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Approval Sheet

Managing Hunger: A Diverse Perspective from a Diverse Community

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Managing Hunger: A Diverse Perspective from a Diverse Community

By

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B.A, Florida International University, 2007

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An abstract of
A thesis submitted to the Faculty of the
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Abstract

Managing Hunger: A Diverse Perspective from a Diverse Community

By Katie M. Clifford

Background: The city of Clarkston is located in DeKalb County, GA. Clarkston is called the most diverse square mile in the U.S. and it has lived up to its name with its high refugee and immigrant population. Nearly half of the population lives below the poverty line, and there is little information available on what community members do when they do not have access to food.

Objective: The goal of this thesis was to develop a survey tool based on the Coping Strategies Index (CSI) and the Household Food Insecurity Access Scale (HFIAS) to monitor coping strategies that are being used by community members in times of low access to food and the impact of Clarkston Community Center's Food Security Initiative on program members. This study also explores community members' perceptions of barriers and access to food in the community and their insights on these issues.

Method: Two focus group discussions were conducted (n=6) with community members to collect coping strategies that households use when they do not have access to food. Cognitive interviews (n=10) were used to validate findings in the focus group discussions and also to provide feedback on the creation of the final survey tool. A survey tool was piloted at the Cares 4 Clarkston Food Pantry (n=18), and a final product was created based on the ease of questions and participant feedback.

Results: A standard set of coping strategies was not able to be obtained; however, a survey tool was created using a hybrid form of the CSI and HFIAS. Themes from the focus group discussions and cognitive interviews indicated that the community has low access to food (and transportation to access food) and there is a lack of transparency about what programs are available in the community.

Conclusions: More research is needed in the city of Clarkston and the U.S. in terms of food security in low income communities. Particular attention needs to be paid to food pantries as they serve as a 'safe place' for people to receive help free of stigma and pantries are able to supplement households where federal assistance programs fall short.

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Table of Contents

List of Tables and Figures

Chapter 1: Introduction

1.1 Introduction and Rationale

The problem of food insecurity is a major problem in the United States (U.S.) and around the world. The Food and Agriculture Organization estimates that 842 million – about 12 percent of the global population, were unable to meet their dietary energy requirements in 2011-13 (FAO 2013). Annually, a large amount of resources and projects are targeted at decreasing the rate of food insecurity in developing countries, however, it is important to remember that food insecurity is a daily struggle for a number of households in the U.S. as well. In a report published by the United States Department of Agriculture (USDA), 17.6 million households were listed as low and very low food security (USDA 2013). A large amount of households in the U.S. are also not able to provide enough food for their household members due to a lack of food.

Clarkston, GA is known as the most diverse square mile in America, in large part because of its selection as a refugee resettlement area in the early 1990s. In 2012, nearly half of the residents of Clarkston, GA lived below the poverty line with a median household income of $31,741 (CityData 2012). The population is economically and culturally diverse, with a significant number of refugees and immigrants. In fact, 40 percent of the population is foreign born, of which, only 28 percent have U.S. citizenship. While many residents have a working knowledge of English, 35 percent speak a language other than English at home, making integration in the U.S. workplace and culture challenging. There is a large unemployment rate with 38 percent of men and 48 percent of women not in the labor force (USA.com, 2010).

The city of Clarkston has several food deserts, all within close proximity to the Clarkston Community Center (CCC). A food desert is defined as, "a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store" (USDA 2011). Furthermore, many residents do not have access to transportation making obtaining healthy food options more difficult. In 2012, 10 percent of the populations (23,000 households) were receiving government food assistance (such as the Supplemental Nutrition Assistance Program or SNAP). 50 percent of those families receiving SNAP benefits in the Clarkston Congressional District were living below the poverty line while 10 percent of people below the poverty line were not

receiving assistance (USDA 2011). This gap is what the CCC Food Security Initiative (FSI) seeks to fill.

Clarkston's diverse ethnic background brings unique challenges. Clarkston is largely made up of African-Americans and refugees from Afghanistan, Bhutan, Bosnia, Burma, Burundi, Ethiopia, Iraq, and other countries. CCC offers a variety of programs, activities and events intended to improve the quality of life of those it serves. The Food Security Initiative, which is comprised of a food pantry, food co-op, farmers' market and community garden, helps families facing food insecurity by providing supplemental food and education about nutrition and navigating the food environment.

The CCC's FSI's mission is to increase the percentage of food secure families in Clarkston with independent access to affordable, nutritious and culturally appropriate foods (CCC 2013). The FSI was created with the support of the DeKalb County Board of Health and Kaiser Permanente in 2011. This initial grant supported the hiring of a FSI food security manager and provided start-up costs for the FSI programs. While all components of the FSI at CCC are valuable and equally important to achieve food secure homes, there will be a focus on the Cares 4 Clarkston (C4C) Pantry.

The C4C pantry began as a community outreach project of the Oak Grove United Methodist Church (Oak Grove). Later the CCC created a partnership with Oak Grove and each organization was responsible for filling the pantry and staffing on their set monthly distribution date. The pantry is run on two Saturdays every month at the Clarkston United Methodist Church (CUMC). In January 2013, the CCC created a memorandum of understanding with CUMC for CUMC to supply food supplements for the pantry distributions and the CCC to supply volunteers and manage their monthly distribution. Oak Groves receives most of their funding for emergency food assistance through donations from church members and the youth group at the church staffs Oak Grove's pantry dates. Although all implementing organizations operate independently of each other, a common spreadsheet of pantry data is shared among CCC and Oak Grove.

1.2 Problem Statement

In order to provide transparent and detailed information for Clarkston Community Center's Food Security Initiative (FSI), a survey tool is needed to address varying levels of food security among program clients. The FSI does not have a survey tool to gauge food security among program clients. The FSI currently collects contact and demographic information of program clients. While

this information is useful for reporting purposes, this information does not provide any indication of food security of program clients. Without a survey tool, FSI will continue to provide services to program clients without knowing the reasons behind client need that are gained through developing a better understanding of what program clients do in times of food insecurity. The program is working to reduce the food insecurity that has been identified as a major problem by the CCC and other organizations operating within the community and this cannot be properly done without baseline data on the matter.

1.3 Purpose Statement

Because measuring food insecurity is costly and complicated, there is a need for a tool to measure household food security and coping strategies. The goal of this thesis is to develop a survey tool based on the Coping Strategies Index and the Household Food Insecurity Access Scale to monitor strategies that are being used by community members in times of low access to food and the impact of Clarkston Community Center's Food Security Initiative on program members in Clarkston, GA. This survey tool will be provided to the Clarkston Community Center for use in its programs.

1.4 Objectives of the Study

1) To investigate targeted coping strategies and methods to be used to create a survey tool through a literature review.

2) To identify coping behaviors that are relevant in Clarkston, GA through the use of focus group discussions and cognitive interviews made of Clarkston community members.

3) To design a coping strategy index tool to be used by the Clarkston Community Center Food Security Initiative to be used to monitor and evaluate food insecurity and coping strategies of households that participate in programs.

1.5 Significance

The implementation of food security strategies in any community in the world, even the U.S., can be a costly and complicated task. Many food security intervention programs take place in resource-poor environments and a number of programs take place without little to any follow-up to guarantee that the services are providing their intended purpose: lowering the rate of food insecurity

in the targeted community. The Clarkston Community Center's (CCC) Food Security Initiative (FSI) provides services to community members to increase their food security including a food pantry, community co-operative, community garden, and a farmers market that offers reduced prices to community members that receive SNAP benefits. The CCC operates with a small staff and with the help of volunteers. Members that are insisting in program food security interventions change often (primarily volunteers), so it is important to create a standardized tool to report food insecurity in the community and an evaluation of whether food security rates are changing in part due to the interventions. The client questionnaire survey tool that will be created as a result of this master's thesis will provide the CCC with an accurate survey tool to use with its clients in FSI programs.

1.6 Definitions of Terms

ACGA	American Community Garden Association
ACFB	Atlanta Community Food Bank
C4C	Cares 4 Clarkston Food Pantry
CCC	Clarkston Community Center
CFM	Clarkston Farmers Market
CFS	Community Food Security
CNSTAT	Committee on National Statistics
CPS	Current Population Survey
CSI	Copping Strategies Index
CUMC	Clarkston United Methodist Church
DFCS	Department of Family and Children Services
DVCP	Double Value Coupon Program (Wholesome Wave Georgia)
EBT	Electronic Benefits Transfer
FANTA	Food and Nutrition Technical Assistance
FAO	Food and Agriculture Organization
FAP	Federal Assistance Program
Farm Bill	Agriculture Act
FERA	Federal Emergency Relief Administration
FNS	Food and Nutrition Services
FSI	Food Security Initiative (CCC)
FSS	Food Security Supplement
GA	Georgia
GNAP	Georgia Nutrition Assistance Program
HHS	Household Hunger Scale
HIFAS	Household Food Insecurity Assess Scale
INA	Immigration and Nationality Act
IRB	Institutional Review Board (Emory)
MOU	Memorandum of Understanding
NSLP	National School Lunch Program
PRWORA	Personal Responsibility and Work Opportunity Reconciliation Act
RDA	Recommended Dietary Allowance
SNAP	Supplemental Nutrition Assistance Program (Food Stamps)
USDA	United States Department of Agriculture
WFP	World Food Program
WHO	World Health Organization
WIC	Special Nutrition Program for Women, Infants and Children

Chapter 2: Comprehensive Review of the Literature

2.1 Introduction to the Literature Review

There are several objectives of this literature review. The first is to define food insecurity and describe how it is measured. The second objective is to introduce the Clarkston Community Center (CCC) and its Food Security Initiative's (FSI) programs and objectives. Third, is to give a history of federal and charitable programs in the U.S. to address food insecurity. Fourth, is to give an overview of the documented prevalence of food insecurity in the United States, particularly in the state of Georgia, the city of Clarkston, and in the United States Refugee population. Fifth, the literature review will give an overview of food security assessment tools including the Coping Strategies Index (CSI) and the Household Food Insecurity Access Scale (HFIAS), and their use to gauge food insecurity in communities around the world.

2.2 Definitions of Food Security

There are a number of different definitions of food security, and this section will give an overview of said definitions. Food security is defined as "when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life" (WHO 2014). The concept of food security also includes both "physical and economic assess to food that meets people's dietary needs as well as their food preferences" (WHO 2014). Food insecurity arises when households have limited or uncertain access to sufficient amount of foods that are deemed safe to eat and nutritionally adequate without resorting to coping strategies.

In 2006, the United States Department of Agriculture (USDA) introduced a new set of terms to define food insecurity in the United States. Working with the Committee on National Statistics (CNSTAT) of National Academies, the USDA introduced the new labels that are described below (USDA 2014). Hunger is a word that is commonly used to describe food insecurity, although the two terms are not interchangeable. Hunger refers to a "potential consequence of food insecurity that, because of prolonged, involuntary lack of food, results in discomfort, illness, weakness, or pain that goes beyond the usual uneasy sensation" (USDA, 2014). It is important to create labels for food security not using the word hunger because the term hunger is typically not used in survey tools designed to gauge food security.   Hunger is measured using body weight and height and the

circumference of the upper arm, and no such indicators exist to measure food insecurity (World Food Program 2009).

Figure 1: USDA's Labels to Describe Ranges of Food Security

Food Security

- High food security (old label= Food security): no reported indications of food-access problems or limitations.
- Marginal food security (old label= Food security): one or two reported indications – typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake.

Food Insecurity

- Low food security (old label= Food insecurity without hunger): reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.
- Very low food security (old label=Food insecurity with hunger): reports of multiple indications of disrupted eating patterns and reduced food intake.

Source: Adapted from (USDA 2014)

Food insecurity and hunger are typically referred to as "resource-constrained" or "poverty-related" conditions (Cook and Frank 2008). There are a number of different components that go into defining the concept of food insecurity in the United States and around the world. Most interventions focus on the component of access, but it is important to remember that there are a number of other factors to include in order for households to acquire food security. The four pillars of food security (according to the Food and Agriculture Organization (FAO)) are: food availability, access, utilization, and stability (Hadley and Crooks 2012). The Ryerson University Center for Studies in Food Security components to measure food security include: availability, accessibility, adequacy, acceptability, and agency (Ryerson University 2014). The World Health Organization (WHO) defines food security based on three pillars: food availability, food access, and food use (WHO 2014).

Figure 2: Common Components of Food Security

Common Components of Food Security

Availability – sufficient food for all people at all times

Accessibility – physical and economic access to food for all at all times

Adequacy – access to food that is nutritious and safe, and produced in environmentally sustainable ways

Acceptability – access to culturally acceptable food, which is produced and obtained in ways that do not compromise people's dignity, self-respect or human rights

Agency – the policies and processes that enable the achievement of food security

Stability – access to adequate food on a regular basis

Use – appropriate utilization of food resources based on knowledge of basic nutrition and care, as well as adequate water and sanitation

Utilization – sufficient energy and nutrient intake by individuals as a result of good care and feeding practices, food preparation, diversity of diet and intra-household distribution of food.

Sources: Adapted from (FAO 2014) (WHO 2014) (Ryerson University 2014)

Availability refers to the overall abundance of quality food, although not all households have access to healthy and safe foods (Hadley and Crooks 2012). Acceptability and use are terms that are particularly important to the Food Security Initiative (FSI) because a portion of its client base is from outside of the United States. Food that is provided to clients in various programs may not be common to community members and if the community members do not know how to use the food, or do not want to use the food, then food may be discarded or wasted. What policies and practices are in place in the city of Clarkston to ensure that community members have the ability to obtain and consume the food that they need to provide adequate food security? Utilization and stability are equally important in understanding food security (and insecurity). Both of these terms provide insight into what is occurring in the community relating to access and availability of foods. Do community members have access to food that they want to eat that fulfills their nutritional needs and

are community members able to utilize the resources that are available in their community to provide healthy food for their households?

Figure 3: U.S. Households by Food Security Status (2012)
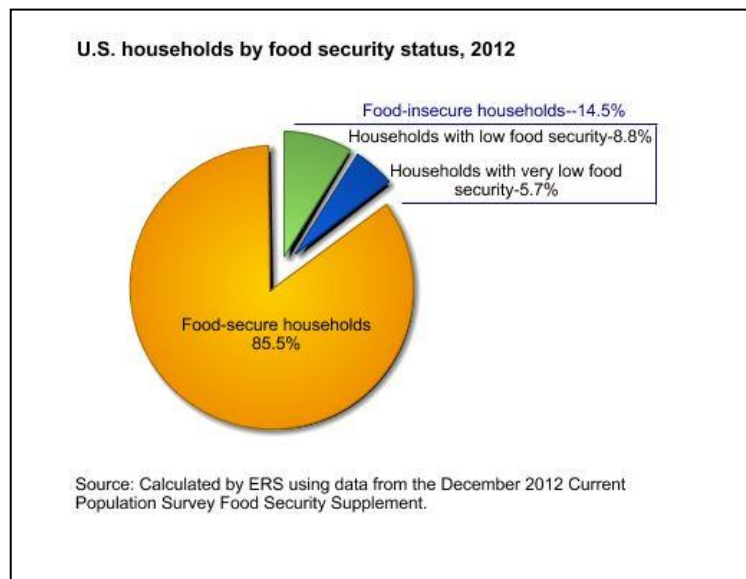
Source: (USDA 2014)

2.3 Clarkston Community Center Food Security Initiative

The term "Community Food Security" (CFS) is often used to describe community-level interventions to address issues of food access within a community (Kane 2013). Building sustainable communities that "possess the capacity to produce and market food locally" is a key component of the Clarkston Community Center's (CCC) Food Security Initiative (FSI) (Kane 2013). The city of Clarkston is made up of low-income refugee and U.S.-born residents, and the CCC FSI provides access to food through a broad spectrum of programs, including: the Clarkston Farmers Market, the Clarkston Community Food Co-operative, the Caring 4 Clarkston Food Pantry, and the Clarkston Community Garden. The core values (see below) of the CCC FSI guide and motivate the initiative to work to build a thriving local food economy, provide access to health food for all residents, and reduce the environmental impacts of the food system (CCC 2014). Below is a description of each of the CCC FSI programs.

Figure 4: CCC FSI Core Values

The Clarkston Community Center Food Security Initiative believes that:

- All people in a community have the right to have nutritious, affordable, culturally appropriate food every day.
- People have security and stability when they are empowered, educated (through formal and informal channels), and have a supportive community network.
- When people are in need, emergency food assistance coupled with education and skill development improves the ability to overcome life's challenges.
- Employees who earn lower wages face numerous obstacles that make it difficult for many of them to find and keep a job, save up money, and maintain a sense of self-worth.
- Local, naturally grown foods are fresh and nutritious. By supporting local food systems, people help to build a strong local economy and gain a sense of environmental responsibility.

Source: Adapted from (CCC 2014)

Clarkston Farmers Market

The goal of the Clarkston Farmers Market is to build community by connecting neighbors with locally grown, nutritious and affordable foods and celebrating the city's diverse cultural traditions (CCC 2014). The market targets all residents of Clarkston and the surrounding area to help Clarkston build a local food system through the promotion of locally grown and produced foods. The market was initiated in April 2012 as a monthly market, and in April 2013 the market expanded to a once-a-week market. Through a grant provided by the USDA Farmers Market Promotion Program, the market is able to operate from April through October, staff a market manager, and provide operational costs. SNAP (food stamps) benefits are accepted at the market and SNAP benefits are doubled through a partnership with Wholesome Wave Georgia.

Clarkston Community Food Co-operative

The goal of the Clarkston Community Food Co-operative is be to a source of nutritious food for low-income Clarkston residents and to build international cultural relationships and a stronger community around food (CCC 2014). Beginning in April of 2012, the co-operative was created from a desire from community members to have a food assistance program that would help food insecure families while promoting independence and self-reliance in the community (Kane 2013). Food pantries provide temporary emergency assistance for families, and provide little to no additional services that can help community members to gain food security. Co-operative members receive prepared and frozen food twice-a-month from the Atlanta Community Food Bank (ACFB) and fresh food donations from local farms and food organizations. The other two weeks of the month, co-operative members meet to order food from the ACFB and to participate in activities designed to connect them to local public services and empower members to make healthy food choices. Allowing members to participate in the food ordering process creates a sense of ownership over their own food choices. Members pick up the food that they order from the ACFB and work together to distribute the food among members at the twice monthly co-operative distribution meetings. The Food Security Initiative Food Manager oversees the co-operative, but members work together to do a large amount of the work, including recruitment, purchasing, and distribution.

Caring 4 Clarkston Food Pantry

The Caring 4 Clarkston (C4C) Food Pantry began in 2011 as a partnership between the Clarkston Community Center (CCC) and Oak Grove United Methodist Church.   The goal of the food pantry is to provide emergency food assistance to low-income families in Clarkston who may not have enough resources to provide food for their family in times of hardship. The pantry is run two Saturdays a month, and each organization is responsible filling the pantry and staffing the distribution for one of the Saturdays each month.   Food is purchased or donated from the ACFB, grocery stores, community gardens, or private food drives. In January 2013, the CCC created a memorandum of understanding (MOU) with Clarkston United Methodist Church (CUMC) for CUMC to supply food supplements for the pantry distributions and CCC to supply volunteers and manage the CCC's Saturday distribution date each month. Since the creation of the C4C, over 500 families in the Clarkston area have benefited from the program.

Clarkston Community Garden

The Clarkston Community Center's (CCC) Community Garden includes 28 plots where residents grow their own food. The community garden was created in 2002, and each community gardener pays $40 per year for their in-ground plot. Thirty of those dollars go to the CCC to off-set the cost of maintenance and water usage, and the remaining $10 goes into the garden fund to pay for communal supplies. Community members may also rent a raised bed in the garden for $25 per year, with $20 going to the CCC and $5 to the garden fund. The CCC Food Security Initiative (FSI) also maintains additional plots in the garden with the help of volunteer support from the Clarkston community and groups in the surrounding area. Volunteers help to plant and maintain the FSI plots to provide fresh, local foods to Clarkston residents in need. The produce harvested from the plots is used in FSI programs, including the Food Co-op, Caring 4 Clarkston Food Pantry, or sold at the Clarkston Farmers Market. Proceeds from these sales go into the FSI budget to support the pantry and co-op (CCC 2014).

2.4 Federal Assistance Programs to Address Food Insecurity in the U.S.

To lower the rates of food insecurity, the United States has developed a range of federal assistance programs aimed at providing food to low-income families. The Handbook of Agriculture Economics separates federal assistance programs (FAPs) into two types. Type 1 FAPs are programs "that improve individuals' food choices or the nutritional impact of their choices." Examples of Type 1 FAPs include SNAP/Food Stamp benefits, WIC, school lunch programs, and others. Type 2 FAPs "improve food utilization" and include micronutrient fortification, nutrition education, and similar programs (Kane 2013, Barrett 2002). Type 1 FAPs are targeted to vulnerable persons and used by governments around the world to address hunger. Type 2 FAPs are present most often in high-income countries and have been demonstrated to be effective, although are often not included in discussions about food assistance. Type 2 FAPs attempt to improve the effectiveness of food to achieve nutritional indicators through fortification or changing the way food is procured, stored, prepared or consumed. Type 1 FAPs will be the focus of this thesis literature review.

Supplemental Nutrition Assistance Program

The Supplemental Nutrition Assistance Program (SNAP (formerly known as the Food Stamp Program)) is the largest nutrition assistance program administered by the United States Department of Agriculture (USDA) (FRAC 2014). In 2013, it helped more than 47 million low-income Americans

to afford a nutritionally adequate diet in a typical month (CBPP 2014). "The goal of the program is "to alleviate hunger and malnutrition… by increasing food purchasing power for all eligible households who apply for participation" as stated in the Food Stamp Act of 1977, as amended (P.L. 108-269)" (FRAC 2014).

The program began in 1939 as a voucher system known as the food stamp program. Food stamps were coupons given to eligible persons to use as cash in order to acquire food in retail food outlets and the coupons were then redeemed like checks through the banking system (Barrett 2002). The food stamp program was initiated through the New Deal legislation of Franklin D. Roosevelt as a way to redistribute surplus food grown in the U.S. to low-income families. In the original design, those that were participating in the Federal Emergency Relief Administration (FERA) were able to purchase orange food stamps equal to their normal food costs. For every $1 worth of orange food stamps purchased, 50 cents worth of blue stamps were received. Orange stamps were used to buy food and blue stamps could only be used to buy food determined by USDA to be surplus (USDA 2014).

The food stamp program was suspended in 1943 "since the conditions that brought the program into being – unmarketable food surpluses and widespread unemployment – no longer existed" (USDA 2014). The food stamp program was reinstated in 1961 by the Kennedy Administration. During the food stamp pilot program, food stamps were still required to be purchased as they were in 1939, but a special stamp for surplus food was not included. The Food Stamp Act of 1964, requested by President Johnson, was designed to "strengthen the agriculture economy, provide improved levels of nutrition among low-income households, and bring the pilot program under Congressional control and to enact the regulations into law" (USDA 2014). The Food Stamp Act of 1977 eliminated the purchase requirement of the 1964 act to reduce any barriers that may potentially be created by requiring people to purchase food stamps. The 1977 act also established income eligibility requirements. In the 1980s, "sales tax on food stamps purchases, reinstitution of categorical eligibility, increased resource limit for most households, eligibility for the homeless and expanded nutrition education" (USDA 2014).

In 2004, food stamp paper coupons were replaced with the electronic benefit transfer system (EBT). Under the new EBT system, food stamp benefits were deposited onto a card similar to a debit card after participants were deemed to be eligible for the program (USDA 2014). The shift to EBT

was initiated to help decrease stigma against food stamp recipients who often reported feeling ashamed to pull out paper stamps in grocery stores. EBT also allowed food retail outlets to be paid faster and save the trouble of sorting, counting and bundling paper stamps. Transferring to electronic benefits also helped to reduce fraud and abuse in the system as it made it harder to lose, sell or steal benefits (Kane 2013, Pear 2004). In 2008, under the Bush Administration the food stamp program name was officially changed to the Supplemental Nutrition Assistance Program (SNAP).

SNAP is the cornerstone of the U.S. nutrition assistance programs. In 2013, over 23 million households in the U.S. received SNAP benefits, including 907,896 households in the state of GA (USDA 2014). The federal government pays 100% of SNAP benefits, the state governments share administrative costs (usually about 50% annually). Congress reauthorizes funding for SNAP every five years as part of the Agriculture Act (Farm Bill). The 2014 Farm Bill clarified SNAP benefit eligibility rules, put in provisions to pilot projects in 10 states to create employment and training programs, and prohibits the USDA from using SNAP advertisement and recruitment activities (House Committee on Agriculture 2014). The Farm Bill was only signed into law in February 2014, and the USDA has not created regulations on all sections of the act at this time.

Refugees are more likely than other populations to use many federal food assistance programs, such as SNAP (Bollinger and Hagstrom 2008). Before the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) was passed in 1996, most legal immigrants that were lawfully living in the U.S. were eligible for SNAP under the same eligibility guidelines as citizens. After PRWORA was passed, SNAP benefits were denied to legal immigrants that did not meet the exceptions of the act: 1) refugees/asylees for the first five years in the U.S. 2) members of the Armed Forces, veterans, and individuals that have paid 10 years of Social Security taxes (NASW 1996).   The Farm Bill of 2002 reinstated the rights of legal immigrants to receive SNAP benefits if they have been living in the U.S. for five years, and any legal immigrants with children were eligible without the waiting period (USDA 2008). Refugees are able to apply for SNAP without a waiting period or additional eligibility criteria (such as having children in the household). Although all legal immigrants (refugees included) are eligible only about 4% of all SNAP users are noncitizens (Feeding America 2014, USDA 2012).

In a customer satisfaction survey conducted in 1999, most SNAP applicants and participants reported that they were satisfied with the program (FRAC 2008). Applications were satisfied with

the application process, the recertification process, benefit issuance and services provided by caseworkers. A reported 15-20% of those surveyed were dissatisfied with the SNAP application process. Those that were dissatisfied were likely to live in an urban area, live in a household containing an elderly member and be Black non-Hispanic. Participants in the SNAP program were also more likely to be dissatisfied with the level of perceived stigma around the SNAP program, the application process (number of times they applied to the program, the amount of trips that they made to the office [Department of Family and Children Services], the number of hours they spent applying, and the total out-of-pocket cost spent applying) (FRAC 2008). There was no published research available on the level of satisfaction of refugees with the SNAP program.

The Special Nutrition Program for Women, Infants and Children

The Special Nutrition Program for Women, Infants and Children (WIC) provides grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to the age of five who are found to be at nutritional risk (USDA 2014). The initial WIC program was piloted in 1972 as a supplemental food program aimed improving the health of pregnant mothers, infants and children in growing concern over malnutrition among poverty-stricken mothers and young children. By 1974 WIC was operating in 45 states and in 1975 WIC was established as a permanent program by legislation P.L. 94-105. In 1975, WIC was also extended to non-breastfeeding mothers. Throughout the decades that WIC has been operating, the program has seen a number of additions to promote breastfeeding in mothers (providing peer counseling and providing incentives for mothers who breastfeed) (National WIC Association 2014).

Funding for WIC is distributed from the USDA Food and Nutrition Services (FNS) to state health and human service agencies, which in turn use local agencies to administer the program. There are over 10,000 WIC clinics hosted by health departments, hospitals, mobile clinics, schools, community centers, public housing sites and other local organizations. WIC is not an entitlement program, and must be funded annually through the U.S. Senate and House Appropriations Committee (USDA 2014). Throughout the funding process, Congress decides how much money that the WIC program will receive each year.

During the year of 2011, the number of women, infants and children receiving WIC benefits averaged almost 9 million participants each month (USDA 2012). WIC is available in all 50 states,

34 Indian Tribal Organizations, as well as U.S. Territories. In order to be eligible for WIC on the basis of income, applicants' income must "fall at or below 185 percent of the U.S. Poverty Income Guidelines" (which in 2013 was $43,567 for a family of four). Any person that participates or has family members who participate in other programs such as SNAP, Medicaid, or Temporary Assistance for Needy Families (TANF) automatically meet the income eligibility requirement (USDA 2012).

Legal residency or U.S. citizenship is not required to receive WIC benefits, although the applicant must reside in the state through which they are applying. Any WIC participant that moves to a new area must reapply for WIC benefits; however, these persons are placed at the top of the waiting list in the new location and can continue to use their current WIC benefits until their certification runs out. The average participant will receive WIC benefits for 6 months to one year, and must the reapply to receive additional WIC benefits (USDA 2014). No data is available on the use of WIC benefits by refugees. Studies found that dealt with WIC and refugees used WIC as a recruitment tool for a study on food insecurity, exclusive breastfeeding, or nutrition improvement since entering the U.S. Smaller studies of specific ethnic groups show use consistent with that of the SNAP program (Kane 2013, Hadley and Sellen 2006).

National School Lunch Program

A version of the National School Lunch Program (NSLP) that we know today began in individual schools in the 1850s. Originally a local and state supported program, the NSLP has grown to a federally funded program administered through the USDA's Food and Nutrition Service (FNS). In 1946, the National School Lunch Act gave the program permanent status and authorizations to create the necessary appropriations for it. Schools are given cash subsidies and USDA commodity foods to feed students who qualify for the program. Families with incomes below 130 percent of the poverty level (currently $30,615 for a family of four) are eligible for free lunch and those with incomes between 130 and 185 percent of poverty (no more than $43,568 for a family of four) can receive reduced-priced meals for 40 cents or less (USDA 2013). For the 2013-2014 academic school year, schools in the contiguous U.S. were reimbursed $2.93 for free lunches, $2.53 for reduced-price lunches, and $0.28 for paid lunches (USDA 2014). In exchange for these subsidies and foods, schools must ensure that children are given one-third or more of their Recommended Dietary Allowance (RDA) in each school lunch. For example, children four to eight years old must receive

800mg/d of calcium, 0.76g of protein, and 275µg/d of vitamin A (Food and Nutrition Board 2014). Nutritional regulations on school lunches were unstructured until the 2010 Healthy, Hunger-Free Kids Act (USDA 2013).

The Healthy, Hunger-Free Kids Act allowed the USDA to make real reforms to the school lunch programs by improving critical nutrition and hunger safety for millions of children in the U.S. (USDA 2014). Changes to the NSLP included an increase in the amount of fruits and vegetables served, as well as whole grain foods, low fat milk, limited calories and reduced sodium and reduced fat. A number of schools across the U.S. also now participate in school gardening programs and use the produce that they grow to supplement their school lunch budgets. The Healthy, Hunger-Free Kids Act is the first update to the program in 15 years, and has the possibility to shape taste preferences of children as well as decrease childhood obesity and diabetes rates (USDA 2014).

2.5 Community Level Programs to Address Food Insecurity in the U.S.

In addition to U.S. Federal Assistance Programs, community and charitable organizations work to lower rates of food insecurity in the U.S. population. In recent years there has been a push for local food assistance programs to fill the gap where the federally-funded programs fall short. Below community level programs will be discussed that the Clarkston Community Center's (CCC) Food Security Initiative (FSI) participates in including: food banks/food pantries, food co-operatives, farmers markets and community gardens.

Food Banks/Food Pantries

Food banks and food pantries were created by private charitable organizations and faith-based organizations in the late 1970s in a response to provide 'emergency' food assistance to community members who were in need of extra assistance (Martin et al. 2013). There was a push from the political arena for local organizations to assist the government in providing resources for the poor, thus the food pantry was born (Daponte 2000). According to the USDA, 90 percent of households relying on SNAP to feed their families run out of benefits by the third week of the month (USDA 2011, Feeding America 2014). Although food pantries were initially created to provide emergency food in times of crisis, many households currently rely on pantries to provide food in for expanded periods of time. When SNAP runs out, households must rely on community level and charitable organizations to provide food at least six months out of the year (USDA 2011, Feeding America 2014). Food pantries exist in cities and counties across the U.S., however, there is a lack of research

documenting their ability to increase food security and how pantries work to improve self-sufficiency among households that use pantries frequently (Martin et al. 2013).

Within each state, there are usually a number of food banks responsible for providing food to food pantries. In the state of Georgia, with an estimated population size of 9,712,587, there are currently eight food banks that are distributed around the state to provide food to local food pantries and related services (Feeding America 2014). Food banks operate as non-profit organizations, and receive donations from retail food sources, the Federal Commodity Distribution, and the food industry, both locally and nationally (Daponte 2000). Food pantries then receive food from area food banks, as well as donations from community organizations and private organizations. Food pantries also rely on the help of volunteers, both private and public organizations, in order to stock pantries and to provide man power on the day of pantry events. In addition to providing emergency food, some pantries also provide additional services to participants, including personal counseling, employment services, and referrals to other social agencies and federal programs such as SNAP (Daponte 2000).

Food pantries are often used by individuals that run out of SNAP benefits before the end of the month. In a study conducted on the use of food pantries, 67 percent of those that used the pantry were also receiving SNAP benefits (Daponte 2000). SNAP benefits cannot be guaranteed to last all month and households must find other means to feed their family members. Currently 58 percent of households that are currently receiving SNAP benefits turn to food banks for assistance at least six months out of the year" (Castner and Henke 2011). There is a big overlap between federal assistance programs and charitable, and both work hand-in-hand to provide food to low-income communities.

Various pantries have different eligibility criteria. Some pantries require participants to be below a particular income threshold and/or live in the community. The Cares 4 Clarkston Food Pantry does not currently have any eligibility criteria in order to receive emergency food or other items available at pantry. Due to a large number of language barriers associated with refugee participants the CCC asks that participants bring along a photo ID with contact information, however, an ID is not required to be eligible to receive emergency food assistance.

Food Co-operatives

Historically, food co-operatives are thought of as "worker or customer owned businesses that provide grocery items of the highest quality and best value to their members" (Local Harvest 2014). Food co-operatives historically have operated as retail stores or buying clubs. All food co-operatives are committed to providing consumer education, product quality, and member control. Most co-operatives also typically support their local communities by selling produce grown locally by farms in the area (Local Harvest 2014). In the late 1980s, the Tampa United Methodist Centers created a new approach to the historical food co-operative. Taking a major shift, the new approach focused on a food co-operative that looked more like a community member owned food pantry. The organization paved the way for churches and non-profit organizations to distribute food, often from a local food bank or grocery store to community members in need, while at the same time giving them a sense of ownership and community within the project (Clark 1987).

The model of a low-income food co-operative, involves the distribution of food from a local food bank, grocery store, and local gardens. Members receive food every-other-week. In most models, members typically pay $5 to join the co-operative and $3 is collected from each member every time that they receive their food box. Although a members pay to join and maintain their status as a member of the co-operative, these dues do not go toward the purchase of the food that is distributed during the meetings. Ideally, dues should be collected, saved, and then later put toward the use of field trips, donations to charity or other group projects. The hosting organization, often a church or community group, pays the costs associated with the food that is distributed (for example food purchased from a food bank). Co-operative members or the hosting organization is responsible for collected the purchased food from the site where the food was purchased, and this duty varies by organization. Ordering of food from the local food bank is carried out by co-operative members as well as the sorting of the food for each member depending on their household size (Clark 1987).

Members on average receive about $100 worth of food at a meeting for a medium-sized family (Georgia Avenue Food Cooperative 2010). After the food is distributed, a meeting should be held to discuss any business of the food co-operative or to provide general information concerning health and community issues. Food co-operatives are not designed to serve as a sole source of food for a household, but instead serve to fill the gap that is left behind by SNAP benefits that do not last for the entire month. Unlike a food pantry which is often used for the same purpose, food co-

operatives give members ownership of the program and allow members to make decisions such as what food they would like to eat and what changes they would like to make to their community.

Farmers Markets

Farmers markets provide community members access to fresh and local foods grown in their own community or nearby. Gaining popularity in the 1970s, the number of farmers markets have increased from 340 to over 3,000 (Brown 2002). The Farmer-to-Consumer Direct Marketing Act of 1976 formally allowed the sale of farm products directly from farmers to consumers without selling products to a distributor first. The policy aimed to "lower the cost and increase the quality of food to such consumers while providing increased financial returns to the famers" (Title 7 Chapter 63 of PL94-463).

A large number of farmers markets accept and double SNAP benefits. This is made possible in part through the USDA Farmers Market and Local Food Promotion Program which provides $30 million annually through the 2014 Farm Bill (USDA 2014). Wholesome Wave Georgia's Double Value Coupon Program (DVCP) (established in 2009) allows "consumers with incentives that match the value of their federal nutrition benefits when used to purchase fresh, local produce at participating farm-to-retail venues" (Wholesome Wave 2014).   Doubling SNAP benefits at farmers markets increases the amount of fresh local food that community members consume and also works to increase the revenue of local farmers. In the state of Georgia in 2012, Wholesome Wave "doubled $115,000 to $230,000, with over 6,000 swipes [of EBT cards], for an average swipe of $18.50, or $37 in good food purchased" (Wholesome Wave 2014). The federal government and programs such as Wholesome Wave working in farmers markets create outlets for low-income communities to have access to fresh local foods and support the local economy.

Community Gardens

Community gardens can be dated back to 1890s with their start in Detroit, Michigan (Lawson 2009). During the 1893 depression, the mayor, Hazen Pingree, proposed using donated vacant land for gardens to create activities for unemployed community members. Community gardening was encouraged through contests, free seeds, and classes (often taught in multiple languages). Around the same time, gardening programs became popular in schools and were supported by women's clubs, gardening clubs, and civic organizations. In 1914, the U.S. Bureau of Education established the Division of Home and School Gardening to promote gardens nationally, and encouraged school

districts to include school gardens as part of the curriculum. During the First World War, there was a short of food in Europe, and many community gardens rallied their members to grow additional food in order to provide a reported $525 million worth of food for those overseas (Lawson 2009).

During the Great Depression, community gardens were used to provide food and income for those who needed it most; families that were able to use the garden to supplement their diets. Two main types of gardens immerged during the 1930s: subsistence gardens at homes and in community locations, as well as work-relief gardens that were created to give an income to those who gardened and also to provide food to local hospitals and charities. During the Second World War, victory gardens were spear-headed by the U.S. government and these gardens sprung up around the country. In 1942, victory gardens produced a reported 42 percent of the nation's vegetable supply (Lawson 2009). A number of victory gardens ended following the war, however a number of these gardens evolved into community gardens. In a time of urban activism and environmental ethic, community gardens began to spring up around the U.S. starting in the 1970s. In 1978, the American Community Garden Association (ACGA) was formed, and paved the way for the rise of community gardens from the 1980s – today (Lawson 2009).

Fresh foods are a major motivator and benefit for those who chose to participate in community gardens. Those who participate have the opportunity to grow foods that may or not may be available for purchase in their community. The production of fresh food in the community not only serves the purpose of feeding food insecure families, but also creates an income for those who chose to sell. Community gardens also provide a way for immigrants and refugees in the U.S. to continue growing traditions from their home countries and to educate their new community members on new produce options that may have not been available before.

2.6 Food Insecurity in the U.S. and in Clarkston, Georgia

The definition of poverty in the U.S. includes income before taxes but does not include capital gains or noncash benefits (such as public housing, Medicaid, and Supplemental Nutrition Assistance Program (SNAP)) (Cook and Frank 2008). Although costs of food and living vary from state-to-state (and in some cases city-to-city), the government does not take this into when creating poverty thresholds, i.e., the lowest amount of income needed to live an 'adequate' life in the U.S. (Cook and Frank 2008). In the city of Clarkston, the average family size is estimated to be 3.03 (U.S. Census Bureau 2014) and the U.S. Census Bureau considers a three person household with two children

under the age of 18 to have a poverty threshold of $18,769 (U.S. Census Bureau 2013). Any household that has more that has an income of more $18,769 is considered able to secure housing, food, and other basic needs. According to the 2010 U.S. Census, 37.6% of Clarkston residents live below the poverty threshold (U.S. Census Bureau 2014).

In 2011, 14.9 percent of U.S. households were food insecure at least part of the year and 5.7 percent of those households reported very low food security, meaning that "the food intake of one or more household members was reduced and their eating patterns were disrupted at times during the year because the household lacked money and other resources for food" (Coleman-Jensen et al. 2012). The rate of food insecurity Georgia with it's poverty rate of 15.7 percent, is higher than the federal average. In 2011, the Coleman-Jensen study reported that 17.4 percent of households in Georgia had "low or very low food security," and 6.4 percent of households had "very low food security" (Coleman-Jensen et al. 2012). However, in 2014 Feeding America estimated that 20 percent of households in Georgia were food insecure and unsure where they would find their next meal (Feeding America 2014 ACFB 2014).

Figure 5: Prevalence of Food Insecurity, Average 2010-2012
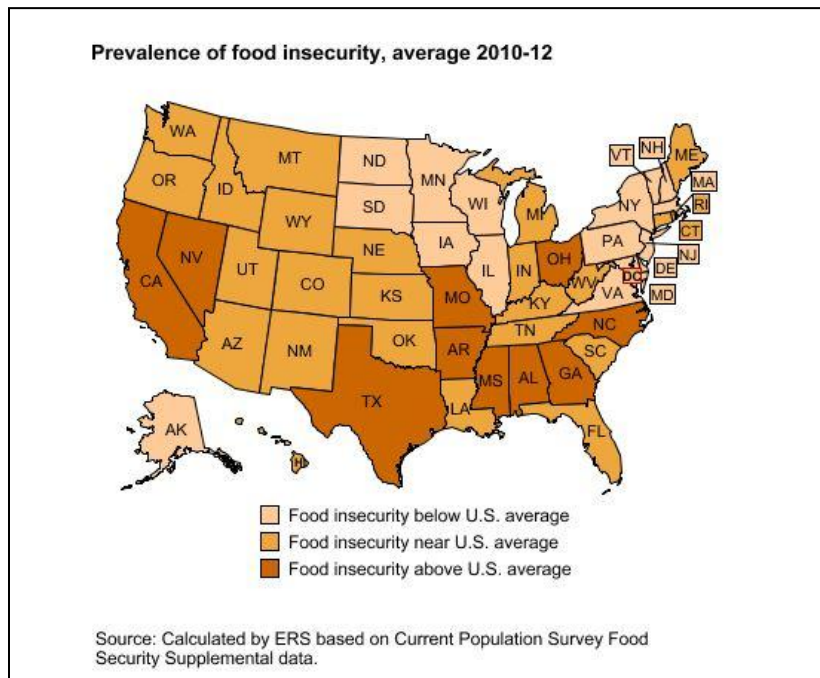
Source: (USDA 2014)

Clarkston, GA is defined as a 'food desert' or "[an] urban neighborhood without ready access to fresh, healthy, and affordable food (USDA 2014). For residents of Clarkston, and a large part of Metro Atlanta, residents may have to travel upwards of one mile to access fresh food. According to the USDA, in the Montreal Corridor, a locally named neighborhood in Clarkston, 20 percent of households do not have access to a motor vehicle and live more than one-half mile from a supermarket (USDA 2014). Feeding America publishes a yearly 'Map the Meal Gap Project' country profile using analysis information obtained at the county level to generate estimated food insecurity rates for individuals at the county level (Feeding America, 2014). While most publications focus primarily on households in a region that fall below the poverty line, the Feeding America reports include those households that fall above and below the poverty line because "57% of those struggling with [food insecurity] actually have incomes above the federal poverty line" (Coleman-Jensen et al, 2012 and Feeding America, 2014). Figure 6 presents the food insecurity profile of DeKalb county (the county in which the city of Clarkston is located) created with information from Feeding America. It is important to note that the rate of food insecurity in DeKalb County (21.7%) is higher than the national average (14.9%)

Figure 6: Food Insecurity, DeKalb County, GA (2013)

Population	Food insecurity rate	Estimated number of food insecure individuals (rounded)	Income within the food insecure population		
			% below SNAP threshold of 130% poverty	% between 130% and 185% poverty	% above Nutrition Program threshold of 185% poverty
690,000	21.5%	148,110	46%	20%	34%

Source: Adapted from (Feeding America 2014)

The Atlanta Community Food Bank (ACFB) serves 29 counties in the Metro-Atlanta area, including the city of Clarkston. In 2013 the ACFB served 33,478,591 pounds of food (FeedingAmerica 2014), including 10,409 pounds of food served to 351 households by the C4C pantry as of October (CCC 2014).

2.7 Food Insecurity in the U.S. Refugee Population and in the State of Georgia

Foreign born persons make up 45.6 percent of the Clarkston community, which is considerably higher than the state of Georgia as a whole which has only 9.7 percent (U.S. Census Bureau 2014). To be eligible for refugee or asylum status, an applicant must meet the definition of a refugee set forth in 101 (a) (42) of the Immigration and Nationality Act (INA): "a person who is unable or unwilling to return to his or her country of nationality because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion" (Martin and Yankay 2013). In 2012, 58,179 people were admitted into the U.S as refugees (Martin and Yankay 2013). The state of Georgia is among the top ten states in the nation for receiving refugees. During the year 2012, the state as a whole saw a 0.4 percent decrease in the amount of refugees that resettled in Georgia in 2012 (4.3 percent) compared to 2011 (4.7 percent) (Martin and Yankay 2013).

Figure 7: Ethnicities of Clarkston, GA (2010)
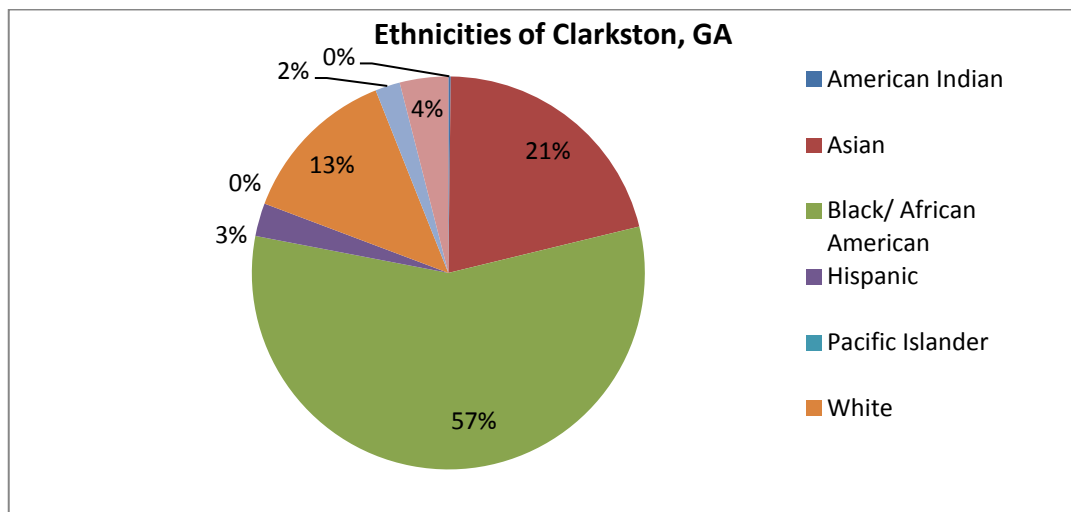
Source: Adapted from: (U.S. Census, 2010)

The U.S. Census Bureau does not take foreign-born or domestic born into account when classifying race or ethnicities of community members. For example, the classification 'Black or African American' may include those who define their race or ethnicity as "Black, African America, or Negro," as well as those who report ethnicities such as "African American, Kenyan, Nigerian, or Haitian" (U.S. Census Bureau 2014). The classification of 'Asian' is also a vague category that may

include people that were born outside of the United States in any country on the Asian continent. These loosely-termed definitions of race and ethnicity are important to note when it comes to looking at the city of Clarkston. At first glance, it may appear that majority of the population is 'Black or African American' and one may assume that this includes only those that are born in the United States. More research is needed to look at the various races and ethnicities of the city of Clarkston as this is important because the city is made up of a large number of foreign-born residents and this may not be adequately represented in the data. Demographic information regarding citizens' country of origin would be useful to determine if service programs in the city were successful across all ethnic groups.

In the U.S. food insecurity tends to be linked to household income making it difficult to accurately access food insecurity in refugee populations (Hadley et al. 2010). People who have newly arrived in the U.S. may experience difficulties when it comes to finding culturally appropriate and nutritious food options due to factors such as language, income, and transportation. In a study of West African refugees living in the United States, research showed that one-third of refugee households still showed signs of food insecurity after three years of living in the U.S. (Hadley et al. 2007). The study also showed that a number of refugees living in the U.S. carry an obligation to send money to their family members back in their home country (Hadley et al. 2007). An obligation to send money back home to family members creates an additional financial strain on the household in the U.S., and with a lower amount of money available, household food security suffers. In another study of newly settled refugees in the U.S. led by Hadley, results indicated that 85% of households were food insecure, and experiences with food insecurity were more likely to be "identified in households were the primary shopper experienced difficulty shopping and with language" (Hadley and Sellen 2006).

There is not a large amount of information available focusing on refugee populations and food security in the U.S. This is not a subject that has been studied extensively, or more likely, the research has not been included in publications. The two studies highlighted in the previous paragraph serve as an approximation of the going issues that newly settle refugees face in the U.S. Programs designed to work with refugee communities should be created with the understanding that newly settle refugees may have little (or no) spoken English language, may not be able to navigate a grocery

store or food market, may have limited transportation resources, and may not have the financial means to secure household food security.

2.8 Tools for Measuring Food Insecurity

Now that a definition of food security has been established and a history of programs in the U.S. targeted at reducing food insecurity has been identified, it's time to identify a survey tool to measure food insecurity at the Clarkston Community Center (CCC). The CCC Food Security Initiative (FSI) currently aims to reduce food insecurity in the Clarkston community. Currently the Cares 4 Clarkston Food Pantry is the FSI's most populated program, with an average of 30 clients per month. Clients include U.S. citizens as well as refugees, but the average user of the pantry identifies as Black/African American. Majority of pantry users receive SNAP benefits according to their pantry report form, however, data that identifies how many clients receive SNAP benefits is not able to be determined due to constraints with data collection. As highlighted previously, a number of program clients are non-U.S. born citizens creating a number of language barriers that make it difficult to collect information. There is a need for the FSI to develop an effective and easy to use tool to identify food insecure populations in the Clarkston community (CCC 2014).

There are a number of resources currently available to measure food insecurity in households in the United States and around the world. A tool is needed that is simple to administer and os effective to identify food insecure households participating in the CCC FSI programs. The tool must also be able to be translated easily into other languages that are spoken in the city of Clarkston. The pantry and other FSI programs are primarily staffed by volunteers from the community and outside of Clarkston, and volunteers fluctuate by the month. It is difficult to create a training of a food security tool in the ever changing volunteer environment.

In 2013 the FSI created a tool adapted from the Household Food Insecurity Assess Scale (HFIAS) to measure food insecurity among its clients, primarily those that attend the food pantry. The standard HFIAS includes "nine occurrence questions that represent a generally increasing level of severity of food insecurity (access), and nine 'frequency-of-occurrence' questions that are asked as a follow-up to each occurrence question to determine if how often the condition occurred" (Coates J et al 2007). The survey tool created in 2013 did not include 'frequency-of-occurrence' questions, thus was not an adequate tool. If an individual states that they 'went to bed hungry' it is important to note the frequency because one could have gone to bed hungry because they were sick or one could

be going to bed hungry multiple nights in a month because there is not enough food in the household. The HFIAS is described in more detail below.

Current Population Survey Food Security Supplement

Since 1995, the USDA has included a section of questions on food security in the Current Population Survey (CPS) in order to gauge food insecurity across the U.S. The CPS is administered yearly to about 50,000 across the U.S. and is conducted by the Census Bureau for the Bureau of Labor Statistics. Once the participants have answered the questions related to labor force, a set food security supplement (FSS) questions are then administered to the participant. The set of questions administered in the FSS focus primarily on 1) food spending, 2) minimum food spending needed, 3) Food Assistance Program Participation, 4) food sufficiency and food security, and 5) coping strategies that are used to avoid food deprivation (CPS 2014). Participants of the FSS first go through a screening process to avoid answering questions about food security that do not relate to them.

In a study conducted by Gundersen, there are several limitations to the use of a FSS in the CPS to understand food insecurity in the U.S. and thus this would not be a useful tool for the CCC FSI for the reasons below. The survey tool does not take the size of the household into consideration (only indentifies if there is at least one adult and one child), and a household that faces financial constraints is defined as food insecure (Gunderson 2006). The CPS-FSS is also lengthy (composed of 49 questions) and is too large to share in this literature review. The sections follow the FSS focus listed in the previous paragraph. Although the CPS does represent immigrant citizens (refugees), newly arrived community members in Clarkston move in and out of the region quickly and may not accurately be accounted for by the Census Bureau (Bollinger and Hagstrom 2008).

Household Food Insecurity Access Scale

The method behind the HFIAS is the idea that "the experience of food insecurity (access) causes predictable reactions and responses that can be captured and quantified through a survey and summarized in a scale" (Coates J et al 2007). The Food and Nutrition Technical Assistance (FANTA) program has identified a set of questions that have been used in several countries and seem to identify food insecure households across different cultural contexts. FANTA worked closely with United States for International Development (USAID) staff and researchers to develop a scale to measure the severity of household food insecurity and the workshop ultimately led to the creation of

the nine primary questions of the questionnaire. The HFIAS is statistically based and does not leave room for coping strategies that households may use to provide food in times when they are without.

Figure 8: HFIAS Generic Questions (2007)

No.	Occurrence Questions
1.	In the past four weeks, did you worry that your household would not have enough food?
2.	In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?
3.	In the past four weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources?
4.	In the past four week, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?
5.	In the past four weeks, did you or any household member have to at a smaller meal than you felt you needed because there was not enough food?
6.	In the past four weeks, did you or any household member have to eat fewer meals in a day because there was not enough food?
7.	In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?
8.	In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food?
9.	In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?

Source: Adapted from (Coates J et al 2007)

The HFIAS occurrence questions are made up of the three different domains: 1) anxiety and uncertainty about the household food supply 2) insufficient quality (includes variety and preferences of food and 3) insufficient food intake and its physical barriers. All three domains address the "commonalities of food insecurity (access) experience in different cultures" (Coates J et al 2007). Questions should be adapted for cultural understanding of specific terms and meanings, and should be done working with small groups in the community to properly translate the questions.

The 'hunger questionnaire' created by the CCC includes the nine 'severity of food insecurity' questions from the HFIAS, however, the questions that indicate 'frequency-of-occurrence' were omitted in an attempt to create a shorter questionnaire. The CCC 'hunger questionnaire' was administered to pantry participants on a quarterly basis from March 2013 – December 2013 until it was determined that the questionnaire tool was not an adequate tool for collecting food security data. Without including the frequency of the reported 'severity of food insecurity' questions, the data that

was collected was incomplete. The 'hunger questionnaire' also did not include a standardized scoring system. A scoring classification was created for the questionnaire based on the HFIAS scoring system, however it was not an accurate scoring system because there were no frequency questions. With the omission of the 'frequency-of-occurrence' questions, the information was not able to be scored adequately because the HFIAS scoring system is based on 'severity of food insecurity' and 'frequency-of-occurrence.'

Household Hunger Scale

The Household Hunger Scale (HHS) was developed as a tool to produce "valid and comparable results across cultures and settings so that the status of different population groups can be described in a meaningful and comparable way" (Ballard et al 2011). HHS was adapted from the HFIAS and has been validated for cross-cultural use. The HHS has the "limitation of reflecting the more severe range of household food insecurity, which is characterized by food deprivation and actual hunger." The HHS is not valid for cross cultural use because different countries relate to levels of food insecurity differently, but the HHS reflects a broader range of household food insecurity that can more easily be statistically measured using the set of frequency-of-occurrence follow-up questions (Ballard et al 2011).

Figure 9: HHS Module (2011)

No.	Question	Response Question	Code
Q1	In the past [4 weeks/30 days], was there ever no food to eat of any kind in your house because of lack of resources to get food?	O = No (Skip to Q2) 1 = Yes	
Q1a	How often did this happen in the past [4 weeks/30 days]?	1 = Rarely (1-2 times) 2 = Sometimes (3-10 times) 3= Often (more than 10 times)	
Q2	In the past [4 weeks/30 day], did you or any household member go to sleep at night hungry because there was not enough food?	O = No (Skip to Q3) 1 = Yes	
Q2a	How often did this happen in the past [4 weeks/30 days]?	1 = Rarely (1-2 times) 2 = Sometimes (3-10 times) 3= Often (more than 10 times)	
Q3	In the past [4 weeks/30 days], did you or any household member go a whole day and night without eating anything at all because there was not enough food?	O = No (Skip to the next section) 1 = Yes	
Q3a	How often did this happen in the past [4 weeks/30 days]?	1 = Rarely (1-2 times) 2 = Sometimes (3-10 times) 3= Often (more than 10 times)	

Source: Adapted from (Ballard et al 2011)

The HHS was designed to be used as a component of a larger, more detailed food security and nutrition questionnaire, and does not capture data on food availability or food utilization. Access of food is the main component of the HHS questionnaire and the tool should not be used as the sole tool to measure food insecurity in a community. Questions must be translated into the local language where the module is being administered, and in order to properly adapt the questions this task must be carried out with s and focus groups (Ballard et al 2011). The HHS is not a 'stand alone' tool in the measurement of food insecurity and because of this limitation the tool was not chosen. Community members in Clarkston must often walk long distances to receive food from the pantry, and there is a typical wait time of 30 minutes to receive food. In order to collect the most accurate and useful data for the FSI, a tool is need that collects the most information in the most efficient manner. Although Clarkston is only one-square mile, it is quite a diverse square mile. With the multiple origins in the community and the number of languages in the community, this is not the most effective tool to use as a model for a survey tool at this time.

Coping Strategies Index

The Coping Strategies Index (CSI) was initially developed for use in Uganda, Ghana, and Kenya, but has been adopted to work in countries in other African countries, the Middle East and Asia (Maxwell and Caldwell 2008). The CSI tool measures the strategies people use when they are not able to access food. There are two basic types of coping strategies: 1) the immediate and short-term modification of consumption patterns and 2) and the longer-term moderation of income earning or food production patterns (Maxwell and Caldwell 2008). Coping strategies may include living with family members, sharing resources with neighbors, seeking emergency foods from a local food pantry, or scavenging from a trash can or dumpster as a final strategy (Hoisington et al. 2002). Since the CSI tool has been utilized, it has been observed that in each individual area there are behaviors that are universal when it comes to adjusting and living with food insecurity. These behaviors include: 1) change of diet, 2) increase household food supplies using short-term strategies (such as borrowing food or purchasing food on credit), 3) reduce the amount of household members that must be fed by sending household members to eat elsewhere and 4) the rationing of food available in the household (this is the most common behavior) (Maxwell and Caldwell 2008).

Figure 11: List of Common Coping Strategies

1. Dietary Change
a. Rely on less preferred and less expensive foods
2. Increase Short-term Household Food Availability
b. Borrow food from a friend or relative
c. Purchas food on credit
d. Gather wild food, hunt, or harvest immature crops
e. Consume see stock held for next season
3. Decrease Numbers of People
f. Send children to eat with neighbors
g. Send household members to beg
4. Rationing Strategies
h. Limit portion size at mealtimes
i. Restrict consumption by adults in order for small children to eat
j. Feed working members of HH at the expense of non-working members
k. Reduce number of meals eaten in a day
l. Skip entire days without eating

Source: Adapted from (Maxwell and Caldwell 2008)

The CSI tool focuses on one single question: "What do you do when you don't have adequate food, and do not have the money to buy food?" (Maxwell and Caldwell 2008). Looking at the literature, it is suggested that households first limit the size of household meals and then reduce the number of meals each day. If the lack of food available to the household continues, then adults in the household often to begin limiting the amount of food that they consume each day in order to make food available to younger household members. Households may also need to borrow food from other households or look for emergency food resources that are available in their community, such as a food pantry (Hadley and Crooks 2012).

The CCC has served over 500 families in the Clarkston community since the initiation of their pantry in 2012, but little is known about their participants due to lack of an appropriate survey tool. There are a number of families that visit the pantry twice-a-month, and it may be suggested that these families are relying on the food pantry for a portion of their household food supply. Little is known about what these families do to provide food or their families if the pantry is not available to provide food or where else these families are seeking food in between pantry dates. The FSI looks to develop a survey tool using the CSI as a reference in order to gauge what community members do when they do not have the means to provide enough food for their families. Food insecurity is a major problem

in the city of Clarkston, and data shows that 36.7 percent of households in Clarkston live below the poverty line (U.S. Census Bureau 2014). The CSI can pick up short-term changes in behavior if the tool is administered seasonally, and will be useful to the FSI to immediately monitor food insecurity and strategies used to cope and compare results over time repeating the survey quarterly.

Chapter 3: Methodology

3.1 Introduction

The overall goal of this thesis was to develop a survey tool to measure the impact of the Clarkston Community Center's (CCC) Food Security Initiative (FSI) on program participants in and residing near Clarkston, GA.   Throughout the process of researching, testing, and formulating the tool, the Coping Strategies Index (CSI) was used as a guide. After conducting focus groups discussions with community members and program clients, the Household Food Insecurity Access Scale (HFIAS) was added as a model survey tool in addition to the CSI because it was difficult to identify common coping strategies as Clarkston is a diverse community with community members from all over the world.

The first aim of the methodology was to investigate targeted coping strategies and methods that would be included in the survey tool through a literature review. Second, through focus group discussions and cognitive interviewing, coping strategies were identified that are being used by program clients and members of the Clarkston community. Third, a survey tool was developed based the CSI and HFIAS using the information gathered during the cognitive interviewing process. The tool was piloted with program clients of the CCC Cares 4 Clarkston (C4C) food pantry in April. Finally, upon completion of the pilot, a final survey tool was developed for the CCC FSI to monitor and evaluate food insecurity and coping strategies of households that participate in their programs.

3.2 Population and Sample

The research took place at the Clarkston Community Center (CCC) in the city of Clarkston, DeKalb County, GA. The CCC Food Security Initiative (FSI) serves residents of the city of Clarkston and individuals living in the surrounding cities in DeKalb County. According to the 2010 U.S. Census, 25 percent of the household income falls in the range of $35,000-$49,999 (U.S. Census 2010). Looking at data collected through the Cares 4 Clarkston (C4C) Food Pantry, on average, each month 91 percent of pantry program participants have an annual income of less than $15,000 (CCC 2014). The population of Clarkston is diverse due to its status as a refugee resettlement community. The population of Clarkston is largely made up of African-Americans and refugees from Afghanistan, Bhutan, Bosnia, Burma, Burundi, Ethiopia, Iraq, and other countries. The U.S. Census

data states lists the ethical make-up of Clarkston as 13.6 percent White, 58.4 percent Black, 21.6 percent Asian, 2.8 percent Hispanic, 4.1 percent two or more races, and 2.1 percent 'some other race' (U.S. Census 2010).

The CCC is located in Clarkston, GA and has been providing services to community members since 1994. It is a gathering place for art, education, recreation and community building and serves both long-time residents and newly arrived refugees in the area. Programs at the CCC strive to improve the quality of life of residents by offering opportunities to learn, gain skills, discover new interests and meet neighbors (CCC 2014). The FSI program began in 2011, and since its inception has served over 500 families in the community of Clarkston and surrounding communities as of December 2013. Working with community members, the FSI strives to build a thriving local food economy, provide access to healthy food for all residents, and reduce the environmental impacts of the food system.

The study sample consisted of citizens living in the city of Clarkston and as well as those residing outside of Clarkston using CCC programs (program clients). Participants were eligible to be included in the study if they were living in the city of Clarkston or had participated in at least one CCC FSI program during the eligibility window (which was March 2013 – March 2014).

3.3 Research Design

This study employed a qualitative methods design consisting of focus group discussions and cognitive interviews. The PI chose this design to obtain a broad prospective on issues of food insecurity and the coping strategies being used by Clarkston community members as well as individuals living outside of Clarkston that use the services available in the community. The focus group discussions were conducted with both females and males (separately) and provided insights into attitudes about concerns in the community regarding food security (including barriers to accessing an adequate and healthy food) and focus group discussions also provided strategies that people use (coping strategies) to provide food to their families. Focus group discussions were selected to provide an overview of the scope of food security in Clarkston, and then cognitive interviews were initiated to go more in-depth to assess the research gathered in the focus group discussions. Males were heavily recruited for focus group discussions and cognitive interviews, however, more interviews were conducted females because were more responsive to the principal

investigator's recruitment procedures. Recruitment for the study was primarily done via telephone using contact information provided by program clients to the C4C Food Pantry.

3.4 Procedures

The procedures of each part of the study are described below. Overall, research was conducted in the months of March and April 2014. All participants in the study were recruited by the principal investigator with assistance of the FSI program manager. Snowball sampling was used to recruit participants, and a number of participants car-pooled to participate in the focus group discussions and cognitive interviews. Program clients and members of the Clarkston community were primarily contacted by telephone. Over the phone, the principal investigator gave program clients an overview of the study, told program clients that their participation in the study would not affect any services that they are currently receiving from the CCC, and program clients were also told that they would receive one additional pantry trip for the month.

Focus Group Discussions

Participants were recruited for the focus group discussions during the months of February and March of 2014 with the assistance of the FSI program manager.   Two focus groups were conducted; one with participants in the FSI Food Co-operative (all females), and one group with members recruited from the Cares4Clarkston Food Pantry (all males). The participants from the FSI Food Co-operative were recruited via the CCC FSI's Food Security Manager. Participants recruited via the Cares4Clarkston Food Pantry were approached by the principal investigator, or called on the phone using contact information obtained from C4C client record sheets. Looking at pantry data, any person that had been to the pantry at least three times in the past year was considered eligible to participate in the focus groups. Snowball sampling was used as a recruitment tool in order to reach participants that do not currently utilize the pantry program but are living in the Clarkston community.

The principal investigator told participants that their eligibility to participate in any programs would not be affected if they chose to participate or not to participate in the project. Due to the large number of program participants it was not possible to interview all program participants during the study period. Particular efforts were made to include participation of as many males as possible in order to balance the sample. In order to participate, participants had to be 18 years of age or older, be able to speak English well enough to participate, living in the city of Clarkston (or participating in

FSI programs), and be willing and interested in participating. Both focus groups consisted of three members each.

Cognitive Interviews

Participants were recruited for the cognitive interviews during the month of March and April 2014. The principle investigator worked with the FSI program manager and program managers from other service organizations in Clarkston to recruit participants. In order to make sure that information was properly obtained and analyzed from the two focus group discussions, a total of three participants who participated in a focus group discussion participated in the cognitive interviews. A total of 10 cognitive interviews were conducted during the months of March and April 2014.

The principal investigator told participants that their eligibility to participate in any programs would not be affected if they chose to participate or not to participate in the project. Due to the large number of program participants it was not possible to interview all program participants during the study period. Particular efforts were made to include participation of as many males as possible in order to balance the sample. In order to participate, participants had to be 18 years of age or older, be able to speak English well enough to participate, living in the city of Clarkston (or participating in FSI programs), and be willing and interested in participating. Both focus groups consisted of three members each.

Pilot Survey

Participants were recruited to pilot the survey tool designed by the principal investigator at the C4C Pantry in the month of April. Clients that attended the pantry in April had a survey administered to them as part of the standard pantry check-in/interview process. Before any client may receive food, he/she first sits down with an interviewer to collect contact information, family information (including size of household, age and sex of household members), and eligibility for food from the Georgia Nutrition Assistance Program (GNAP). GNAP is a program in the state of Georgia that provides funding to food banks to sell food to food pantries at a subsided cost for clients that meet certain criteria. Households are eligible to receive GNAP food if they have at least one child in the household under the age of 18 and are also a recipient a federal assistance program (for example, Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), and federal assistance programs (ACFB 2014).

Pantry clients were told that their eligibility to participate in any programs would not be affected if they chose to participate or not participate in the survey tool. The surveys were administered by pantry volunteers who attend Rollins School of Public Health. Student volunteers were instructed to read the survey verbatim and make observations of any problems with survey, such as language barriers, general client participant complaints, or lack of clarity on questions in the survey. All observations of problems with the survey tool will be expanded on in the results section.

Because this was the first time that the new survey tool was administered, all pantry clients were eligible to participate. In the future, the survey will be administered on a quarterly basis. Clients that participated in the survey in April will not be eligible to participate again until July 2014. Surveys will be administered on a monthly basis; however, surveys will be administered to clients on a quarterly basis. For example, any client that attends the May pantry that did not participate in April will be eligible to participate. In order to participate, participants had to be of 18 years of age or older, be able to speak English well enough to participate (or have someone with them to assist in translation), and be willing and interested in participating. A total of 18 pantry clients participated in the pilot survey.

3.5 Instruments

Focus group discussions were administered in a classroom at the Clarkston Community Center and all discussions were recorded using a digital voice recorder. Cognitive interviews were conducted in a conference room at the Clarkston Community Center. All cognitive interviews were conducted behind a closed door with only the principal investigator present in order to ensure participant confidentiality. Pilot surveys were conducted with two student volunteers from Rollins School of Public Health. All surveys were administered with pantry clients in a one-on-one interview setting as clients contact information was being verified as per standard pantry procedures.

This study was initiated by the principal investigator and the Clarkston Community Center Food Security Initiative, in Clarkston, GA. Data was collected using two focus groups (a total of six participants) and cognitive interviews with 10 individuals in the city of Clarkston. Three of the 10 cognitive interviews were conducted with individuals that also participated in the FGDs. It was expected that two focus groups and the follow-up cognitive interviews would provide enough data to

reach saturation on the coping strategies that are commonly used along with their motivating factors and perceived barriers.

Data collection took place between March and April 2014. Focus group discussions and cognitive interviews were conducted to create a survey instrument to be used by Clarkston Community Center's Food Security Initiative. The survey instrument will serve as 'client questionnaire' for the initiative's programs to use with new clients and existing clients. The quarterly survey will provide information about program participants and be used to gauge if the programs were working to improve food security of the program participants. Focus group discussions were chosen in order to involve a wide variety of program participants and community members, and also to allow community members to share their freely things that they have heard in the community. Cognitive interviews were chosen to validate the information obtained during the focus group discussions and to also collect any new information that may have not been collected during the focus group discussions.

The focus group discussion consisted of a community mapping activity, a Chapatti Diagram (to gauge frequency of use of coping strategies), and a 'Low Hanging Fruit' activity (to receive feedback from community members on ideas to improve existing services in the community or what services they would like to see created). The focus group discussion guide can viewed in Appendix 1. The cognitive interview guide consisted of the asking participants to explain the coping strategies collected during the focus group discussions, discuss how common the coping strategies are used, collected additional coping strategies, and asked participants to provide feedback and suggestions for the survey tool based on the Coping Strategies Index (CSI) and the Household Food Indicator Access Scale (HFIAS). The cognitive interview guide can be found in Appendix 2. The results about coping strategies and program services will not be elaborated upon here. The pilot survey was created using information and feedback from FGDs and cognitive interviews. CSI and HFIAS survey tools were combined to create the pilot survey. The pilot survey tool can be found in Appendix 3.

3.6 Plans for Data Analysis

All focus group discussions and cognitive interviews were recorded using a recording device. Written notes were also taken during each focus group discussion or interview. A detailed reading of all retrieved transcription segments was conducted and main topics were identified. Throughout the

writing process, the principal investigator verified findings by returning to the data multiple times in order to reduce potential interpretation bias and to ensure that findings were grounded in the data. The pilot survey was conducted by student volunteers from Rollins School of Public Health. Student volunteers made observations of the survey as it was conducted. Observations were shared with the principal investigator to make improvements and adjustments to the survey.

Data that was collected during the pilot survey was given a standardized score based on the scoring criteria of the Household Food Insecurity Access Scale (HFIAS). Scores are assigned on a 1-4 scale, where 1= 'Food Secure,' 2= 'Mildly Food Insecure Access,' 3= 'Moderately Food Insecure Access,' and 4= 'Severely Food Insecure Access.' After analyzing responses and assigning each participant a HFIA category, prevalence of different levels of household food insecurity was calculated. Two additional questions were present in the survey but these two questions were a part of the scoring process. A question was added about use of food pantries, as well as an income demographic question. These two additional questions were analyzed to determine how many people use pantries (and how frequently) and what their total household income is to determine how much income could factor food insecurity and food pantry use. Any participants that were not able to answer the questions due to language barriers were not included. A total of three pantry participants were not able to participate due to language barriers.

3.7 Ethical Considerations

The Emory Institutional Review Board (IRB) reviewed the project and determined that the project does not need IRB approval because the project does not meet the definition of research set forth by the United States Department of Health and Human Services (HHS) regulation. It was determined that the project will be used to conduct a program improvement for the CCC and thus does not require IRB approval. The FSI program manager from the Clarkston Community Center wrote a letter of support for the project. Prior to administering the focus group discussions and cognitive interviews the principal investigator obtained informed consent. The focus group discussions were approximately 81 minutes long and participants were given an additional pantry visit to the C4C pantry for the month. Cognitive interviews lasted approximately 40 minutes and participants an additional panty to the C4C pantry for the month.

All measures were taken to assure participant confidentiality. All focus group discussions and cognitive interviews were recorded. Audio files of said recordings were all stored in a password protected file on the principal investigator's personal computer. Each participant was identified a unique study identification number (RID). This number was the only identifier attached to any transcripts or forms related to focus group discussions or cognitive interviewers. Participant names were only collected and used by the principal investigator to create a schedule of focus group discussion and cognitive interview times. The document that contained participant names and RIDs was kept locked securely in a cabinet located in the home of the principal investigator. All focus group discussions and cognitive interviews took place behind closed doors, and only the principal investigator was present.

The only acceptation to this rule was the focus group discussions. The principal investigator was lead the focus group discussion with the female participants and thus not able to write down observations and written records of statements made by participants. A student from Rollins School of Public Health was present to record the discussion. The same student (a male) led the focus group discussion with the male participant and the principal investigator was present to record the discussion. All written recordings obtained by the student and principal investigator were locked securely in a cabinet located in the home of the principal investigator.

3.8 Limitations and Delimitations

Limitations

There were several factors that set boundaries for this study. One limitation was the relatively small sample size for the survey data that may have led to an inaccurate collection of coping strategies that are being used by the community of Clarkston. The city is only one square mile, however, it is a complex square mile made up of a large cross-section of ethnic backgrounds. Community members that identify as Black/African America made up 69 percent of the sample size. Also, because a convenience sample was used to collect data instead of a random sample, the results may not be generalizable to all populations in Clarkston. Participants that were able to be reached over telephone and in person were mostly over the age of 50. Of the 13 recruited participants in both the focus group discussions and cognitive interviews, 10 were over the age of 50 (a total of three

individuals participated in both the focus group discussions and cognitive interviews). Nine of the 13 participants also listed their race as "Black/African American." While Clarkston is a diverse community, majority of the program client participants are Black/African American community members. This study did not include a comprehensive sample of community members.

Another limitation was associated with the focus group discussions that were used to collect data for this study. One of the two moderators of the focus group discussions had no prior training in qualitative data collection outside of the classroom environment and this may have introduced bias into the focus group discussion data. Because there were two different moderators, questions may have been asked in different ways potentially creating a different set of focus group discussions.

Delimitations

This study was limited to program participants that were able to speak English well enough to participate. Due to time and budget constraints, it was not possible to translate the research study over to the multiple languages that would be needed to conduct the surveys in languages that would be beneficial for the community. Clarkston is full of many residents from all over the world, and surveys would have to be translated to include those from Afghanistan, Bhutan, Bosnia, Burma, Burundi, Ethiopia, and Iraq at minimum.

Chapter 4: Results

4.1 Introduction

The original focus of this study was to gain a holistic understanding of what coping strategies are being used by program participants in the Clarkston Community Center (CCC) Food Security Initiative (FSI) programs to design a survey tool to gauge the impacts of the programs on food security. The FSI does not currently have a survey tool to gauge food security among program clients, and does not have any data to determine the intensity of the need of their clients. The goal of this thesis was to develop a survey tool based on the Coping Strategies Index and the Household Food Insecurity Access Scale to monitor strategies that are being used by community members in times of low access to food and impact of Clarkston Community Center's Food Security Initiative on program members in Clarkston, GA. This survey tool will be provided to the CCC for use in its programs.

Throughout the data collection phase it became apparent that collecting a standard set of coping strategies used by program participants would not be feasible. Clarkston, GA is a diverse community made up of U.S. born and foreign born residents. Program participants that are U.S. born follow a more similar set of standard coping strategies, and program participants that are foreign born share a more standard set of coping strategies among other residents that are from the same country. Rather than designing a survey tool based solely on the CSI it was decided that a hybrid design would be created based on the CSI and Household Food Indicator Access Scale (HFIAS).

4.2 Summary of Results Collected

Study findings will be exhibited in the following manner. The basic findings of the focus group discussions will be elucidated first. Focus group discussions were used to identify an initial list of coping strategies that are being used in Clarkston when people do not have enough food for their household. This will then be followed by a section describing findings of the cognitive interviewing process. Cognitive interviews were conducted with program participants to validate coping strategies that were identified during the focus group discussions. Additional coping mechanisms that were identified from speaking to program participants will also be identified. Finally, a pilot survey was conducted at the Cares 4 Clarkston Food Pantry.

Focus Group Discussions

Throughout the month of March 2014, program participants took part in focus group discussions. Participants were recruited through Clarkston Community Center (CCC) Food Security Initiative (FSI) programs, including the Cares 4 Clarkston (C4C) Food Pantry and the Clarkston Community Food-Cooperative. The focus group discussion focused on community mapping, access to food in the community and surrounding areas (a number of FSI program participants live outside of the Clarkston 30021 zip code), coping strategies (including the frequency that coping strategies are used), and ideas from participants of things that can be done to make Clarkston more food accessible. A total of two focus group discussions were conducted; one with three female participants and another with three male participants. The average focus group discussion lasted 81 minutes, and the median age of both focus group discussions was 57 with a range in ages from 34-72 years of age.

Because of the small sample size of the focus group discussions, in order to provide the highest level of confidentially to the participants, the information obtained from both groups will not be discussed separately by what each group stated in certain circumstances. Instead, results collected from both focus groups will be summarized and shared below. All of the participants in the focus group discussions were currently, or had previously participated in the C4C Food Pantry and/or Clarkston Community Food Co-operative. Participants had been living in Clarkston for an average of nine years with a range of four months to 19 years. Race/ethnicity of the participants included Black/African American, White, and one individual that had resettled in the U.S. as a refugee. The focus group discussion with the female participants was conducted by the principal investigator and the focus group discussion with the male participants was conducted by a male student from Rollins School of Public Health. Both the principal investigator and the student served as the recorder while the other was leading a focus group discussion. A digital recording was made of each focus group discussion as well to ensure that all information was accurately collected during each focus group discussion.

Community Mapping

First, focus group discussion participants were asked to make a map of the city of Clarkston. All participants in both groups were currently residing in the city of Clarkston. The females paid close attention to where roads were located within the city, and made sure that locations in the community were included such as grocery stores and food marts, schools, religious organizations,

apartment complexes, and restaurants. Places were food is available (for purchase or free through service or religious organizations) were labeled with a green mark. (See map below) The map that the males made was not as detailed as the map that the females made but their map contained main roads in Clarkston and places where food was available for purchase. One female participant also included pharmacies in the community because she said that it was important not to forget these sorts of places because a number of community members are not able to purchase medications due to the lack of facilities in the area. The same participant noted that at least one pharmacy in the community will provide medications to residents on credit until they are able to pay for the medications at a later date.

Figure 12: Focus Discussion Community Map
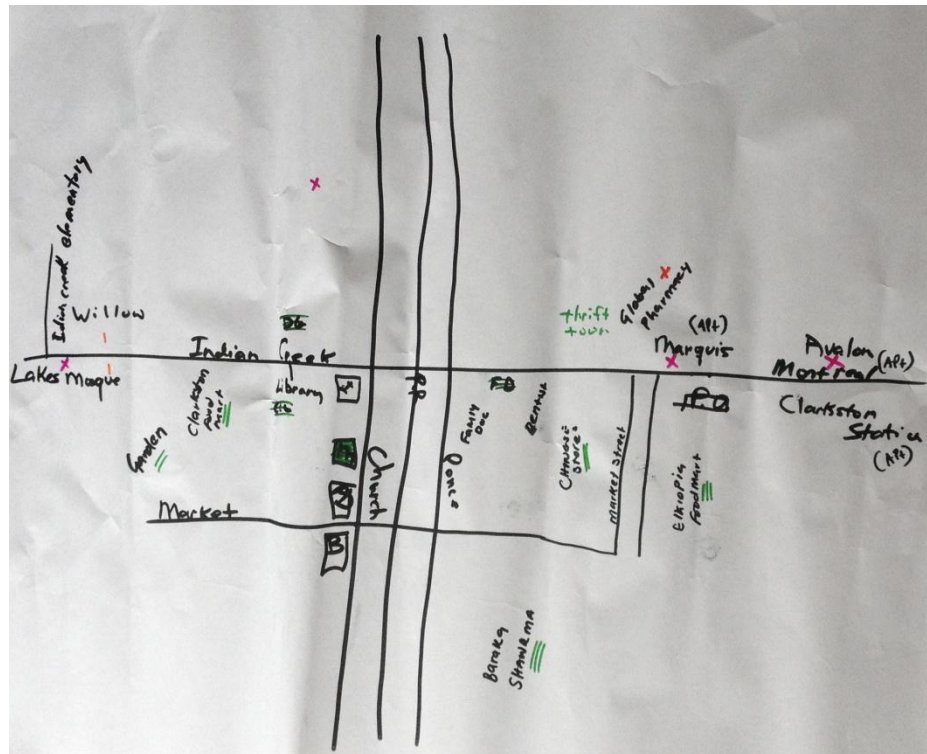
Community map created by focus group discussion participants, March 2014

On the community map, the areas that are marked in the color green are places where food can be accessed in the community. One grocery store was identified (Thrift Town) as well as a number of food marts that are available in the community. Food marts in the Clarkston community vary on the amount of food that is available for purchase. Based on previous observation of the principal investigator (from visiting food marts in the Clarkston community), most food marts carry

onions, tomatoes, potatoes, bananas, and snacks that are typically found in a convenience store (i.e. chips, cookies, crackers). This food is easy to store for owners, and does not require any refrigeration to keep foods fresh. A small number of food marts also contain small additional fresh produce in small quantities, meat, eggs, and ethnic items such as injera. All food marts in Clarkston accept Supplemental Nutrition Assistance Program (SNAP) electronic benefits transfer (EBT).

One participant mentioned that some community members also grow their own produce in small garden plots. The principal investigator has observed the individual gardens, and most are roughly 2x2 feet. Community members that garden primarily grow produce that is local to the country from where they migrated to the U.S. Gardening is typically not done by U.S.-borne citizens. From observations made by the principal investigator, gardening is common among middle-class households, however these results will not be discussed as the study was focused on low-income households. Those who garden may consume some of the produce that they grow, but participants mentioned that many gardens aim to sell what they grow to provide income for their households. Some gardeners sell food in their apartment complexes (either by laying a blanket down and selling produce or going door-to-door), and others sell food to grocery stores and food marts in the area. Participants in both focus groups were primarily U.S.-born residents and did not have a lot of information on the topic; however they stated that they have observed these things take place.

Participants in both groups stated that they are primarily purchasing food outside of Clarkston. A number of community members carpool or ride the MARTA bus to the Dekalb Farmers Market, which is a large grocery store about four miles away from the center of Clarkston (Market Street). Walking to the grocery store is difficult because the sidewalk is almost nonexistent (the sidewalk switches the side of the road that it is on quite frequently and there is an absence of a side walk on a portion of the road that is dangerous to walk next to due to curves in the road). Community members do not feel safe walking this route. Participants stated that community members make the trip to the Dekalb Farmers Market (or the nearby Kroger grocery) about once-a-month.

Areas where food is accessible through community level programs were also highlighted on the community map. These areas included the Clarkston United Methodist Church (where the Cares 4 Clarkston Food Pantry is housed) and the CCC (where the Clarkston Community Food Co-

operative is housed as well as the Clarkston Community Garden). Participants were probed about other locations where they may access donated food, and one of the participants stated that ethnic communities will work together to make sure that all members have enough to eat. If a household is without food, then other members will bring food to the house or provide transport to a place where food can be purchased.

Transportation serves as a major barrier overall for community members to access food. All three female participants agreed that most people in Clarkston get around the area by walking. Clarkston is a walk-friendly community; however this is not the case when one leaves the city. Immediately sidewalks disappear and walking to a location outside of the city is not favored. None of the females stated that they use the bus for transportation purposes; however all three of the males stated that they ride the bus on a daily basis to travel outside of Clarkston be it for work or purchasing food. For the male participants (all single males) it is common to purchase food near their place of work and then to transport it on the bus to save time and to avoid making multiple bus rides in the same day.

"The bus system is pretty good in Clarkston; however that is probably the case because they have to maintain it for the college students."

The female participants discussed community members providing rides for people that they know in the community who are without a car. Carpooling, or ride-sharing, is a main source of transportation for a number of community members, especially when it comes to traveling to a grocery store or market outside of the city. One participant commented that a number of businesses or factories in the area also send vans to pick up their workers each morning and then drop of their employees each evening. Carpooling is one strategy for community members to access food on a regular basis.

"If I see someone that I know walking, then I will stop and pick them up, take them where they need to go and then drop them back off at home."

An interesting topic emerged during the discussion of transportation that carpoolingis something that is done within ethnic groups.

"Carpooling is done by nationality. I've tried to pick up other people that are a different nationality then me and they will not go with me."

"Most people stay within their nationalities, but I did once help a [ethnic group] man who was walking with a bike that was broken down. I saw him when I was taking my child to school, and then when I saw him on my way home I decided to help him. I took him all the way to his house."

On the topic of areas in Clarkston that may have less access to food, participants in one group began to discuss food stamps, or the SNAP as it is formally called.

"The newcomers [refugees], when they want to go to their agencies [service agencies that assistant refugees on their resettlement in the U.S.] they have to have transportation and some stand at the bus station for hours and wait."

"Some people have a lot of family and they do not have enough money [to buy food] and they do not have food stamps [SNAP]."

"We are touching on one of my major pet peeves here. There are so many hoops to jump through to get food stamps [SNAP]. Our government makes it impossible to get any kind of help. If you wait long enough then it is fine, but if you are starving while you are waiting?"

"One of my friends lost her job. The office lost her form and when my friend went to the office again to fill out the forms I asked the woman at the office if she could push the form through since the family was hungry. The woman told me that it would only be two or three days. Well it was two or three weeks and in the mean time the family went without any food."

Participants were also asked if they know people that participate in food programs such as food pantries. Some participants stated that there was not a lot of information available on what

pantries and other resources are available in the community. One participant stated that they learned about the C4C pantry because they used the internet at the Clarkston Library in search of a soup kitchen in the area.   There are currently no soup kitchens in the community, and when the topic of a soup kitchen was brought up others felt that a soup kitchen was a need of the community. Places of worship were identified by both groups as places where individuals could go for help with food or financial issues.

One issue that participants brought up with food pantries was the fact that many residents of Clarkston are from other countries and may not be familiar with the food provided to them at pantries. Fresh produce is available at the C4C pantry when it is donated, but a large percentage of the food that is provided is of the canned and boxed variety. Food may be thrown away because people do not know what the food is or how to cook it and some food is thrown away because people do not understand the expiration date on the can.

"Sometimes they [refugees] do not know how to read the expiration date on the cans or boxes. Even if the food is not expired they will throw it away because of the date. The date is formatted differently in the U.S. then they are used to and they get confused."

Coping Strategies

Next, the participants were asked to identify coping strategies, or 'decisions that people make when they do not have enough food for their household.' This could include transportation issues, not having enough money, or decisions to spend money on other things. The moderator first asked participants to state coping strategies that they know that people are using in the community. After a list of coping strategies were identified, the moderator read a list of coping strategies provided in the CSI handbook and asked participants if these coping strategies were also being used.

Coping Strategies Identified

The groups identified the following coping strategies (those with * next to them were identified by both groups):

1) Buy food on credit

    "In my community we have a store where I can go and get food and pay them back later."

    One participant stated that in the Clarkston community there are stores where residents are able to purchase food and then pay for the food later when they have the money available to do so. Another participant commented that this was only available in certain ethnic stores [referring to some of the food marts which have items targeted at a particular ethnic group]. The same participant stated that community members who are not in the same ethnic group as that of the store owner are much less likely to shop there. This is because ethnic communities are important in Clarkston, and people are less likely to go outside of their group for help or services.

2) Borrow food, or relied on help from a friend or neighbor*

    "It seems like Americans do not cooperate as well with each other as the refugees. We are not as family focused and the refugees look at their nationality as their family. If Americans are hungry, then they are less likely to go to their friends or neighbors for help."

    "If someone from my country is in need of help, then we [the community members from the same country] will all go and help that person immediately."

    It is very common for those that were born outside of the U.S. to work together to make sure that everyone within the group has their needs met. This is not the same for U.S.-born residents. This topic will be discussed more in-depth later, but pride contributes to people not asking for help from their relatives or friends.

3) Receive food from a religious or service organization*

    "People will go to pantries for help if they know about them."

    "I do not think that a lot of people necessarily know about the pantries and if they go to the pantry then how will they carry the food home?"

One participant stated that churches were likely to help people if the person in need was a member of the church community. This was in reference to the notion that community members only help each other if they are of the same ethnic background. Another participant stated that churches were the first to help people in the community, and serve as a place that community members can rely on in times of need. Relating to pantries, there was a lot of concern that the Cares 4 Clarkston Food Pantry is not providing ethnically appropriate food, and some community members may not know how to prepare the food that they receive, or community members may not want the food that is provided to them. One participant stated that some community members do not understand expiration dates that appear on the canned and boxed food and because of this people may throw the food away thinking that it is expired. The transportation barrier is present in receiving food from a community-level organization because community members may not be able to carry all of the food that they receive if they lack access to transportation.

4) Buy foods that are less favored because they cost less money*

"I had a friend move here from [country] that I took to the grocery store. He picked up salmon that was $12 per pound. I told him 'no you can't have that. You have to buy cheaper things like chicken.'"

All participants stated that one must purchase food that they do not necessarily favor in times when they may have limited money available to purchase food. Meat is typically purchased at a grocery store when the price of the product is lowered when it is within a few days of its expiration date. Canned and boxed food is commonly purchased because it is cheaper than fresh produce, dairy, or meat, and has a long shelf life.

5) Feed children first to make sure that they get enough food*

"I feed my kids first then after them I eat. That's what everyone does."

All participants, regardless of sex or racial or ethnic background stated that children should and do eat first. When asked if working males may also eat first, all participants stated that children were fed first and anything that was left over was available for adults to eat. In times of low access to food, children eat first.

6) Go to a friend's house to eat

"It's a nationality thing. People will not take help or help those that are not like them. The refugees that are the same will go to each others' homes to eat if they do not have enough."

Participants stated that people who were born in the U.S. were less likely to go a friend's house for help because the individual may have too much pride to admit that they need help. The participant who was born outside of the U.S. stated that it was very common in her community for people to go to someone's home if they did not have enough food. People in her community also will send children to other homes to eat if there is not enough food in the household.

7) Eat food when you have it rather than saving food for later

"I think that it is feast or famine. You have to eat it when you have it. I know some people that will eat everything because you do not know when you are going to get to eat again. They stuff themselves today because they do not know what will happen tomorrow."

One participant stated that if people are unsure of where their next meal is coming, then people are likely to eat everything that they have while they have it. SNAP (food stamps) is distributed at the beginning of the month, and because people are going shopping once-a-month, people are more likely to spend a large amount of their SNAP benefits early on in the month and survive on less food for the rest of the month. Participants stated that many families run out of food stamps in the middle of the month and then must rely on other resources to receive food for the rest of the month (community level organizations or help from friends and relatives).

8) Begged for food

"People seem to beg within their own nationalities. They go to people that are like them."

Participants stated that they do not see a lot of people begging for food, but it is common for someone to go and ask for food from people that are like themselves. One member of the community is known to have extra food in their home to give to those in need, and community members may go to this person for help when they need it. This community member goes to grocery stores in the area

and receives day-old bread, and will also purchase food on sale and store it for those who need help. Begging is a private thing but it is happening in the community.

9) Go without food because there is no food to eat*

"If there is nothing to eat in a household, then the people are going to go hungry. You can't sugar coat that."

"A lot of people have bills to pay each month. Sometimes phone and transportation expenses come before food."

Female participants stated that they do not know anyone that is going without food altogether in Clarkston. This is something that a household may have to do as a last resort, but no one knew anyone personally that is going without food. There are services available in the community, rather it be community level organizations or individuals providing help, and community members will turn to these resources when they are in need. Male participants stated that they know of single men that go without food from time-to-time if there are other monetary needs that must be met first, such as rent and money for transportation to get to work.

10) Eat expired food*

"It's not like it turns bad. Well I would worry about chicken and fish. I just put it all in the freezer and take it out and cook it when I need it."

"One of the grocery stores sells food that is almost expired at a reduced price. If you do not eat the food fast enough then it will probably expire but you will be okay."

There were a number of interpretations of what constituted 'expired food.' All participants stated that simply because a label on a food item said that it was expired that did not mean that the food had gone bad. If food did not have any mold on it or did not smell bad, participants stated that community members would probably still eat it. One participant noted that this takes place in all communities regardless of socioeconomic status because people do not want to waste food.

11) Take food from a dumpster or food that has been thrown away

> *"We throw away a lot of food in this country every day. That's why I tell people if you cannot eat something then give it away. Do not throw anything away."*

> *"I saw a man going through the trash at one of the stores and I gave him some of the food that I had purchased for my kids."*

Participants commented that they have seen people do this before but not on a regular basis. Going through a dumpster for food is something that participants listed as a last resort. One participant stated that they have through the dumpsters at the Cares 4 Clarkston Food Pantry because often the pantry will throw away expired food before the pantry starts. This is something that many people know about, and people may come to the pantry to collect the food from the dumpster. It is also not uncommon for people to go through dumpsters in the community after a pantry day because people who attended the food pantry may throw away food that they do not like or food that they believe to be expired.

Frequency of Coping Strategies

After identifying coping strategies or decisions that people make when they do not have enough food for their household in Clarkston, participants were asked to rate the frequency of each coping strategy used. A rating of a '1' meant that the strategy was the most common and a rating of a '4' meant that the strategy was something that community members would do last. The coping strategies that were collected during the focus group discussions were later used in the cognitive interviewing process. Below is an average of the reported frequency of coping strategies of the two focus group discussions.

Figure 13: Reported Frequencies of Coping Strategies Identified by Focus Group Discussion Participants

Coping Strategy	Frequency (1= most common , 4=something that community members would do last)
Buy food on credit	1
Borrow food, or rely on help from a friend or neighbor	1
Receive food from a religious or service organization	1
Buy foods that are less favored because they cost less money	1
Feed children first to make sure that they get enough food	1
Go to a friend's house to eat	3
Eat food when you have it rather than saving food for later	2
Begged for food	1
Go without food because there is no food to eat	2
Eat expired food	3
Take food from a dumpster or food that has been thrown away	4

Source: Focus Group Discussions, March 2014

'Low Hanging Fruit'

To conclude the focus group discussion, participants were asked to take part an activity in which they had the opportunity to share their ideas for making improvements to Clarkston so that all residents would have access to the food that they need to be happy and nourished. This activity was not directly related to identifying coping strategies, however, the activity provided a number of needs that community members deem to be important. Any activities that participants thought would be easy to carry out were termed 'low hanging fruit.' Activities that were deemed to be harder to carry out were termed 'high hanging fruit.'

Figure 14: Ideas for Improvements in Clarkston to Create Better Access to Food

Low Hanging Fruit	High Hanging Fruit
Increase the number of jobs available to community members	Make the process of getting food stamps more simple
Better communication about service organizations in the community and what services they offer	Speed up the process of getting food stamps and other services
More interpreters available to assist community members who do not speak English to be able to navigate government and service organizations	Better communication about service organizations in the community and what services they offer
Limit choices of items available at the pantry or provide items that people are more likely to use	Education and skills training
	Give people an understanding of social services (i.e. SSI, SNAP, disability, etc)
	Improve transportation to make it easier for community members to travel around

Source: Focus Group Discussions, March 2014

Cognitive Interviews

10 cognitive interviews were conducted with program participants to validate the coping strategies that were identified and to collect any additional coping strategies that may have been missed. The cognitive interviews were conducted during the months of March and April 2014. Three of the 10 participants in the cognitive interviews were participants from the focus group discussions. A total of two males and eight females participated, and the average age of participants was 54 years of age with a range of 29-82. Race/ethnicity of participants was Black/African American, White, Mixed Race, and one participant born outside of the U.S. (not the same participant that participated in the focus group discussion).

During the cognitive interviews, participants were asked 1) to explain what each coping strategy meant to them 2) if they know anyone who is currently using the coping strategy 3) to rate the frequency of the coping strategy using the four point scale, where a 1=a strategy that was commonly used and a 4= a strategy that was used last. Below is a summary of what was collected for each coping strategy.

1) Buy food on credit

"When you do not have food, then you do what you have to do to get food. This may include using a credit card unfortunately,"

Most participants thought that this statement referred to the use of a credit card. Only one participant mentioned that there are stores in Clarkston where people may go to a store, take food and pay for it later. This participant was present in the focus group discussion so it is possible that the participant may have learned about the strategy during the previous discussion. A number of participants stated that they did not use credit cards and would not purchase something if they did not have the cash to buy a food item when they needed it. All members agreed though that if using a credit card was their only option to buy food that they would then use a credit card to buy food.

2) Borrowed food, or rely on help from a friend, neighbor or relative

"This is not something that is done here much in the U.S. Many of my neighbors are from other countries and I see them working together all of the time to make sure that everyone has enough to eat. For the Americans, this is not something that we do. People are more likely to keep their problems to themselves."

"Pride is a big part of the American culture. Generally someone has to know that there is a problem and offer to help someone else."

Participants stated that this question was asking if people went to a friend or neighbor if they needed help accessing food. Pride was a reoccurring topic of the cognitive interview and will be discussed more in-depth in the discussion. Participants stated that people were less likely to ask for help because they may not want others to know that they are not able to provide enough food for their families.

3) Received food from a religious or service organization

"I took a class once and in the class we learned that a lot of families build a food pantry into their budget for the month and save their money for other expenses such as rent and utilities."

"People do not like to ask for help and pantries are safe places to go in order to receive food without a lot of people knowing that you need help."
"People will go to a food pantry if they do not have any food. This is pretty common."

Participants stated that Americans are more likely to go to food pantries rather than ask others (family, friends, or neighbors for help). Community members of Clarkston rely heavily on food pantries to provide food for their households when they do not have enough money to purchase food, SNAP benefits do not stretch for the entire month, or if they have no other means to provide food.

4) Bought food that are less favored because they cost less money

"Sometimes when my budget is not right I will get what I really need and go for the items that are on sale. You have to learn balance; get the things that you really need."

"For me it's about buying things that are less in price than other things. For example, boxes of macaroni and cheese, pasta, or cans. Things in boxes usually cost less money."

"Sometimes I do not buy red meat or steaks because they are really expensive. Chicken or turkey is usually much cheaper. If I have extra money and my kids have been asking for me to buy red meat then sometimes I will."

Participants stated that people in Clarkston and anywhere will purchase foods that they may not like as much as other foods because the food is less money. Budgeting and price cutting is a strategy that many people use in order to provide for their household. Majority of respondents stated that purchasing foods that are 'off-brand or generic' are common ways to save money.

5) Feed children first to make sure that they get enough food

"It's always about the children. First measure out what the children need, then feed the children, and adults will eat whatever is left."

"That's how my menu is set. I make sure that things are nutritious and then I make sure that my children eat."

"People always give to kids first. This happens all over the world."

All ten participants were in agreement that children should eat before adults, and all participants stated that this was common in Clarkston. There was no variation in what this statement meant.

6) Go to a friend's house to eat

"This is very common for foreigners. Pride is a big issue when it comes to born-and-bred Americans. They will not do this as much."

"I will invite children to my house if I know that they do not have enough to eat, but I would only ask a family member or close friend that is an adult if they needed help and wanted to come to my house. "

"People with pride will not do this because they do not want people to know that they are hungry."

"Yes if you are invited. It just depends. A lot of people will not let others know that they need help. It just depends on the person."

There was a lot of discrepancy on what this statement meant. Many participants asked if they were invited to their friend's house to eat. If people were not invited, then they would not go over to eat. Pride came up again in this category because participants stated that many people would not go to a friend's house because that would require them to let others know that they were in need.

<u>7) Eat food when you have it rather than saving food for later</u>

"I try to stretch my food, if I have less, then I put my children first."

"Live for the presence. You may have to ration, but you also have to eat your food because you may not be around later to eat it."

"I try to make sure that I have enough food. I check daily to make sure that there is enough food. If I am running low then I will go to a food pantry to make sure that there is enough food."

This statement was brought up in a focus group as an idea that many people will eat all that they have in the moment because there may not be any food to eat later. Some participants stated that people should budget their food and every participant stated that people should stretch food out as long as they could to avoid running out. Other participants stated that people may have food but be afraid to eat it now because they may not have enough food later.

<u>8) Beg for food</u>

"Some people might not do this and go without food because they might have too much pride."

"You can go to a church or ask around. Begging is the last thing that someone will do. Downtown people are begging all over, but I haven't really seen it in Clarkston."

"People just do not want others to know. They have to be in pretty deep to beg. I haven't really seen anyone do this."

Majority of participants (nine out of ten) stated that they have not seen people begging for food in Clarkston. Begging is common in downtown Atlanta, but people do not do it in Clarkston. Those who beg may either be crazy, without pride, or unaware of resources available to them in the community when they are without food.

9) Gone without food because there is not food to eat

"That happens. There is a saying 'more bills to pay than checks available.' People can only get so much food when money has to be spent on other things."

"You can have enough food at the beginning and middle of the month, and then run out of food at the end of the month. If there is not a pantry around that time then you may just have to go without."

"This only really happens when people are in extreme poverty. There isn't much extreme poverty because people have food banks."

Participants felt that it was common for people to go without food, however, participants did not know anyone personally who had gone without food on a regular basis. People may run out of food toward the end of the month, but participants were quick to point out that this should not be an option because of pantries and other programs in the community.

10) Eat expired food

"One-two days is fine to eat expired food, but more than a week is not safe. I'm sure that it is being done because people are hungry."

"Very seldom will we eat expired food unless it has been frozen ahead of time, for example meats. If there are no odors, then it shouldn't make you sick."

"People are desperate and they will eat expired food. What's your point? If food is expired it can still be fine depending on what it is. If I am not sure if something is still okay, then I will eat it myself first. If nothing happens to me, then I will feed it to other people."

Expired food had multiple meanings, and participants were quick to point out that food that is one-two days past the expiration may be okay to eat. Another strategy that a number of participants use was to freeze food before it reaches its expiration date and then use it later. There was some concern over food pantries giving out expired food in some areas, including the C4C Food Pantry.

11) Take food from a dumpster or food that has been thrown away.

"People have too much pride otherwise they would do it. I have found food myself in the dumpster the day after a pantry because people did not know what to do with it or they did not understand the expiration dates."

"That's rough. I do not know if that happens here, but that is rough. There are pantries and other options. Man that is rough."

"When I go Downtown I see people do it there. There is a man Downtown that rides around on a bike and goes through the trash but I think that he is crazy."

Participants noted that it was not common to see people doing this in Clarkston. People who participate in this may be ashamed, and may hide themselves while they are doing it. Participants said that there are other options to be considered first before taking food from a dumpster. Going to a food pantry is an option of something that can be done first. Two participants stated that this is something that a person with a diminished mental capacity would do and those are the only people that do this.

12) Other things that people do in Clarkston that were not mentioned

"Every nationality is like a big family. When I walk to the store I go through an area with many of them. I always see them hanging out together and I always smell something cooking."

"Some people sell drugs or themselves to make money to buy food for their kids. I have seen this."

"When people leave the pantry they will trade with each other. I know what a few of my friends like to eat and I will save those items for them."

"A lot of people rate the pantries. Whenever I go to a pantry people are always telling each other which pantries to go to and which pantries not to attend."

13) Preference of Coping Strategies Index to Household Food Insecurity Access Scale

"At the Clarkston pantry this was the first time that I ever saw anything like this. Most pantries ask for all of your personal and financial information, but never this."

"Do the questions every three months. Every month is too much, especially when people come to the pantry and they do not understand English."

"Your pantry should also ask for input from people that use the pantry. A lot of people have things to say, and you may be able to make things better. I liked having this outlet to share my feelings."

At the end of the cognitive interview, participants were shown copies of both survey tools and asked to identify things that they liked or did not like about either survey. Participants were also asked to make recommendations about the survey tool that they would like to see be used in the pantry and other FSI programs.

Pilot Survey

A pilot survey was created using information obtained during the focus group discussions and cognitive interviews. The pilot survey was used at the Cares 4 Clarkston Food Pantry in April of 2014. A total of 21 households attended the pantry, and of the 21 households, 18 participated in the pilot survey. Two households were not able to participate in the survey due to language barriers, and one survey had missing information (not all of the questions were answered) and was this survey was not included in the overall results. The racial/ethnic background of those that participated in the survey was as follows: Black/African American=6, Iraqi=2, Somali=1, Haitian=2, Ethiopian=1 and Unknown=6. Racial/ethnic background was recorded from the client record sheets and many participants decline to state their race/ethnicity. All pilot surveys were conducted by two student volunteers from Rollins School of Public Health. Results of the survey are listed below:

Figure 15: HFIAS Scores of Pilot Survey

HIFA Category	Total Number of Participants	Prevalence (%)
1= Food Secure	3	16.7
2= Mildly Food Insecure Access	3	16.7
3= Moderately Food Insecure Access	6	33.3
4= Severely Food Insecure Access	6	33.3

Source: Cares 4 Clarkston Pantry, April 2014

15 of the 18 participants (83.3 percent) replied yes to the statement 'In the past 30 days, did you or any household member eat food from a pantry because of lack of resources to obtain other types of food (including lack of money or barriers such as transportation)?' Of those that responded yes to the statement (n=15), 13 (72.2 percent) participants stated that they had relied on a pantry 'once or twice in the past 30 days.' The participants that reported that they relied on a pantry 'once or twice in the past 30 days' had HFIA scores as follows: two participants had a score of 1 (Food secure), three participants had a score of 2 (mildly food insecure access), four participants had a score of 3 (moderately food insecure access) and four participants had a score of 4 (severely food insure access).

One participant stated that they relied on a pantry 'three to ten times in the past 30 days' (HFIA score of 3), and one participant stated that they relied on a pantry 'more than ten times in the past 30 days' (HFIA score of 4). Of those that participated in the survey, 16 had visited the pantry at least once during the month of March. This question may have been misinterpreted and clients may have though that the question was referring to the number of pantries that one visits in a month.

Yearly household income was broken down as follows: Two participants refused to answer the question or did not know their household income; ten participants reported a yearly income of less than $10,000, and six participants reported a yearly household income of $10,001-$20,000. The average family size for those that reported a yearly household income of less than $10,000 was 3.5 family members (with a range of 1-7 family members and a median of 4). The average family size for those that reported a yearly household income of $10,001-$20,000 was 3.6 family members (with a range of 1-5 and a median of 4). The poverty threshold for a family of four is below $23,850 (HHS

2014), meaning that the average household that participated in the pilot survey is below the poverty threshold. Thirteen of the 18 participants in the pilot survey are currently participating in at least one federal assistance program.

Students that administered the pilot survey stated that language was a big barrier. Some of the surveys may have had interviewer bias due to difficulty of some of the participants to understand the pilot survey in English. One student translated an interview into another language with the use an app on her mobile phone. Another comment that the students made was that many participants commented that a number of the questions were asking the same thing. For example:

Question 6: In the past 30 days, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?

Question 7: In the past 30 days, did you or any household member have to eat fewer meals in a day because there was not enough food.

Question 6 relates to portion-size of meals and question 7 relates to eating a smaller number of meals in a day. The two questions are very different; however, the way that they are currently written many people feel that this is the same question. This was also a comment that was made during the cognitive interviews. These two questions will be re-written to distinguish between the two meanings. The questions will also be separated in the survey in order to reduce confusion about the differences in the two questions. The surveys are scored using the HFIAS, and the changes to the survey will be updated in the HFIAS scoring sheet.

One participant became very upset during the interview, and asked why we needed to collect this information. The student responded that the information was useful for the CCC to determine the need of the community to provide the best services. The participant completed the survey and did not make any comments to the CCC staff. During the cognitive interviews, one participant said to change the name the survey because they felt that the title 'hunger questionnaire' was degrading and upsetting to a number of people. The survey will be administered on a quarterly basis so that pantry clients do not become upset that they are repeatedly being asked a number of questions that are of a more personal nature. This was a suggestion of three participants in the cognitive interviews and quarterly interviews will be the standard practice for the 'Cares 4 Clarkston Client Questionnaire.'

4.3 Findings that Emerged from the Process

Clarkston is a diverse community full of many types of people. It is difficult to create a standard set of coping strategies that will work for all residents. A number of coping strategies that were identified in the focus group discussion were not reported in the cognitive interviews. Both the focus group discussions and the cognitive interviews consisted of primarily U.S.-borne residents, however, in both styles of interviewing all respondents mentioned things that they have observed of residents that were born outside of the U.S. There is a division between coping strategies that are used by U.S.-borne residents and those of residents that were born outside of the U.S. Even if the community was divided into those that were born in the U.S. and those that were born outside of the country, it would still not be possible to create two sets of coping strategies that would apply to both groups. Within each foreign-born community is a personal set of coping strategies that are used. The common theme when it came to coping was that people received help the most from people that are like themselves.

After speaking with program participants it was determined that the Household Food Insecurity Access Scale (HFIAS) combined with the Coping Strategies Index (CSI) would be the best survey tool. This was the case because the principal investigator was unable to come up with a common set of coping strategies for the 'Cares 4 Clarkston Client Questionnaire.' More work is needed to be done in the future to adapt the client questionnaire to contain additional questions that distinguish experiences of adults from experiences of children. Households with children (and those without) all stated that feeding children comes first, and it would be important to note the differences and copings strategies that are used when there is limited food available in a household. Three of four male participants that participated in the focus group discussion and/or cognitive interview, were single males. Single males have a very different experience when it comes to coping strategies because these individuals are much less likely to receive federal assistance benefits or help from community level organizations. Unfortunately, most programs targeted toward those in need are designed for households with children.

Participants stated that people who attend the pantry do not enjoy filling out the client questionnaire, but they did state that the process was a lot less invasive than other pantries. The Cares 4 Clarkston (C4C) Food Pantry does not require clients to provide a 'statement of need' in

order to receive food from the pantry. There was a mixed range of feelings when it came to the length of days that should be included in the recall period. Some participants stated that 30 days was too long of a time frame for a person to remember, and others stated that 30 days was a perfectly normal amount of time to recall. In the end it was decided that the survey tool would use a recall period of 30 days because it was easier to use the HFIAS frequency scale.

Many participants in the cognitive interviews also had mixed reactions to the coping strategies that were obtained during the focus group discussions. Some of the coping strategies were difficult to understand, and overall, majority of participants stated that they did not know people that were practicing each coping strategy. During the focus group discussions and cognitive interviews, a number of additional information was collected as participants spoke about the coping strategies and things that people are doing in Clarkston each day. New findings also emerged during both of the interview processes and these will be discussed below.

4.4 Additional Findings

Access to Food
As previously discussed in the 'summary of results collected' section, there is a major barrier to food when it comes to availability and access to food. There are at least 25 food marts in the city of Clarkston (these include free-standing food stores and food stores inside gas stations). All of the food marts accept EBT and all food marts carry potatoes, onions, tomatoes, and bananas at minimum. Community members are electing to shop outside of the community because they feel that the food resources in their community are not adequate. One participant stated that a can of green beans costs $2 at a grocery store in or near Clarkston. This participant stated that they would rather travel outside of the city to purchase food because they feel that they are saving money in the long run.

Traveling outside of the community to access food can be a real challenge. Those that have motor vehicles may find themselves providing transport for a number of people within the community. Carpooling, or ride sharing, was listed as one of the most common ways to travel outside of the community to purchase food, especially among those that were born outside of the U.S. For those that must walk, it is difficult to get to a number of places due to the lack of sidewalks outside of the city. Riding the MARTA is common among community members, but at $5 round trip this is a costly endeavor for many residents. One participant stated that sometimes he cannot afford

to ride the bus, and he asked the principal investigator if there were any discounted MARTA passes for low-income households.

Federal Assistance Programs

The nearest office to enroll for SNAP and other federal assistance programs is over four miles away in Decatur, GA, and residents in Clarkston must travel by bus and also walk in order to visit the office. In the state of GA those who are eligible for SNAP are able to apply online, however, a number of residents lack access to internet, and those who have recently resettled in the community may not know how to use a computer. Online services are available in 14 languages in addition to English; however, participants stated that when it comes time to apply for an application online it is impossible to find the application in another language.

"They [Division of Family and Children Services] want you to apply online, but the problem is what if English is not your first language? Then what are you supposed to do?"

"They have signs all everywhere if you need another language to let them know because they have the application in other languages, but all they have is Spanish."

"I heard that the government is going to start drug testing people for food stamps. They need to drug test people who give an indication that they need to be tested for drugs. Just people someone is hungry doesn't mean that they are on drugs.

"I tried to get food stamps for five months, got the runaround, and then I just stopped trying. I'll find a way to get food."

Two participants stated that the average household runs out of food stamps (SNAP) after about two weeks. After households run of SNAP benefits, then they must rely on community level programs, such as a food pantry, to provide food for their households. Single male households often do not qualify for SNAP benefits, and these individuals rely on pantries to provide food when they do not have enough money to buy food for themselves.

The Pantry System

During the cognitive interviews, pantries emerged as a safe place for residents to go to provide food for their household. Pride was a term that came up over and over again in interviews. Many people do not want other people to know that they need help, and the pantry community is a safe place to receive food. Pantries also provide food to households that may run out of SNAP (food stamps) before the end of the month, or provide food to households who do not have food stamps at all.

"The average household runs out of food stamps after two weeks I've noticed. After that what choice do they have but to go to a pantry?"

"People will rate the pantries. People will tell others not to go to certain pantries if that pantry asks too many questions."

"People who go to pantries are in a position of someone who just needs help. People often feel judged when the go to a pantry."

Pantries that are run by service organizations that ask too many questions are not preferred. The general feeling of many volunteers was that people go to pantries because they need help, not because they are trying to cheat the system. Many participants stated that they were only going to a pantry because they needed food. It is a necessity. Pantries are a place where people can go, receive food, and it should be a judge-free zone.

"You can tell when you go to a pantry and people are judging you."

"I need to go to a pantry, but I do not want to go. I need help now and one day I will hopefully be the person that is helping others. We are all trying."

Chapter 5: Discussion, Conclusions and Recommendations

5.1 Summary of Study

The goal of this thesis is to develop a survey tool based on the Coping Strategies Index (CSI) and the Household Food Insecurity Access Scale (HFIAS) to monitor strategies that are being used by community members in times of low access to food and impact of Clarkston Community Center's Food Security Initiative on program members in Clarkston, GA. A qualitative methods design was used to understand what coping strategies that community members and program participants are using in times when they have low access to food. Looking over the information collected from focus groups, cognitive interviews, and key informant interviews, a survey tool was designed based on a hybrid of the HFIAS the CSI. Clarkston is a diverse community, with residents that were born in the United States and residents that were born in countries all around the world. The city serves as a U.S. Refugee Resettlement Community, and has residents from countries all over the world including, but not limited to Afghanistan, Bhutan, Bosnia, Burma, Burundi, Ethiopia, and Iraq. The concept of this thesis was to design a questionnaire based on the CSI. After speaking with community members to determine a set list of coping strategies that are used within the Clarkston community, it became apparent that because of the diverse community it was not possible to assign a standard set of coping strategies for all.

Those that were born in the U.S. and those that were born outside of the U.S. do not use the same set of coping strategies in times of a decreased food supply. Those born outside of the U.S. also share more standardized sets of coping strategies among their country groups. Those that were interviewed were quick to point out that those that were born outside of the U.S. are more likely to work within their own community of people from the same country to make sure that no community member goes without. Those that are the same will help each other in the international community of Clarkston residents. A common theme among those that were born in the U.S. was pride; people born in the U.S. were much more likely to keep their struggles to themselves and look for other outlets to provide food for their households that did not include going to a friend or neighbor for help.

5.2 Strengths and Limitations

This had a number of limitations. Due to time constraints, lack of contact information of program participants, and difficulty to recruit willing participants, the small size was smaller than

previously proposed. Many pantry clients move around regularly and a number of clients have cell phones with limited minutes so it was difficult to make contact. Recruitment was done at on a pantry date; however, many pantry clients did not want to confirm their participation. When clients were contacted via phone, only one person declined to participate in the study and the reason that they chose not to participate was because they did not have reliable transportation and had small children at home that they did not want to bring to the interview.

Another limitation was the age majority of the participants (10 of the 13) were over that age of 50. This may have happened because younger pantry participants may have more active employment and do not have as much time to participate in studies. A large percentage of pantry clients are over the age of 40, so it may be important in the future to look into reasons why older people are more likely to use the pantry or other programs. Because of language barriers, all of the participants, minus two, were of Black/African American or White racial status. Many of the program clients that are from another country do not speak English well enough to participate in the study. This is a common complaint of pantry clients; the paperwork process is slowed down because of language barriers. Common languages in Clarkston should be established, and effort should be made to translate forms in these languages to make the pantry flow more efficiently. Also, translation of pantry forms is important to capture the attitudes and opinions of those who are not able to fully engage due to language barriers.

Strengths of the study were that 13 program clients participated and shared their attitudes and opinions about coping strategies and the survey tool, as well their own personal experiences. A high volume of information was obtained from participants when they were asked to explain their reasoning behind a particular answer. Participants were also given the chance to speak freely about the initiative programs and any improvements or suggestions that they have for the pantry. A number of other issues that should be focused on in the Clarkston emerged and the Food Security Initiative will work to assist community members to make improvements.

5.3 Recommendations and Public Health Implications

Food Pantries

Food pantries were initially created to serve food sources for households that were in need of emergency food assistance for short periods of time. Pantries in and around Clarkston provide food to community members when SNAP benefits run out and in some cases these pantries serve as a sole source of food for many households each month. The C4C Food Pantry has pantry dates twice a month; however program clients are only allowed to visit the pantry once-a-month. During the check-in process, many pantry volunteers turn a blind eye to this rule and will allow program clients to visit the pantry on both dates in the month. The general feeling of many pantry volunteers (and program support staff) is that they do not want to turn someone away who needs food. People do not visit food pantries because they are trying to cheat the system or get extra food; people attend food pantries because it may be their only option for food each month.

Federal assistance program benefits were decreased in the newest version of the Agriculture Act (Farm Bill) signed in February 2014. As federal assistance continues to decrease, the responsibility of providing food for low-income families will fall to community level organizations even more. Pantries across the U.S. fear that this will only increase their participant numbers in a time when they are already reaching capacity of those that they can serve. Before federal assistance program budgets were cut, many pantries already struggled to provide enough food for their clients. A number of participants in the cognitive interviews stated that they know which pantries will run out of food during a distribution day and they try to avoid those pantries.

Given the exploratory nature of this study, it inherently fosters ideas for a variety of future research opportunities. This study suggested that there is a lot of future research into the role of food pantries providing households with their supply of food for the month. Food pantries also serve as a 'safe place' for residents that are in need to access food without other community members knowing that they need help. Participants repeatedly stated that those that are born in the U.S. are less likely to go to friends or relatives for help. Through the evaluation of coping strategies that program clients are using to provide food for their households, pantries came out as a major coping strategy. More research needs to be done to improve pantry practices of private organizations. From a public health

standpoint, it would be beneficial to assess how the food pantries can work to better meet the needs of their program clients.

It would also be beneficial for food pantries in the Clarkston area, and potentially all food pantries in the Atlanta area, to meet and discuss and adopt best practices of pantry models. As the demand for food pantries increases, a review of different distribution methods, their effectiveness and costs would be valuable. Administering a survey tool at all Atlanta-area food pantries would be ideal for the Atlanta Community Food Bank (ACFB) so the food bank is better able to provide the scope of the problem to their donors and any government programs that they must report to on their food distribution in local food pantries. Collaboration and common goals and objectives should be further explored.

Access and Adequacy of Food

There is food available for residents to purchase in the city of Clarkston; however, this food may not be meeting the needs of those in the community. There are at least 25 food marts in the city, but the average food mart only sells fresh produce such as potatoes, tomatoes, onions and bananas. Food prices at food marts and grocery stores are also reported as higher in the city than in surrounding areas. Community members prefer to shop outside of the city, even if it means walking or paying $5 round trip on the MARTA bus to travel to a grocery store. It is often difficult and dangerous for one to leave the city without a car, however it is something that community members do.

Fresh produce is not readily available in the community due to access and cost. When fresh produce is available at the food pantry this is one of the first things to run out. Pantry clients will collect as much fresh produce as they are allowed to take, often choosing fresh produce over other items that are available. Beneficial implications would include providing more fresh produce to program clients and community members. This could be achieved through partnerships with local growers or commercial chains. The CCC FSI currently works with local farms to collect fresh food donations to hand out to program clients. Food that is being grown by community members could be sold to food marts to increase the amount of local food available in the community. All food marts accept EBT and potentially programs such as Wholesome Wave Georgia could develop a SNAP benefits program that doubles the value of EBT when fresh produce is sold. A similar idea to this is

already been tested at farm stands around the state of Georgia. Another idea to increase the consumption of the amount of fresh produce grown by community members would be to waive the 'vendor fee' for any resident of Clarkston that wishes to sell their produce at the Clarkston Farmers Market. Many local growers do not face the same high maintenance costs as small-scale farmers, and food grown in local gardens could be sold at a lower price. With lower cost fresh produce available in addition to the doubling of SNAP benefits provided by Wholesome Wave Georgia, community members would have an increased access to adequate foods.

Expired food is another issue of the community when it comes to adequacy of the food available in the community. Different community members have different definitions of what is considered expired. Participants were quick to point out that there is a difference between 'sell by' and 'eat by' dates. If food does not have mold or have a strong odor, then participants felt that it is probably safe to eat. One participant stated that they eat food that they would never feed to their children, however, as an adult it is safe to eat and if they get sick it is better them than a child. Another issue relating to expired food is the issue of some community members born outside of the U.S. being unable to understand expiration dates on food. Some community members waste food because they are unable to read an expiration date because the format of the date is not what they are used to reading, or an inability to read a nutrition label may also be a problem. If program clients are wasting food are throwing food away for this reason, then program clients should be educated on how to properly read a label.

Programs should also shift to providing community members with foods that they can, and will, eat. If a large amount of food is being wasted each month people because are unsure what to do with it, then program clients should be given a questionnaire of sorts to gauge what types of foods that they prefer. Currently the Cares 4 Clarkston Food Pantry gives clients a form to determine what kind of food the client would like to receive. Before the month of April 2014, this form was used by volunteers to prepare food parcels for pantry clients to take home. The 'Client Choice Pantry Model' began in April 2014, and in this model pantry clients are brought into the pantry and allowed to take what food they would like for their household based on family size and food available in each category of food. In the new model pantry clients are still given a form of available food options, and a volunteer assistant shopper works with the pantry client to record what food is selected by the

pantry client. These forms should be evaluated to determine what food pantry clients choose to take, and any food item that is not being selected should not be stocked in the pantry.

Recommendations Made in Focus Group Discussions

During the focus group discussions, participants were given a chance to provide ideas for areas of improvement in the Clarkston community when it comes to improving resources related to food. Lack of knowledge of services that are available was an item that was mentioned in some form in both groups. Both groups differed in if they perceived this idea to be a difficult and an easy task to fix. A community map of resources and protective factors is currently in development by the CCC FSI and a group of students from the Rollins School of Public Health. Protective factors are conditions or resources that help people deal with stressful events and eliminate risk, i.e., community centers, schools, churches, and service organizations. The community map should be shared with community and services within the Clarkston community to be shared with community members. The FSI Food Security Manager plans to have the community maps available to CCC program clients so that they may share the map with those that they know to create a more transparent picture of what is available in the community. Participants also stated a need for clarity of who is eligible for what federal assistance programs individually. The system is tough to navigate, and a number of community members have given up altogether because they are unsure of what to do to receive benefits.

Relating to those that are foreign born, participants stated that more translation services are needed within the community. Translators are particularly important for those that wish to apply for federal assistance programs, but a number of other programs and services within the community are in need of translators as well. The 'Cares 4 Clarkston Client Questionnaire' needs to be translated into additional primary languages, and the food pantry would benefit greatly from the use of program ambassadors. The later was the idea of the FSI Food Security Manager. The idea is to have ambassadors from a variety of backgrounds and language sets participate at the Clarkston Farmers Market. The ambassadors will assist with translation and help clients of the market that may not understand the procedures of a farmers market. This program would be useful in all programs at the CCC (as well as other community and service organizations) and once the program is piloted at the Clarkston Farmers Market, the program should be adapted to other FSI programs as well.

5.4 Conclusion

Household food security is not largely conducted in the U.S., or at least not on the scale that it should be done. The U.S. Census Bureau includes a Food Security Supplement (FSS) in their yearly Current Population Survey (CPS). The CPS is only administered to about $50,000 annually and there are a number of limitations when using the survey tool (CPS 2014, Gundersen 2006). The survey tool is lengthy and may miss residents that move around frequently (Bollinger and Hagstrom 2008). There is a gap in knowledge of coping strategies that low-income U.S. citizens use in times when there are not able to access food.

The goal of this thesis was to develop a survey tool to gauge coping strategies that community members use in times of low access of food. A survey tool has been developed for the Clarkston Community Center (CCC) Food Security Initiative (FSI); however, more research needs to go into the design of a better tool to be used by the CCC. The principal investigator was unable to establish a 'standard' set of coping strategies due to the diversity of the residents of Clarkston. The survey tool that was designed was a hybrid of the Household Food Insecurity Access Scale and the Coping Strategies Index. Further research is needed to interview more participants in order work to create a more standard (or multiple standards) of coping strategies used within the community. It will be important to include coping strategies of those born in the U.S. and those born outside of the U.S. as the two groups differ in the coping strategies that they use in times of low access to food.

The following are ideas for future research in the community. At this time, there has been no formal research conducted with the immigrant population of Clarkston to determine what they do in times of low access to food. This should be pursued in the future to provide a complex viewpoint and set of coping strategies of what immigrant residents in Clarkston are doing to cope with lack of access to adequate food. It is also important to document the progress of the movement, support related research efforts, and create a mentorship network for food pantries in the city of Clarkston, as well as Metro Atlanta, to create a partnership to implement similar effective strategies, including a 'client questionnaire'.

Above all else, it is important to advocate for individuals that have low access to food, especially those who use food pantries. There needs to be a reduction of stigma associated with any sort of help (rather it is federal assistance or community level programs) in times of low access to food.

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Appendices

Appendix 1 – Focus Group Discussion Guide

Focus Group Discussion Guide – Clarkston Community Members

City: Clarkston, GA

A. Need and Goal:
Because measuring food insecurity is costly and complicated, there is a need for a tool to measure household food security and coping strategies. The goal of this proposal is to develop a survey tool based on the Coping Strategies Index to monitor the impact of Clarkston Community Center's Food Security Initiative on program members in Clarkston, GA. This survey tool will be provided to the Clarkston Community Center for use in its programs.

The proposed study aims are:
1) To investigate targeted coping strategies and methods to be used to create a survey tool through a literature review.
2) To identify coping behaviors that are relevant in Clarkston, GA through the use of focus groups made of Clarkston community members.
3) To design a coping strategy index tool to be used by the Clarkston Community Center Food Security Initiative to be used to monitor and evaluate food insecurity and coping strategies of households that participate in programs.

Study Population:
Participants in the Clarkston Community Center's Food Security Initiative: two groups of females and one group of males.

B. Instruction for interviewer:
- Review the rules of the FGD: All responses are welcome. There is no right or wrong answer. If at any time a participant wishes to stop the discussion, then they can.
- Follow this FGD Guide and be flexible
- Interviewer introduces him/herself
- Interview gives introduction and consent statement
- Interviewer obtains consent both for the interview and for tape recording. If anyone objects, then we will not record.

C. Materials needed for the interviewer:
Recorder, printed FGD guide, consent forms, flip chart paper, markers, tape, post-it notes, snacks

Collect information from participants one-by-one as per table shown below before starting the discussion.

Participant	Age	Ethnicity	Gender (Male or Female)	# of Household Members	# of Children (under 18)	# of Years Living in Clarkston
Participant – 1						
Participant – 2						
Participant – 3						
Participant – 4						
Participant – 5						
Participant – 6						
Participant - 7						
Participant – 8						
Participant – 9						
Participant – 10						

D. Focus Group Discussion Guide

<u>Introduction</u>

Hello! My name is (name) and this is my friend (name).   I want to thank each of you for coming today.

We are students from the Rollins School of Public Health at Emory University.   We are working with the Clarkston Community Center to make improvements to the Food Security Initiative. We have invited you to this discussion with us today because you live in this community and have experiences and wisdom that can help the CCC and the city of Clarkston.

Let me tell you a little about how we will conduct the group discussion today. Your participation in this group is voluntary, so if you prefer not to be a part of this discussion then you are completely free to leave. Your decision to participate or not participate will not affect any services that you may be receiving from the CCC or any other organizations in Clarkston.

We value all of your opinions and hope that you will stay and share your views. Whatever we discuss today will be completely confidential and used only for this research project. There's no right or wrong answers; we will simply be asking for your opinions and experiences, so please feel comfortable to say what you really think. We would like to hear as many different points of view as possible, so feel free to disagree with someone else and share your own view, but please also respect the views of others.

We will not be going around the room, so please just join in when you have something to say or you want to respond to some else's point. It is important that only one person talks at a time so that we do not miss anything that anyone says.

During the discussion, _____ will be taking notes and reminding me if I forget to ask something. However, so that s/he does not have to worry about writing every word on paper we would also like to tape record the whole discussion. The reason for the recording is so that we do not miss anything that is said and to ensure that your comments and opinions are fairly represented in the research.

Please do not be concerned about this. Our discussion will remain completely confidential. Nothing that you say will be shared with any staff members at the Clarkston Community Center or any Clarkston City officials. We will only use first names in the discussion. The information will only be used to this research project and the recording will be securely stored so that it is not accessible to anyone outside the research team.

Is it okay with everyone to record this discussion? (Make sure that all participants consent to the recording.)

In order for everyone to participate in the discussion, everyone must first sign a form that gives their permission (consent) to participate. [Read over the form and have everyone sign it].

Great thank you. Let's get started. This discussion will probably last about 90 minutes. Please help yourself to the snacks and refreshments provided. Are there any questions before we start?

Warm Up

(Directions: these are warm-up questions and should last about 15 minutes – to develop rapport and create a comfortable group environment for the group discussion)

As an introduction, let's go around the circle so that you can introduce yourselves. Let's all share our first names and how long you have lived in Clarkston. And if you lived somewhere else before Clarkston, where did you live?

Activity I – Community Mapping Part

(Directions: this activity is designed to get participants to start thinking about their community and what resources are available to them. The activity should initially last about 40 minutes total - give the participants enough time to map out their community. This is also a good opportunity for the interviewer to observe group and make any mental notes about who speaks up a lot and who is not saying very much.)

Part I – Create a Community Map

Now that we all know a little bit about each other, let's work on an activity. I have something that I would like all of you to help me with. As a group, I would like all of you to work together to create a map of the Clarkston Community. I have paper, pencils, pens, and markers. Please feel free to use what you would like.

On your map, please identify a central place in the community to make sure everyone is able to visualize the city in the same fashion. Please also draw the main roads in Clarkston on your map. (10 minutes)

Now on your map, please identify where you live. Simply place an 'X' on the spot where everyone lives.

Please add places of importance to you, including: schools, religious centers, community centers, parks, government offices, health clinics, etc. (10 minutes)

Please add places where food is available in the community. This can be a market or any resource where people are able to get food. Please include: pantries, grocery stores, food markets, farmers markets, community gardens, soup or meal kitchens and any other place where food is available in Clarkston. (5-10 minutes)

(Once the mapping is completed, have the group discuss their map. This should take about 5 minutes)

Does anyone have anything that they would like to add that they do not feel was represented on the map?

We're going to use this map to talk about food resources in the community.

Part II – Access Issues

Are all of the places where people get food identified on your map?

Now let's talk about how people get to the food resources that you have identified – the food markets, the pantries, the gardens – what methods of transportation are most commonly used by people in the Clarkston community?

What have you heard community members say about transportation in Clarkston?

What are your feelings about walking or riding a bike in Clarkston? What makes it easy and what makes it difficult?

Looking at your map and thinking about Clarkston as a whole, are there areas where people have less access to food?
    If yes, what are reasons some reasons that people have less access to food?

Do people in Clarkston participate in food programs, such as a food pantry or soup kitchen? Which food programs do people participate in? Why?

Are there food programs that people do not participate in? Why?

Do all of the neighborhoods of Clarkston have equal access to food?

Activity II – Coping Strategies and how frequently they are used

(Directions: This activity will be used to identify problems with accessing food in the community. First the participants will be asked to identify coping strategies that community members use when it comes to accessing food in times of food insecurity. Once the community members have identified a list of coping strategies, next, ask participants if they have heard of community members using any of the other coping strategies identified below. After all the coping strategies have been listed, ask participants to rank the frequency of the coping strategies being used by people in their community. This activity should last about 30-40 minutes.   Write down coping strategies on a flip chart piece of paper as they are identified.

Part I – Identify Coping Strategies

We've just discussed how there may be people in this community are not able to access enough food for their families. I would know like to talk about coping strategies that households use to ensure that there is enough food in the household to feed everyone – this may include changes in what they buy, changes in how they get food, changes in how they eat- it also includes what people do when they run out of money for food. I am interested to hear what people in this community may do.

For the purposes of this activity, we will define a coping strategy as decisions that people make when they do not have enough food for their household. This could include transportation issues, not having enough money, decisions to spend money on other things.

As a group, let's discuss some common coping strategies used by people in Clarkston. These may be things you've heard friends, neighbors or family members say they do when they think they may run out of money for food as a way to make food last, or what they do if they don't have enough money to buy more food. Would someone like to start?

I'm going to write down the coping strategies on the flip chart as you all list them.

(Let them free list as many as they can before proceeding to the next part. Write the coping strategies that they list on the flip chart.)

Other communities have participated in similar activities and have identified coping strategies of their own. Have you ever heard of anyone in your community doing the following?

(Directions: Do no repeat strategies that have already been identified by the group)

1) Buy foods that cost less money and are less favored?

2) Borrow food, or rely on help from a friend, neighbor or relative?

3) Purchase food on credit?

4) Send household members to eat elsewhere?

5) Scavenge for food in your community? For example, take food from a dumpster or food that has been thrown away?

6) Limit the amount eaten at mealtimes?

7) Limit the amount eaten by adults in the household so that there is enough food for children?

8) Giving the food to working members of household at the expense of nonworking   members?

9) Reduce the number of meals eaten in a day?

10) Go an entire day without eating?

11) Receive food from a food pantry or meals from soup kitchens?

12) Eat expired food in order to feed the household?

13) Children or adults go to bed hungry?

Part II – Frequency of use of Coping Strategies

(Directions): As a group, have the participants take a look at the list of coping strategies that have been identified previously. Have community members discuss the list, and then identify what order the coping strategies are used, from 'first thing to do' to 'last ditch effort.'

Let's look over the list of coping strategies that you all have just identified. I'm interested in how often these coping strategies are used.

Let's go through the list, ranking the first strategies that community members use when they do not have enough food up in their household to strategies that are used as a final solution.

A score of 1 would be the least severe
A score of 2
A score of 3
A score of 4 would be the most severe

When community members do not have enough food for their household, what are the first strategies that they use?

When community members do not have enough food for their household, what are the last strategies that they use?

Where do the other strategies fall on the scale?

Thinking of people in your community, do many people do you know use these strategies?

Do you know people that have used the most severe strategies that you all listed?

Now that we've identified strategies that people are using, let's focus on ways that we think Clarkston can make improvements to ensure that community members have access to food.

Activity III – Low Hanging Fruit

(Directions: The low hanging fruit activity is a tool that involves drawing a tree and its fruits. The tree represents lack of access to food in the Clarkston community. The fruits of the tree represent different things that can be done to make Clarkston food accessible. If the fruits are 'low hanging,' then they will be easier to carry out. If they are 'high hanging,' then they will be harder to carry out.

Now that the group has identified where food can be accessed, transportation issues related to access, economic issues related to access, and the coping strategies that are used in Clarkston and how commonly the strategies are used, the group will work to brainstorm ways that the community can improve food access.)

As a group, let's identify ideas that the community can do to transform Clarkston to a place where everyone can get the food they need to be healthy and nourished. In this exercise we want to figure

out which strategies will be easier to start and which will be harder. And then we'll discuss some of the barriers and opportunities to starting these activities and services.

First, let's draw a tree with both high and low branches.

On post-it notes, let's each write down strategies that you think should be introduced to strengthen families so they can have more food in the Clarkston community.

Low hanging fruit is the easiest fruit to pick from the tree and in this activity the low hanging fruit represents strategies that would be easier to start and carry out.
Fruit that is higher on the tree is harder to pick and would be harder to start and carry out.

Please place your ideas that you have written down on the post-it notes on the tree where you think they should go. Are your ideas low or high hanging fruit?

Now as a group let's discuss all of your ideas that you have placed on the tree.

Are there things that may get in the way of carrying these ideas out?

Are there programs in Clarkston that could receive more support to carry these ideas out?

Now that we have discussed your ideas and the how you think they can be supported in Clarkston, may I please have one participant summarize ideas and your suggestions for carrying them out?

Does anyone have any comments or suggestions that they would like to add?

Looking at your trees, what is something that Clarkston should focus on first that you feel would be easy or the best to address?

What are two ideas that you would like Clarkston to start right now? How should these ideas be started? Who should be involved?

Conclusion

We are reaching the end of the discussion. Does anyone have any further comments to add before we conclude this discussion and I turn off the tape recorder?

I want to thank each of you so much for chatting with me today about your experiences and opinions. Your comments and suggestions will be used to improve services offered to you by the Clarkston Community Center.

Thank you so much for your time today. Please feel free to take any of the snacks and refreshments when you leave.

Everyone has a number. This is the order that we will use when we go to the pantry in a few minutes.

Have a great day.

Appendix 2 – Cognitive Interview Guide

Cognitive Interview Guide - Clarkston Community Members

Date:
Time Begin: **Time End:**
Gender:

Introduction

Good morning/afternoon/evening, my name is _____. I want to thank you for meeting with me today.

I am a student at the Rollins School of Public Health at Emory University. I am currently working with the Clarkston Community Center to make improvements to the Food Security Initiative.

As part of this project I am speaking to individuals that live in the city of Clarkston.

Let me tell you a little bit about how we will conduct the interview today. I want to let you know that your participation in this interview is completely voluntary. If you want to stop at any time please do not hesitate to let me know. Also, if you do not feel comfortable answering a question let me know and we will skip the question. Please let me know at any time if you do not want to continue with our conversation and the interview will be terminated. Your decision to participate or not participate will not affect any services that you may be receiving from the CCC or any other organization in Clarkston.

I value your opinions and hope that you will stay and share your views and experiences. Whatever we discuss today will be completely confidential and anything that you say will not be shared directly with the Clarkston Community Center Staff, Clarkston Community, or faculty and other students at the Rollins School of Public Health. There are no right or wrong answers; I will simply be asking about your opinions and experiences, so please feel comfortable to say what you really think.

We recently conducted focus groups with Clarkston community members, and we will be using this interview to review the information that we received, and we would also appreciate any information that you would like to add.

 If you do not mind, I would like to tape-record our discussion so that I do not miss or forget anything that we talk about. So, is it okay for me to tape-record this interview? Please do not be concerned about this. Our discussion will remain completely confidential. Nothing that you say will be shared with any staff members at the Clarkston Community Center or any Clarkston City officials. The information will only be used to this research project and the recording will be securely stored so that it is not accessible to anyone outside the research team.

Is it okay with you to record this discussion? Great thank you. Let's get started. This discussion will probably last about 30-45 minutes.

Warm-Up

1) How often do you go food shopping?
This question can be answered in a number of ways. For example, food shopping could refer to the large shopping done once every week or two, it could refer to the occasional quick trip to the store to pick up last-minute or forgotten items, or it could include both types of shopping.

Part I. Coping Strategies

We spoke to community members as groups and the groups identified coping strategies, or decisions, that people make when they do not have enough food for their household. This could include transportation issues, not having enough money to buy food, or decisions to spend money on other things.

Let's look at each coping strategy separately.

1) Bought food on credit.

    A) Please tell me what you think that this question is asking?

    B) The question asks people to state how many days they have bought food on credit in the past seven days. Do you know anyone who does this or do you think that people do this in Clarkston? Do you think that this a good question to include in the survey? Why do you say that?

    C) How common do you think this is? Please use a scale from 1-4, where 1 is that the behavior is common and a 4 means that it is something that people will do last.

    D) Why did you give this question that rating?

2) Borrowed food, or rely on help from a friend, neighbor or relative.

    A) Please tell me what you think that this question is asking?

    B) The question asks people to state how many days they have borrowed food, or relied on help from a friend, neighbor or relative in the past seven days. Do you know anyone who does this or do you think that people do this in Clarkston? Do you think that this a good question to include in the survey? Why do you say that?

    C) How common do you think this is? Please use a scale from 1-4, where 1 is that the behavior is common and a 4 means that it is something that people will do last.

    D) Why did you give this question that rating?

3) Received food from a religious or service organization (for example a food pantry).

A) Please tell me what you think that this question is asking?

B) The question asks people to state how many days they have received food from a religious or service organization (for example a food pantry) in the past seven days.   Do you know anyone who does this or do you think that people do this in Clarkston? Do you think that this a good question to include in the survey? Why do you say that?

C) How common do you think this is? Please use a scale from 1-4, where 1 is that the behavior is common and a 4 means that it is something that people will do last.

D) Why did you give this question that rating?

4) Bought foods that are less favored because they cost less money.

A) Please tell me what you think that this question is asking?

B) The question asks people to state how many days they bought foods that are less favored because they cost less money in the past seven days.   Do you know anyone who does this or do you think that people do this in Clarkston? Do you think that this a good question to include in the survey? Why do you say that?

C) How common do you think this is? Please use a scale from 1-4, where 1 is that the behavior is common and a 4 means that it is something that people will do last.

D) Why did you give this question that rating?

5) Fed children first to make sure that they get enough food.

A) Please tell me what you think that this question is asking?

B) The question asks people to state how many days they fed children first to make sure that they get enough food in the past seven days.   Do you know anyone who does this or do you think that people do this in Clarkston? Do you think that this a good question to include in the survey? Why do you say that?

C) How common do you think this is? Please use a scale from 1-4, where 1 is that the behavior is common and a 4 means that it is something that people will do last.

D) Why did you give this question that rating?

6) Go to a friend's house to eat?

A) Please tell me what you think that this question is asking?

B) The question asks people to state how many days they borrowed food from a neighbor, friend or relative in the past seven days.   Do you know anyone who does this or do you think that people do this in Clarkston? Do you think that this a good question to include in the survey? Why do you say that?

C) How common do you think this is? Please use a scale from 1-4, where 1 is that the behavior is common and a 4 means that it is something that people will do last.

D) Why did you give this question that rating?

7) Eaten food when you have it rather than saving food for later.

A) Please tell me what you think that this question is asking?

B) The question asks people to state how many days they have eaten food when they had it rather than saving food for later in the past seven days.   Do you know anyone who does this or do you think that people do this in Clarkston? Do you think that this a good question to include in the survey? Why do you say that?

C) How common do you think this is? Please use a scale from 1-4, where 1 is that the behavior is common and a 4 means that it is something that people will do last.

D) Why did you give this question that rating?

8) Begged for food.

A) Please tell me what you think that this question is asking?

B) The question asks people to state how many days they have begged for food in the past seven days.   Do you know anyone who does this or do you think that people do this in Clarkston? Do you think that this a good question to include in the survey? Why do you say that?

C) How common do you think this is? Please use a scale from 1-4, where 1 is that the behavior is common and a 4 means that it is something that people will do last.

D) Why did you give this question that rating?

9) Gone without food because there is no food to eat.

A) Please tell me what you think that this question is asking?

B) The question asks people to state how many days they have gone without food because there is no food to eat in the past seven days.   Do you know anyone who does this or do you think that people do this in Clarkston? Do you think that this a good question to include in the survey? Why do you say that?

C) How common do you think this is? Please use a scale from 1-4, where 1 is that the behavior is common and a 4 means that it is something that people will do last.

D) Why did you give this question that rating?

10) Eaten expired food.

A) Please tell me what you think that this question is asking?

B) The question asks people to state how many days they have eaten expired food in the past seven days.   Do you know anyone who does this or do you think that people do this in Clarkston? Do you think that this a good question to include in the survey? Why do you say that?

C) How common do you think this is? Please use a scale from 1-4, where 1 is that the behavior is common and a 4 means that it is something that people will do last.

D) Why did you give this question that rating?

11) Taken food from a dumpster or food that has been thrown away.

A) Please tell me what you think that this question is asking?

B) The question asks people to state how many days they have taken food from a dumpster or food that has been thrown away in the past seven days.   Do you know anyone who does this or do you think that people do this in Clarkston? Do you think that this a good question to include in the survey? Why do you say that?

C) How common do you think this is? Please use a scale from 1-4, where 1 is that the behavior is common and a 4 means that it is something that people will do last.

D) Why did you give this question that rating?

12) Additional Coping Strategies

    1) Do you think that there are any other strategies that I did not name?

    A) Do you know anyone who does this or do you think that people do this in Clarkston? Do you think that this a good question to include in the survey? Why do you say that?

    B) How common do you think this is? Please use a scale from 1-4, where 1 is that the behavior is common and a 4 means that it is something that people will do last.

    C) Why did you give this question that rating?

    (Repeat until participant does not have any more strategies to include. Write down any additional comments that participant wishes to share.)

Part II. Preference of Questionnaire format

I. Coping Strategies Questionnaire

Based on the list of coping strategies obtained from the two focus groups

In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household:	Raw Score	Universal Severity Weight	Weighted Score= Frequency x Weight
Relative Frequency Score			
a. Buy food on credit		1	
b. Borrow food or rely on help from a friend or neighbor		1	
c. Receive food from a religious or service organization		1	
d. Buy food that costs less		1	
e. Feed children first		1	
f. Go to a friend's house to eat		3	
g. Eat food when you have it rather than saving food for later		1	
h. Beg for food		1	
i. Go without food because there is no food to eat		1	
j. Scavenge for food		4	
k. Eat expired food		3	
TOTAL HOUSEHOLD SCORE			

II. HIFAS/Original CCC Questionnaire

No	Question	Response Options	Code
1	In the past 30 days, did you worry that your household would not have enough food?	0=No (Skip to Q2) 1=Yes (go to 1a)	
1a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
2	In the past 30 days, were you or any household member not able to eat the kinds of food you preferred because of lack of resources?	0=No (Skip to Q3) 1=Yes (go to 2a)	
2a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
3	In the past 30 days, did you or any household member have to eat a limited variety of foods due to lack of resources?	0=No (Skip to Q4) 1=Yes (go to 4a)	
3a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
4	In the past 30 days, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?	0=No (Skip to Q5) 1=Yes (go to 5a)	
4a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
5	In the past 30 days, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	0=No (Skip to Q6) 1=Yes (go to 6a)	
5a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
6	In the past 30 days, did you or any household member have to eat fewer meals in a day because there was not enough food?	0=No (Skip to Q7) 1=Yes (go to 7a)	

6a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
7	In the past 30 days, was there ever no food to eat of any kind in your household because of lack of resources to get food?	0=No (Skip to Q8) 1=Yes (go to 8a)	
7a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
8	In the past 30 days, did you or any household member go to sleep at night hungry because there was not enough food?	0=No (Skip to Q9) 1=Yes (go to 9a)	
8a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
9	In the past 30 days, did you or any household member go a whole day and night without eating anything because there was not enough food?	0=No (questionnaire is finished) 1=Yes (go to 9a)	
9a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	

III. Questions about questionnaires

1) Looking over the two questionnaires, which questionnaire has questions that you think are easier for people in Clarkston to answer? Why do you say that?

2) What do you like about either questionnaire or both questionnaires? Please explain.

3) If you were at the food pantry, which questionnaire would you prefer to receive? Why?

Demographic Questions

These questions are included to make sure that we speak to many different types of people. If there is a question that you do not want to answer, then please let me know and we will move on.

1) What is your age?

2) What is your racial/ethnic background?
        A) Black/African American
        B) Asian/ Pacific Islander
        C) Hispanic or Latino
        D) Native American or American Indian
        E) White
        F) Other: _____

3) How many people in your household?

4) How many children live in your household under the age of 18?

5) How many years have you been living in Clarkston?

6) What is your annual household income before taxes?
A) $0-15,000
B) $15,001-30,000
C) $30,001-45,000
D) $45,001 and over

Conclusion

We are reaching the end of the discussion. Do you have any further comments to add before we conclude this discussion and I turn off the tape recorder?

I want thank you so much for chatting with me today about your experiences and opinions. Your comments and suggestions will be used to improve services offered to you by the Clarkston Community Center.

Thank you so much for your time today.

Have a great day.

ID Number: _____

Cares 4 Clarkston (C4C) Client Questionnaire

Note: A household refers to those of you that slept under the same roof and take meals together at least four days a week.

No	Question	Response Options	Code
1	In the past 30 days, did you worry that your household would not have enough food to eat?	0=No (Skip to Q2) 1=Yes (go to 1a)	
1a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
2	In the past 30 days, were you or any household member not able to eat the kinds of food you preferred or liked because of lack of resources (including lack of money or barriers such as transportation)?	0=No (Skip to Q3) 1=Yes (go to 2a)	
2a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
3	In the past 30 days, did you or any household member have to eat a meal smaller than you felt you needed because there was not enough food?	0=No (Skip to Q7) 1=Yes (go to 7a)	
3a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
4	In the past 30 days, did you or any household member eat food from a food pantry because of lack of resources to obtain other types of food (including lack of money or barriers such as transportation)?	0=No (Skip to Q5) 1=Yes (go to 5a)	
4a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
5	In the past 30 days, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food (including lack of money or barriers such as transportation)?	0=No (Skip to Q6) 1=Yes (go to 6a)	

5a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
6	In the past 30 days, did you or any household member have to eat a limited variety of foods due to lack of resources (including lack of money or barriers such as transportation)?	0=No (Skip to Q4) 1=Yes (go to 4a)	
6a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
7	In the past 30 days, did you or any household member have to eat a smaller number of meals in a day because there was not enough food?	0=No (Skip to Q8) 1=Yes (go to 8a)	
7a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
8	In the past 30 days, was there ever no food to eat of any kind in your household because of lack of resources to get food (including lack of money or barriers such as transportation)?	0=No (Skip to Q9) 1=Yes (go to 9a)	
8a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
9	In the past 30 days, did you or any household member go to sleep at night hungry because there was not enough food?	0=No (Skip to Q10) 1=Yes (go to 10a)	
9a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days) 1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
10	In the past 30 days, did you or any household member go a whole day and night without eating anything because there was not enough food?	0=No (Skip to Q11) 1=Yes (go to 11a)	
10a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
11	What was your total family income before taxes during the past 12 months?	1=$0-10,000 2=$10,001-20,000 3=$20,001-30,000 4=$30,001-40,000 5=$40,001-50,000 6=$50,001 and over	

CSI/HFIAS tool developed for use in C4C Food Pantry, Clarkston, GA. Most recent edit 4.11.20

Appendix 4 – Cares 4 Clarkston Client Questionnaire

<div align="right">
ID Number: _____
Date: _____
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Cares 4 Clarkston (C4C) Client Questionnaire

Note: A household refers to those of you that slept under the same roof and take meals together at least four days a week.

No	Question	Response Options	Code
1	In the past 30 days, did you worry that your household would not have enough food to eat?	0=No (Skip to Q2) 1=Yes (go to 1a)	
1a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
2	In the past 30 days, were you or any household member not able to eat the kinds of food you preferred or liked because of lack of resources (including lack of money or barriers such as transportation)?	0=No (Skip to Q3) 1=Yes (go to 2a)	
2a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
3	In the past 30 days, did you or any household member have to eat a meal smaller than you felt you needed because there was not enough food?	0=No (Skip to Q7) 1=Yes (go to 7a)	
3a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
4	In the past 30 days, did you or any household member eat food from a food pantry because of lack of resources to obtain other types of food (including lack of money or barriers such as transportation)?	0=No (Skip to Q5) 1=Yes (go to 5a)	
4a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
5	In the past 30 days, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food (including lack of money or barriers such as transportation)?	0=No (Skip to Q6) 1=Yes (go to 6a)	
5a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	

6	In the past 30 days, did you or any household member have to eat a limited variety of foods due to lack of resources (including lack of money or barriers such as transportation)?	0=No (Skip to Q4) 1=Yes (go to 4a)	
6a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
7	In the past 30 days, did you or any household member have to eat a smaller number of meals in a day because there was not enough food?	0=No (Skip to Q8) 1=Yes (go to 8a)	
7a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
8	In the past 30 days, was there ever no food to eat of any kind in your household because of lack of resources to get food (including lack of money or barriers such as transportation)?	0=No (Skip to Q9) 1=Yes (go to 9a)	
8a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
9	In the past 30 days, did you or any household member go to sleep at night hungry because there was not enough food?	0=No (Skip to Q10) 1=Yes (go to 10a)	
9a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days) 1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
10	In the past 30 days, did you or any household member go a whole day and night without eating anything because there was not enough food?	0=No (Skip to Q11) 1=Yes (go to 11a)	
10a	How often did this happen?	1= Rarely (once or twice in the past 30 days) 2= Sometimes (three to ten times in the past 30 days) 3= Often (more than ten times in the past 30 days)	
11	What was your total family income before taxes during the past 12 months?	1=$0-10,000 2=$10,001-20,000 3=$20,001-30,000 4=$30,001-40,000 5=$40,001-50,000 6=$50,001 and over	

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