local community programs ([www.austinfoodbank.org](http://www.austinfoodbank.org), 512-282-2111). A possible benefit of this study is that it provides you the opportunity to discuss your experiences and what you like and dislike regarding food pantry services and operations. The final results of this study will be shared with Capital Area Food Bank. However, please know that your identity will remain confidential.

Your name and identity will be protected and not included in the transcript or final findings of the study. You will be assigned a false name in place of your true name or identity. **Everything will remain strictly confidential.** Only I, the interviewer, will hear the recordings, which will be kept in a locked file cabinet until the study is finished. The anticipated completion date will be December 31, 2012. At that time, I will destroy

the recordings. Please note that every possible step will be taken to protect your identity and maintain confidentiality.

Your participation in this study is not mandatory. You may stop participating in this research at any time you choose or choose not to answer questions. If you do not understand any portion of this consent form or if you have any concerns, please let me know immediately. I can send you a summary of the study or any additional information for your records. The Texas State Institution Review Board has approved this study (#2012Q7199).

You will be given a copy of this form. If you have any questions in the future, please contact me. With questions or concerns about your rights or this research you may also contact the Institutional Review Board chairperson at Texas State University, Dr. Jon Lasser (512-245-3413, [lasser@txstate.edu](mailto:lasser@txstate.edu)) or the Compliance Specialist, Ms. Becky Northcut (512-245-7975). Also, you can contact my professor, Dr. Deborah Harris, in the Sociology Department (512-245-4547).

You are making a decision whether or not to participate in this study. Your signature means that you have read the information provided above and have decided to participate. You may withdraw at any time after signing this form should you choose to do so.

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Signature of Research Participant

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Date

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Signature of Researcher

---

Date

## **APPENDIX B**

### **PROPOSED INTERVIEW GUIDE**

#### **Demographic Questions:**

1. How old are you?
2. What is your race/ethnicity?
3. What was the last year that you completed in school?
4. Are you employed?
5. Who do you currently live with?
6. Are you married? (ask if unclear by answer 5)
7. Do you have any children? (If the answer is no, skip to next question)  
If so, how many?

#### **Background Information**

8. Where did you grow up?
9. In regards to your childhood, who did most of the cooking?
10. What are some of the foods that you associate with your childhood?
11. How would you describe your eating habits as a child? Probing question: Would you say your food habits have changed or remained the same?
12. Do you think your food habits as a child have impacted your food habits today?  
Explain.
13. Did you travel far to get to this particular food pantry?
14. Do you come to this particular food pantry often? If so, how many times a week.
15. What are some of the reasons you choose to come to this particular food pantry?

#### **Dietary Information**

16. Describe your overall thoughts about your diet.
17. Describe the last meal that you ate.
18. Do you have regular access to a kitchen or do you share a kitchen with others?
19. How much time would you say it takes for you to prepare a meal in one night?
20. On average, where would you say you eat most of your meals? Ex. outside of the home, at home, at work, etc.

#### **Food Choice Questions**

21. Do you mind if I take a look in your cart/pre-packaged bag?

### **Questions asked to clients of Customer Choice Food Pantries**

22. Tell me about some of your food choices.
23. Do you make food choices based on who you live with?  
Probing Question: In what ways do you make food choices based on who you live with?
24. Before going to the food pantry, do you plan meals for the week?
25. Probing Questions: (If answer is yes) what are some meals that you have planned for this week?
26. How do you feel about the ability to choose your own food items?
27. What are some of the things you like about the food pantry? What are some things that you would like to see change?
28. If you could design a food pantry, what types of foods would you have? Probing Question: If you were free to shop at a grocery store, what types of foods would you choose?
29. What are some of the foods that you wish you could eat more of?

### **Questions for Clients of Pre-Packaged Food Pantry**

30. Looking in your pre-packaged bag, how do you feel about the items that have been given to you?
31. Do you plan on using all of the items?  
(If no) Probing question: What do you do with the items that you do not plan on using?
32. What types of meals do you make with the items given to you?
33. Does receiving a pre-packaged bag change the way you prepare your meals? Why or why not?
34. What are some of the things you like about the food pantry? What are some things that you would like to see change?
35. If you could design a food pantry, what types of foods would you have? Probing Question: If you were free to shop at a grocery store, what types of foods would you choose?
36. What are some of the foods that you wish you could eat more of?

### **Closing Questions**

37. If you had to make changes to your diet, what would they be?
38. How do you think you would accomplish this?
39. When you hear “healthy” eating, what types of foods come to mind?
40. Where do you find information about healthy eating?

41. Please indicate the range that best reflects your monthly income:

- a) No Income
- b) \$1-\$499
- c) \$500-\$999
- d) \$1,000-\$1,499
- e) \$1,500-\$1,999
- f) \$2000-\$2,499
- g) \$2,500-\$2,999
- h) \$3,000 or more
- i) Unknown

**APPENDIX C**



# Food Pantry Intake Form

*All CAFB Partner Agencies are required to use this intake form*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Number of People in Household: \_\_\_\_\_

Are you currently receiving any form of government assistance, ie: Food Stamps, Social Security, etc.?

*Receiving government assistance is an income eligibility indicator, allowing food pantry staff to know you automatically are eligible to receive USDA commodities.*

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Date

## NOTICE TO CLIENTS

If you receive food from this emergency pantry, please note the following:

This emergency food pantry is a Partner Agency of the Capital Area Food Bank (CAFB), and as such has agreed to follow CAFB policies and procedures and Internal Revenue Service (IRS) regulations regarding distribution of donated goods.

This pantry CANNOT:

- Charge a fee or accept monetary donations for food and non-food items you receive.
- Require you to provide a service, participate in a religious event or join any part of this organization as a condition of receiving food.
- Refuse assistance to you based on race, color, age, religion, national origin, disability, gender, sexual orientation or political affiliation.

\*This pantry must implement guidelines and post them where clients can see them stating any limitations that would affect service, stating the following:

- Pantry days and hours of operation.
- How often your household may visit this pantry.
- Form of identification, if any, necessary to receive food.
- Any service area restrictions (Example: serves only specific zip code or school boundary).
- Refuse service to individuals posing a health hazard, been verbally or physically abusive or have threatened harm to volunteers, staff or other clients.

*\*Pantry guidelines MUST be clearly posted.*

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