2018 Community Food Security Assessment
Chester County, Pennsylvania

Chester County FoodBank
A fresh approach

Table of Contents

I. Acknowledgments
II. Introduction
    A. Chester County and the Chester County Food Bank
    B. What is Food Insecurity?
    C. Food Insecurity in Chester County
    D. Community Food Security Assessment
III. Methods
    A. Secondary Data Collection
    B. Primary Data Collection
        1. Food Pantry Member Survey
        2. Stakeholder Interviews
        3. Community Member Focus Groups
    C. Limitations
IV. Results and Discussion
    A. High-Risk Populations
        1. Food Pantry Member Overview
        2. Food Pantry Member Food Insecurity Analysis
        3. Stakeholder and Community Member Perspective
    B. Community Resource Utilization and Experience
        1. Community Resource Utilization
        2. Pantry Utilization and Experience
            a. Pantry Utilization
            b. Pantry Experience
            c. Pantry Utilization and Experience by Pantry Size
    C. Barriers to Food Security
        1. High Cost of Living, Disability, and Underemployment
        2. Transportation
        3. Attitudes, Stigma, and Pride
        4. Misconceptions About Community Resource and Eligibility
        5. Fear of Immigration Status Exposure
        6. Food Education
    D. Attitudes and Perspectives on Real, Healthy Food
        1. Concern for Health
        2. Desire for Real, Healthy Foods
        3. Barriers to Healthy Eating
V. Conclusion and Recommendations
    A. Community Perspective
    B. Opportunities for Impact
VI. Appendix
    A. Pantry Member Survey
    B. Stakeholder Interview Questions
    C. Community Member Focus Group Guide
VII. References (footnotes)

I. Acknowledgements

We are grateful to the many organizations and individuals who made this project possible. We would like to thank the following organizations and individuals for their contributions to this assessment:

- The Philadelphia Foundation - Thank you to *The Philadelphia Foundation* who funded Chester County's first Community Food Security Assessment as part of Chester County Food Bank's strategic planning process.
- Chester County Food Bank Staff for assessment development, planning, implementation, analysis, report writing and editing:
    - Michelle Berger, MPH, Research and Evaluation Coordinator
    - Wendy Gaynor, MA, Director of Food Security Initiatives
    - Richard Eller, Administrative and Program Assistant
    - Iza Thiago Munoz, MA, Agency Relations Coordinator
    - Roberta Cosentino, MS, Fresh2You Mobile Market Manager
    - Lisa Slawinski, Development and Database Associate
    - Larry Welsch, Executive Director
- Drexel University Dornsife School of Public Health and Swarthmore College students and faculty were also critical for the planning, implementation, analysis, data presentation, and ongoing guidance of the assessment. Special thanks to:
    - Professor Ann C. Klassen, PhD
    - Courtney Sartain, MPH
    - David Paolo
    - Tyler Huntington
- Our many community partners for hosting focus groups and recruiting participants, hosting survey distributions, and taking part in stakeholder interviews. We are appreciative to these leaders who gave their vital feedback and have invested their life's work for the betterment of Chester County. Community Food Security Assessment partner organizations included:

    <u>Food Pantries and Cupboards</u>
    Act in Faith of Greater West Chester, West Chester
    Bridge Food Pantry at Avon Grove Church of the Nazarene, Avon Grove
    Coatesville Community Food Co-Op, Coatesville
    Church of the Good Samaritan, Paoli
    Coventry Food Pantry, Pottstown
    Divine Sent Food Cupboard, Oxford
    Great Valley Food Cupboard, Devon
    Honey Brook Food Pantry, Honey Brook
    Jubilee Evangelist Church, Coatesville
    Kennett Area Community Services (KACS), Kennett Square
    Kingsway Independent Church, Coatesville
    Lord's Pantry of Downingtown, Downingtown

Octorara Area Food Cupboard, Parkesburg
Oxford Neighborhood Services (ONS), Oxford
Paoli Presbyterian Church, Paoli
Pathstone, Kennett Square
Phoenixville Area Community Services (PACS), Phoenixville
Spring City Food Pantry, Spring City
St. Peter's Episcopal Church Food Pantry, Phoenixville
Tabernacle Baptist Church, Coatesville
Trinity Presbyterian Church, Berwyn
West Chester Food Cupboard, West Chester
West Chester Salvation Army, West Chester

Health Care Providers
Community Volunteers in Medicine, West Chester
ChesPenn Health Services, Coatesville
Chester County Hospital - Penn Medicine, West Chester
La Comunidad Hispana (LCH), Kennett Square
Paoli Hospital – Mainline Health, Paoli
The Clinic, Phoenixville

Residential Communities and Shelters
Coatesville Towers, Coatesville
Indian Run, Honey Brook
Safe Harbor of Chester County, West Chester
St. Peter's Place, Phoenixville
Vincent Heights, Phoenixville

Local and County Organizations
Alianzas de Phoenixville, Phoenixville
Coatesville Center for Community Health, Coatesville
Chester County Meals on Wheels, West Chester
Decade to Doorways, West Chester
Family Promise of Southern Chester County, Kennett Square
Maternal and Child Health Consortium of Chester County, West Chester
Nurse-Family Partnership, West Chester
Penn State Extension Nutrition Links, West Chester
United Way of Chester County, West Chester
West Chester Area Daycare, West Chester
West Chester Senior Center, West Chester

Government County Agencies
Chester County Department of Aging, West Chester
Chester County Department of Community Development, West Chester
Chester County Head Start,
Chester County Health Department, West Chester

Chester County WIC,
Migrant Education - Chester County Intermediate Unit, Downingtown

- Finally, we are thankful to the many community participants who gave of their time, experience and personal stories to create a fuller and more accurate picture of hunger and food insecurity in Chester County. Their extensive and invaluable feedback has enabled our team to articulate the nuanced and complicated realities and struggles of many of Chester County's residents. For all of this, and much more, we thank you.

II. Introduction

A. Chester County and the Chester County Food Bank

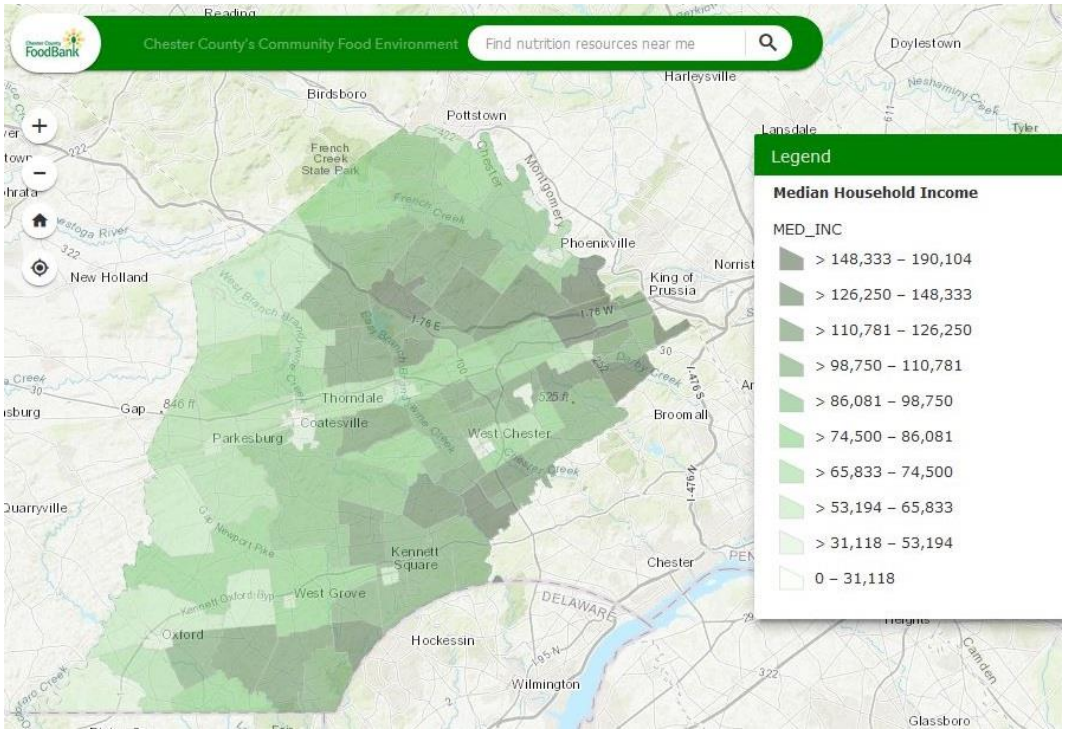
Chester County

Chester County, Pennsylvania is a culturally and geographically diverse suburb of Philadelphia, known for its avid agricultural community, picturesque landscapes and historical attributes. It is an affluent county with health indicators exceeding national and state averages[1]. When compared to the other counties in the state, Chester County has the highest average median income and the best overall health outcomes according to County Health Rankings[1,2]. However, Chester County's affluence and health status does not provide a full and representative picture of all members of the community. What is not evident on the surface are the many families and individuals in Chester County who are struggling to make ends meet. According to the United States Census, in the county there are 35,000 people living in poverty[2] and local service providers have observed that there are many more who are living above the poverty threshold but still struggle.

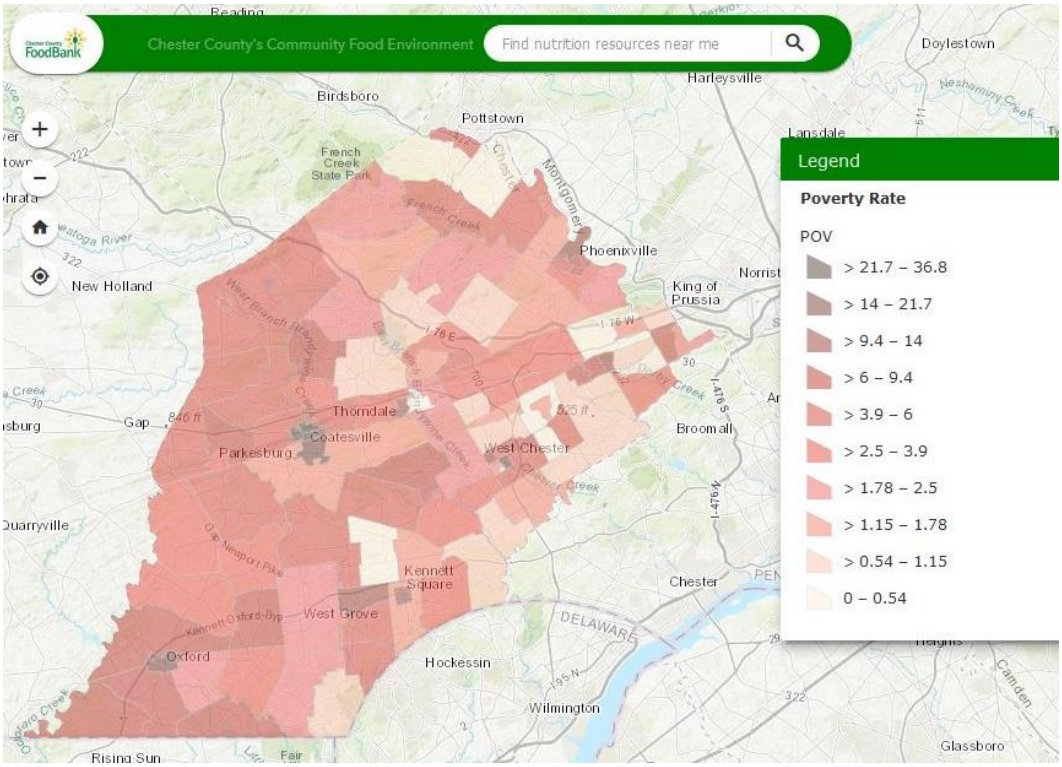
The income disparity within Chester County is immense. For every household with an annual income below $25,000 there are more than three households with an annual income above $100,000[2]. Residents with lower incomes within Chester County are additionally burdened due to the higher cost of living associated with an overall wealthy community. The median rent in Chester County is over $1,200, which is about 50% higher than the state's median rent[2]. According to public health studies, income and wealth inequality is a major concern due to its relationship with food insecurity and health[3, 4]. Diet related illnesses disproportionately affect low income members of our community making them more likely to experience chronic diseases and poorer quality of life[5,6,7].

Considering the overall wealth of the county, it is easy to understand why inequality and food insecurity may not be discernable as prominent issues to most. Food insecurity is often tied to communities sometimes described as "pockets of poverty" that are disguised by a high average income and generally favorable health statistics. The following two maps of Chester County depict its overall affluence as well as the areas of highest need. The first map representing median household income by zip code throughout the county shows the many areas with values over $100,000 and even approaching $200,000. In contrast, the second map representing the percent of households representing poverty throughout the county shows the few but prominent areas experiencing higher poverty. Though poverty rates are relatively low throughout most of the county, many still experience financial challenges because of the high cost of living. When solely looking at Chester County's household median income it masks the extent of the problem for those who are living with these financial challenges every day. The Community Food Security Assessment intended to uncover these hidden pockets of poverty and provide representation deeper than the surface level statistics as well as provide evidence that the issue of food insecurity is deserving of the county's attention.

Chester County – Median Household Income by Zip Code



Chester County – Percent of Households living in Poverty by Zip Code

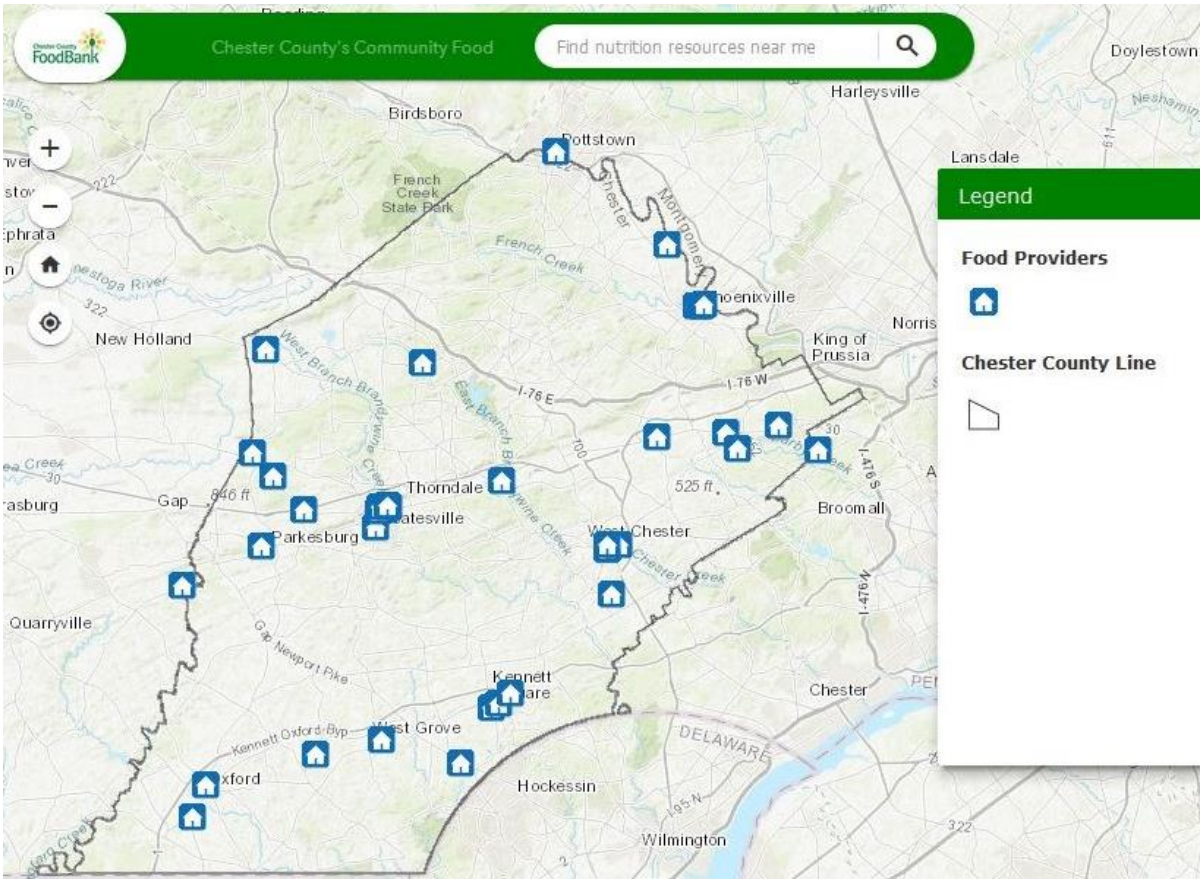


Chester County Food Bank

The work of the Chester County Food Bank (CCFB) focuses on addressing food insecurity among these households. CCFB's services and programs include:

- Acquiring, storing and distributing donated, government funded (TEFAP and SFPP), and purchased foods to over 100 Member Agencies who provide direct service to food insecure families, 31 of which are full scale food pantries (shown below)
- Providing direct food support in the form of a weekend backpack program, summer food box, senior food box, and emergency food box
- Preparing and storing meals for Meals On Wheels of Chester County
- Providing administrative and educational support to our many Member Agencies including a *Best Choices* program helping to promote healthy choices in the pantry
- Through the *Fresh2You Mobile Market,* bringing affordable fresh produce and other staples to high need areas of the county
- Offering *EatFresh* skills-based healthy cooking classes for adults and children where students can take home a share of local produce that they learned to cook with in class
- Offering the *Raised Bed Garden Program* which supports existing and new gardens and provides opportunities for gardening education

Chester County Food Bank's Member Agencies – Food Pantries and Cupboards



CCFB's mission is to "mobilize our community to ensure access to real, healthy food." It is CCFB's belief that all members of our community deserve access to real, healthy food regardless of socioeconomic status. To put this belief into action, it is crucial to first understand Chester County's food insecurity with greater depth and include voices of those who are food insecure.

As part of CCFB's strategic plan, The Philadelphia Foundation funded a countywide Community Food Security Assessment. This assessment was conducted to form a more nuanced understanding of what it is to be food insecure in Chester County. The results are intended to help CCFB and other county organizations enhance and develop plans that address health inequality in our community.

B. What is Food Insecurity?

Food insecurity is defined by the United States Department of Agriculture as "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.[8]" A more simplified definition is a "lack of consistent access to enough food for an active, healthy life.[8]"

Food insecurity is often mistakenly used interchangeably with the word hunger. Although related, hunger only describes the physical discomfort associated with a lack of dietary intake. However, food insecurity also considers the nutritional quality and diversity of dietary intake, as well as the complex interrelated factors preventing food access. Nearly 14.5% of all US households are classified as food insecure and this number increases to 20% for households with children, meaning that households are more likely to experience food insecurity if there are children present[8].

Research has provided evidence that food insecurity can lead to extensive problems within both households and communities. Food insecurity has been shown to increase the risk of developing chronic health conditions in adults [5, 9]. For children especially, food insecurity has been shown to have many short and long-term effects on health and development. Children who are food insecure are twice as likely to have fair or poor health as well as have lower academic success when compared to food secure children[10]. Food insecurity is associated with dental disease, iron deficiency, and obesity in children[11]. The relationship between food insecurity and obesity is concerning because childhood obesity is associated with cardiovascular disease, hypertension, diabetes, and poor self-esteem and mental health[12].

In addition to negative health consequences for adults and children, food insecurity also has many economic costs. It is estimated that the annual cost of food insecurity in the United States includes $130.5 billion attributed to illness and $19.2 billion attributed to poor educational outcomes[13].

C. Food Insecurity in Chester County

Food insecurity is a complex issue, which is closely tied to poverty, income, health, and nutrition. As income drops, there is an increased risk for food insecurity. Without enough income to cover various living expenses, families are often unable to afford consistent healthy meals.

The federal poverty line is not always the best way to estimate the food needs in the community, though it can be used as a starting point. There are about 35,000 individuals in Chester County living in poverty as estimated by the United States Census[2], however, many more still struggle financially even at two and three times above the federal poverty level. According to the federal poverty line threshold, a family of four is considered to be in poverty with an annual income at or below $24,858[14]. However, according to Massachusetts Institute of Technology (MIT)'s living wage calculator which estimates the actual income needed to support a household, a family of four with two working adults would need an annual income of about $66,000 to live in Chester County[15]. This estimation takes into consideration the costs of food, childcare, housing, and transportation in the area. In Chester County, average costs tend to be higher than neighboring counties. For example, the average meal cost in Pennsylvania is $2.93 while the average cost per meal in Chester County is $3.54[16].

Another added challenge is the difficulty in obtaining government assistance for those who may need it. In Chester County, it is more difficult to qualify for government assistance in the form of the Supplemental Nutrition Assistance Program (SNAP), previously known as food stamps, than in other neighboring counties. This is a result of Pennsylvania's relatively low income-threshold for SNAP eligibility. In Pennsylvania, those making less than 160% of the federal poverty line are eligible for SNAP[14]. In bordering states such as Maryland, New York, and Delaware the income threshold is much higher at 200% of the federal poverty line[16]. This lower than average income threshold in Pennsylvania prevents an estimated 56% of the food insecure Chester County residents from being eligible for SNAP, meaning only 44% of the food insecure population can enroll in SNAP if desired[16]. In contrast, the number of SNAP-eligible people in New York accounts for 74% of the food insecure population[16]. In summary, the cost of living in Chester County is disproportionately high and government assistance such as SNAP covers less than half of food insecure households.

Estimating an exact number of those who are food insecure in Chester County is challenging. According to estimates from Feeding America (a national anti-hunger organization), there are about 43,000 food insecure individuals in Chester County, which accounts for about 8.4% of the total population[16]. This estimation is based on a complex equation, which considers factors such as unemployment rate, poverty rate, and county median income. Feeding America's estimation that 44% of the food insecure households in Chester County are eligible for government assistance may be an indication of an even greater number of food insecure people when combining this estimation with actual SNAP enrollment numbers. There are about 26,000 people enrolled in the SNAP program in Chester County. If this number were to account for the estimated 44% of food insecure people who are eligible assuming that every person who is eligible is also enrolled, then the actual estimated number of food insecure people would be 59,000. This calculation assumes 100% enrollment rate of eligible persons, however, it is highly unfeasible that everyone who is eligible for SNAP is enrolled. According to Snap to Health, an online resource proving information and data analysis of the SNAP program, about 75% of those who are eligible for SNAP are actually enrolled in the program[17]. Factoring this into the food insecurity estimation would mean that 35,000 people are eligible and almost 80,000 people are food insecure in Chester County. In summary, our estimations for the number of food insecure

people in Chester County range from 43,000-80,000 people. Because of the limitations in pinpointing an exact number, CCFB focuses on those we know are food insecure as well as the many additional people who at risk of food insecurity.

CCFB makes a distinction between those who are currently food insecure and the "at-risk" population. Though both experience daily struggles that are exacerbated by a high cost of living, food insecure families may experience hunger and are regularly limited to nutritionally inadequate meals. Families "at risk" may also struggle financially and although not currently experiencing food insecurity, may be just one medical emergency or lost job away from being able to put a nutritionally balanced meal on the table. CCFB provides services and programs which target both food insecure populations and the "at risk" populations which we roughly estimate to be about 80,000 people.

D. Community Food Security Assessment

A mixed methods research design was utilized to explore food insecurity in Chester County. Both quantitative and qualitative data collection methods were used to provide a well-rounded picture of food insecurity. The benefit of a mixed methods design is that structured quantitative data provide information on the frequency of specific conditions and experiences in the broad population of interest (as well as differences between important subgroups) while qualitative in-depth data offer deeper explanations for what might drive the patterns observed.

Understanding the barriers of food insecurity and developing community led solutions are the drivers behind this research. The intent was to develop this understanding and potential solutions using as many voices as possible by providing opportunities for community members and stakeholders to lead the discussion.

Survey results were developed by synthesizing community members' perceptions with quantitative primary and secondary data. This assessment will ultimately inform CCFB operations and programming and will be shared with its network of partners so that they may better serve the needs of food insecure households and strive to develop sustainable solutions in Chester County. The assessment was designed to answer the following research questions:

1. Who is at highest risk of food insecurity in Chester County?
2. To what extent are community resources utilized and what are Pantry Members' experiences?
3. What are the barriers contributing to household food insecurity?
4. What are the attitudes related to real, healthy food among food insecure populations and stakeholders?

III. Methods

A. Analysis of Secondary Data

Secondary data analyses focus on synthesizing and interpreting diverse types of information that have been previously collected by various sources. Using the USDA Community Food Security Assessment Toolkit as a guide, food security indicators were analyzed using existing data. Sources of information included US Census Bureau, Centers for Disease Control and Prevention, United States Department of Agriculture, Chester County Health Department and other sources for local information. Data was collected through materials published online or directly sent from the agency responsible for the information. All the information was collected and organized based on data type.

Food Provider Agency Assessment

The secondary data analysis includes information from a previously conducted project at CCFB. In the summer of 2016, 18 member agencies took part in an assessment that included an observation of their inventory and distribution as well as an interview with the lead pantry coordinator. The assessment evaluated each pantry's resources, physical space, priorities, and attitudes in addition to their impact on client experience and nutritional choices.

B. Primary Data Collection

Primary data includes the information that was collected directly by CCFB for this assessment. Three methods of data collection were used for the Community Food Security Assessment and include:

1. Food Pantry Member Survey
2. Stakeholder Interviews
3. Community Member Focus Groups

1. Food Pantry Member Survey

A pantry member survey was developed integrating existing survey questions from previous research and adapted based on the interests and needs of CCFB. The survey included 23 questions with topic areas of food insecurity, food pantry experience and utilization, food preference, and demographics. A copy of the survey can be found in the appendix. Participating pantries were selected based on their representation of the different geographical areas of the county they serve. Twenty-four food pantries out of a total of 31 were selected to be included in the survey. Pantries were not selected if they had logistical challenges for sampling such as appointment-only distributions or if they likely serve the same clients as another location.

Of the 24 pantries asked to participate, 23 agreed. The participating pantries represented all service areas of the county. The first location served as the survey piloting site. Based on the feedback from participants in the pilot survey, survey questions were modified to improve the wording and clarity.

A paper survey was distributed during peak food distribution times at pantries and cupboards from June 2017 to September 2017. Surveys were distributed by a CCFB or member agency

representative. Participants were informed that their responses would remain anonymous and would be used to improve the Food Bank's services to the community. The paper survey was available in English, Spanish, and a larger print version. Sites with many Spanish-speaking participants were provided translation services by a member agency or CCFB representative. As an incentive, participants received a cooking gadget or spice of their choice for completing the survey.

A total of 1,198 surveys were completed and input into the online survey tool SurveyMonkey for analysis. Surveys that had less than five questions completed were not included in the final results. Answers were filtered by zip code and other key questions. Results were exported to Excel and SPSS software for further statistical analysis.

2. Stakeholder Interviews

The CCFB project team conducted interviews with various stakeholders throughout the county. Stakeholders represented government organizations, hospitals, health clinics, schools, shelters, food pantries, and other community organizations. Using CCFB's existing network of partners, stakeholders were identified based on their experience and knowledge of their community. Requests for interviews were sent by e-mail or phone. The first stakeholder interviews took place in October of 2016 and continued until September of 2017. Many stakeholders specialized in specific areas of the county or target populations such as children or seniors. A total of 26 interviews were completed.

Interview questions were developed based on examples from previously conducted community food assessments throughout the country with input from CCFB staff. Ten questions with corresponding probes were developed. The topic area of these questions included client demographic and health status, food insecurity in the community, and potential strategies.

Interviews were completed in person or by phone and conducted by trained student interns and CCFB staff. Interviews lasted between 30 and 90 minutes. Audio recordings were used in some interviews and notes were taken to analyze common themes and quotes. The final responses and themes were categorized by topic area.

3. Community Member Focus Groups

The community member input was gathered through a series of 18 focus groups and included participants who were food insecure or at risk of food insecurity. Drexel University staff, in collaboration with CCFB, supported focus group content development, facilitation, and analysis.

CCFB staff began by identifying potential host sites throughout the county using their existing network of community partner agencies. The host sites included organizations that typically serve food insecure populations such as health clinics, housing sites, as well as food cupboards and pantries. Host sites were selected based on their ability to host the discussion and recruit participants. Among the focus groups, 5 took place at food pantries, 4 at low income or senior housing sites, 4 at school based organizations, 3 at health clinics, and 2 at other community organizations. Focus Groups were representative of the demographics of each geographic area.

Utilizing these familiar locations helped participants feel comfortable and welcome as part of each focus group. Host sites were given a recruitment flyer and information. Participants could sign up by calling or e-mailing the designated number and address on the recruitment flyer. Many participants were recruited by word of mouth. All participants received a $25 gift card to a local grocery store for their time.

Questions were developed using several examples from the scientific literature and adapted based on feedback from community stakeholders. During the initial round of stakeholder interviews, interviewees provided their input on what questions should be included during the focus groups.

Of the 18 focus groups, the first two focus groups served as pilots. These focus groups took place in December of 2016. Questions were slightly modified and the ordering of questions was changed. The additional 16 focus groups took place from March of 2017 to August of 2017. Of the 18 total focus groups, five of the discussions were facilitated in Spanish.

Upon arrival, participants completed a basic demographic survey. Each focus group included a facilitator and at least one note taker. With informed consent, all focus groups were recorded for note taking purposes. The discussions lasted anywhere from 45 minutes to 2 hours. Each focus group included 4-12 participants.

Nine focus groups were fully transcribed. Thematic analysis was conducted using the focus group transcriptions and notes. Thoughts and ideas were organized by overarching themes present in each focus group.

C. Limitations

The strength of a mixed methods approach is that multiple methods can strengthen and triangulate findings, as well as reduce any biases from the limitations of each method. However, it is important to note the inherent limitations of the survey and qualitative approaches used in this project.

Although the strongest approach to survey sampling involves using conventional probability-based sampling frames, these methods are not feasible for so-called “hidden populations” such as food pantry clients, in order to protect anonymity and avoid pantry and respondent burden. The convenience sampling approach used for the pantry survey provided results which are likely to be highly generalizable to pantry users in the county overall, due to the very high level of participation by county pantries, and the substantial number of surveys completed in total across the sites. However, as larger pantries with more clients contributed more respondents, certain geographic areas of the county may be more heavily represented in results, and this should be kept in mind when interpreting results. Because the survey was conducted during a single season (June-September), capturing seasonal variation in usership and food insecurity experiences was outside the scope of the survey.

For the qualitative data collection, purposive sampling was used to provide maximum variation in respondents and perspectives captured. A total of 26 one-on-one stakeholder interviews and 18 focus groups with vulnerable populations (including five Spanish language focus groups) yielded

a substantial amount of rich and diverse data to inform the analysis. Participants engaged in each type of interview, and appeared to speak openly and engage fully with the process and topics of inquiry. However, our sample of stakeholders was selected based on CCFB's existing partner network as well as stakeholders' individual availability to participate, and could not capture all important voices in the county. Similarly, although our focus groups were held in geographically diverse community settings across the county, issues of poverty and access may have limited participation by some of the most vulnerable client groups, including the physically and mentally disabled, undocumented residents, persons speaking languages other than English or Spanish, and rural residents with limited transportation options. For all these reasons, the findings and conclusions from these data should serve as a strong starting point for planning purposes, but should be interpreted together with other evidence and observations, and revisited, as new information is made available from other sources.

IV. Results and Discussion

The results of each data collection method for this assessment have been categorized to answer the four research questions and utilize the following topic areas:

A. High-Risk Populations
B. Community Resource Utilization and Experience
C. Barriers to Food Security
D. Attitudes and Perspectives on Real, Healthy Food

A. High-Risk Populations

1. Pantry Member Overview

The Food Pantry Member Survey provided insight into characteristics of the food insecure population of Chester County. The survey was distributed at 23 pantries and cupboards in Chester County. Generally, the service area boundaries of Chester County food pantries are defined by school districts. Some school districts were more heavily represented in the survey results. For example, Downingtown school district accounted for nearly one quarter of survey participants, however, they do not serve a quarter of the entire county.

Survey Site School Districts Served	
Downingtown	23%
West Chester	15%
Twin Valley	12%
Phoenixville	10%
Coatesville	10%
Kennett/Avon Grove	7%
Great Valley/Tredyffrin Easttown	5%
Octorara	4%
Oxford/Avon Grove	4%
Owen. J Roberts	4%
Spring-Ford Area	4%
No school district boundaries	2%

The pantries were further broken down into geographic regions: east, west, south, north, and central. Central Chester County was most heavily represented with the west as the second largest geographic region. The south and north had fewer participants with the east having the least participation.

Survey Site Geographic Region	
East	5%
South	14%
North	18%
West	25%
Central	38%

Pantries were asked to estimate the number of pantry members they typically serve in a month. These estimations were used to categorize pantries into three different sizes: small, medium, and large. Small pantries are those serving less than 100 individuals per month, medium pantries are those serving 100-300 individuals per month, and large pantries are those serving over 300 individuals per month. About half of the included pantry sites were large and the other half was small or medium sized pantries.

Survey Site Pantry Size	
Small: <100 individuals served/month	24%
Medium: 100-300 individuals served/month	30%
Large: 300+ individuals served/month	45%

Of approximately 20,000 Chester County pantry members, nearly 1,200 were surveyed. Of all survey participants, 56% identified as White, 20% as Black or African American, 18% as Latino or Hispanic, 1% as Asian or Pacific Islander, and 5% as biracial or "other." Participants represented an older demographic with more than half (53%) being 51 or older. Women made up 74% of participants and men 26%. Educational attainment of participants was varied with 16% having less than a high school degree, 43% with a high school degree, 23% with some college, and 18% with a 2 or 4 year degree. The majority (72%) of annual household incomes fell below $20,000 with about half of those participants with annual household incomes below $12,000. About one third (37%) reported any form of employment. Of those with current employment, about one third were employed full time while the other two thirds were employed part time or seasonally. A total of 25% reported being disabled and unable to work, 16% as retired, 10% looking for a job, and 6% as a stay at home parent or caretaker. Eight percent reported being a veteran or active military. Exactly half of participants had children in their household with one in four of all participants having three or more children.

Table of Sociodemographic Characteristics of Pantry Member Survey Participants (n=1198)

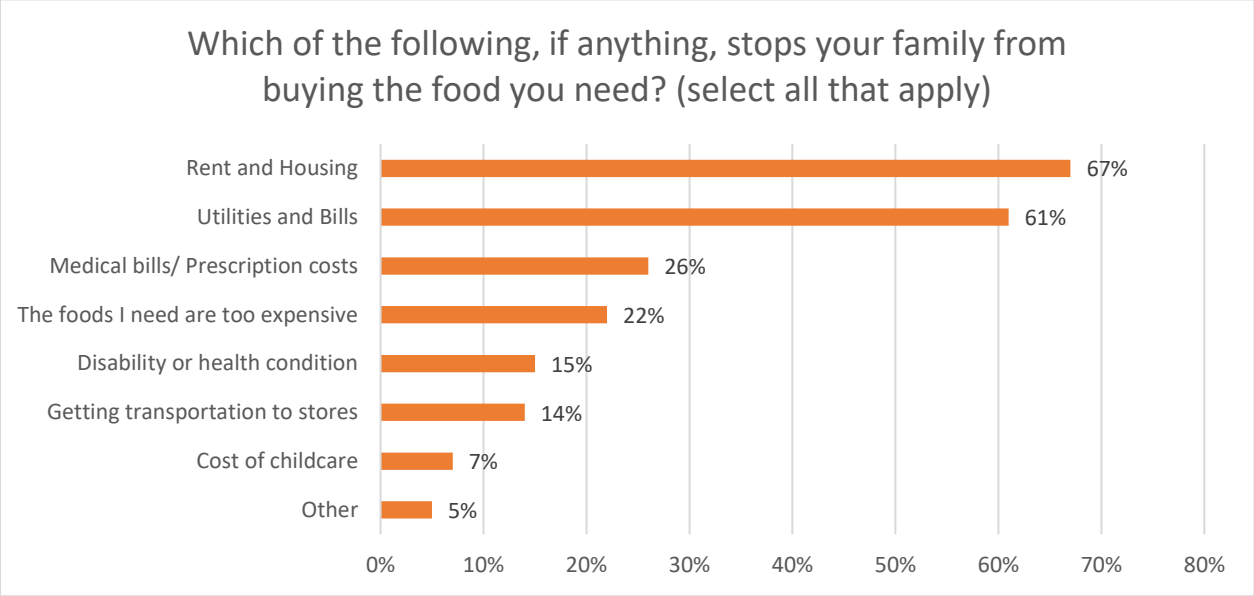
	n	%
Race		
White	605	56%
Black/African American	221	20%
Latino/Hispanic	193	18%
Asian/Pacific Islander	14	1%
Multiple Races/Biracial	20	2%
Other	29	3%
Age		
18-30	81	7%
31-40	216	20%
41-50	222	20%
51-64	338	31%
65 or older	246	22%

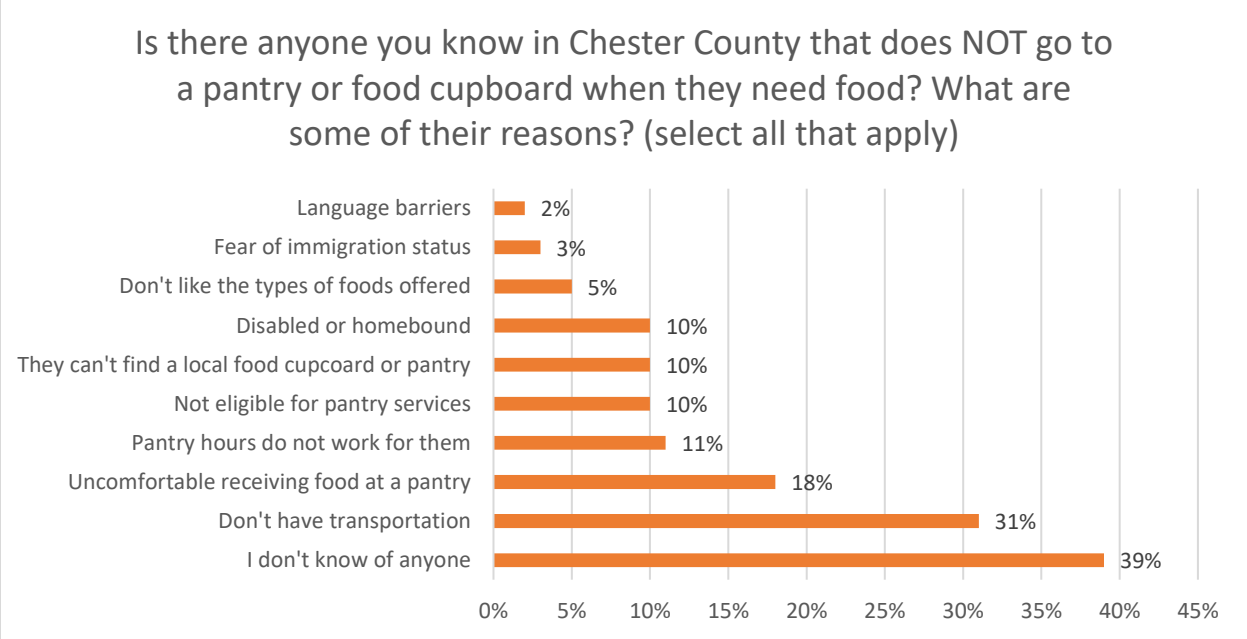
Gender		
Female	804	74%
Male	286	26%
Self Describe	3	<1%
Education		
Not a high school graduate	175	16%
High School Graduate	466	43%
Some College	253	23%
2 year degree	72	7%
4 year degree	115	11%
Annual Household Income		
<$12,000	402	38%
$12,001-$20,000	362	34%
$21,001-$30,000	201	19%
$30,001-$40,000	72	7%
>$40,000	18	2%
Employment		
Full time work	144	13%
Part time work	198	19%
Seasonal work	58	5%
Looking for a job	106	10%
Stay at home parent or caretaker	70	6%
Disabled and can't work	267	25%
Retired	173	16%
Don't have a job and not looking	37	3%
Other	31	3%
Military Status		
Veteran or Active Military	93	8%
Number of Children in Household		
None	544	50%
1	165	15%
2	174	16%
3 or more	205	23%
Household Benefits Received		
SNAP (food stamps)	447	43%
Medicaid/Medicare	407	39%
Social Security	404	38%
WIC	100	10%
None	274	26%

The Pantry Member Survey also provided an indication on the satisfaction of different aspects of the pantry experience, which will be discussed further in Pantry Utilization and Experience. The following table summarizes these results:

How much do you agree with the following?						
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Total**
I am happy with the amount of food I receive from the pantry	52%	38%	7%	2%	<1%	962
I am happy with the variety of food I receive from the pantry	49%	40%	8%	2%	<1%	951
I can choose healthy food at the pantry	46%	37%	13%	3%	<1%	898
I can find the foods I traditionally eat at the pantry	39%	39%	16%	5%	<1%	927
I would like more fresh produce for myself and my family	41%	35%	20%	3%	<1%	933
The pantry hours work for me	50%	37%	10%	2%	<1%	923
I get a good balance of foods when I come to this pantry	44%	41%	12%	2%	<1%	933
I can make several meals with the foods I get at this pantry	50%	40%	7%	3%	<1%	949
Having healthy foods at the pantry is not important to me	8%	9%	11%	32%	42%	918
I would like to learn how to cook with the foods I receive at the pantry	11%	17%	35%	23%	14%	898
I would like to receive cooking oil, spices, and herbs to help me make meals more delicious	44%	36%	15%	3%	2%	941

Participants also provided information regarding barriers to food security for themselves as well as people they know. Participants indicated the reasons they face challenges getting the foods they need in addition to why people they know may not be able to access a food pantry.





2. Pantry Member Food Insecurity Analysis

Bivariate Analysis of Characteristics Associated with Self-Reported Food Insecurity

In order to better understand who among the clients surveyed reported more substantial food insecurity, we constructed a two-category measure, combining responses from two key survey measures. Respondents were asked to rate whether the following statements were often, sometimes or never true: "In the past twelve months, we worried whether our food would run out before we could buy more" (a measure of food quantity), and "in the last 12 months, I couldn't afford to eat balanced meals" (a measure of food quality), with each item scored from 0 (never true) to 2 (often true). Combined scores ranged from 0 to 4, with higher scores indicating greater food insecurity. For the bivariate analysis, those with scores of 3-4 (one-third of respondents) were compared to those scoring 0-2 (67%).

In the following tables, key characteristics of food insecure respondents to those with less food insecurity are compared. First, differences between the two groups in key socio-demographic and household characteristics are compared. In the second table, comparisons between groups focus on food-related characteristics, including receipt of food and non-food related assistance and benefits, household food preparation resources, and needs and experiences related to food pantry utilization. Statistically significant differences between food insecure and non-insecure respondents are presented with p values based on the Chi Square test for categorical responses, or t-test for continuous responses.

KEY SOCIO-DEMOGRAPHIC FACTORS ASSOCIATED WITH FOOD INSECURITY

Several characteristics were significantly more likely to be correlated with the greater food insecure group. Characteristics showing a relationship with food insecure status included:

Age, Household Status, and the Presence of Children

Participants under the age of 50 were more likely than those over 50 to experience greater food insecurity. It is probable that this is related to the presence of children in the household. Single parents and households with any children present were significantly more likely to experience food insecurity. This indicates that young families and single parent households may be at an elevated risk of food insecurity. Additionally, the food insecure group was more likely to have challenges accessing food because of the costs of childcare. These families are likely struggling with the costs associated with caring for children as well as childcare as a barrier to employment.

However, food insecurity status did not differ significantly by many other socio-demographic characteristics, suggesting this phenomenon is broadly distributed throughout food pantry user populations. For example, there were no significant differences in self-reported food insecurity by race or ethnic group, gender, employment status, reported household income, or education. Additionally, there were no significant differences between geographic regions of the county. The various geographic regions as well as the smaller school district regions were relatively equal in their rates of food insecurity.

KEY HOUSEHOLD AND PANTRY USE CHARACTERISTICS RELATED TO FOOD INSECURITY

Barriers to Food Access

Participants with the most difficulty paying bills had higher rates of food insecurity. Participants who identified housing costs and other bills such as utilities and medical expenses as reasons they are unable to access the foods they need were more likely to be food insecure. Reporting a medical condition or disability was also associated with an increased risk for food insecurity.

Kitchen Capacity

The group with higher reported food insecurity was less likely to have kitchen appliances and utensils such as refrigeration, a can opener, and a kitchen knife. The food insecure group was also less likely to have access to oil and spices for cooking.

How long pantry food lasts

The food insecure group was more likely to report that the food they received from the pantry lasts less than a week. This could potentially mean that food lasting for longer than a week could serve as a protective factor for food security.

Satisfaction with Pantry Experience

The group reporting greater food insecurity was overall less satisfied with their experience at the pantry. The food insecure group was less happy with the quantity and variety of food choices. They were also less likely to report being able to select healthy and traditional foods or receive a good balance of foods.

Government Assistance

In general, receiving government assistance did not appear to increase or decrease the likelihood of food insecurity. Receiving SNAP, WIC, Medicaid, and Medicare showed no influence on food security status. The one exception to this was social security as those who received social security were at a decreased risk of food insecurity.

Table of Respondent Sociodemographic Characteristics Associated with Greater Self-reported Food Insecurity

Respondent Characteristic	Reported Greater Food Insecurity		Reported Less Food Insecurity		P Value
	n	%	n	%	
Age Group					
18-30	31	9	47	7	<0.001
31-50	165	48	255	36	
51 and older	147	43	407	57	
Household Composition					
Single, Living Alone	80	22	230	30	0.003

Single, with housemates	60	8	91	12	0.04
Married, with Children	77	21	154	20	n.s.
Married, No Children	22	6	46	6	n.s.
Single Parent	98	26	141	18	0.002
Raising Grandchildren	26	7	46	6	n.s.
Number of Children					
None	151	44	375	53	0.02
1-2	115	34	205	29	
3 or More	79	22	124	18	

Table of Respondent Food-Related Characteristics Associated with Greater Self-Reported Food Insecurity

Respondent Characteristic	Reported Greater Food Insecurity		Reported Less Food Insecurity		P Value*
	n	%	n	%	
Barriers to Food Access/Security					
Rent/Housing	261	70	392	51	<0.001
Utilities and Bills	231	62	359	47	<0.001
Medical Expenses	96	26	154	20	0.03
Child Care or Child Support	36	10	38	5	0.002
Transportation	50	13	87	11	n.s.
Disability/Health Condition	63	17	89	12	0.01
Costs of Foods	85	23	134	17	0.03
Household Benefits Received					
SNAP/EBT (Access Card)	136	37	295	38	n.s.
WIC	34	9	61	8	n.s.
Medicaid/Medicare	117	32	276	36	n.s.
Social Security	103	28	285	37	0.002
How Long Pantry Food Lasts					
Less than a Week	113	32	143	19	<0.001
A Week or More	238	68	605	81	
Access to Food-Related Appliances					
Stove	285	77	607	79	n.s.
Oven	263	71	580	75	0.09
Refrigerator	282	76	619	81	0.07
Freezer	260	70	539	70	n.s.
Microwave	266	71	585	76	0.09
Can Opener	230	62	546	71	0.002

Kitchen Knife	231	62	541	70	0.005
Pots and Pans	270	73	598	78	0.05
Cooking utensils	246	66	556	72	0.03
Eating Utensils	247	66	577	75	0.002
Oil, Spices and Other Ingredients	245	66	579	75	0.001
Agreement with Assessment of Pantry Characteristics**	Average Score (from 1, strongly agree to 5, strongly disagree)		Average Score (from 1, strongly agree to 5, strongly disagree)		
Happy w/ amount of food	1.80		1.54		<0.001
Happy w/variety of food	1.81		1.57		<0.001
Can choose healthy foods	1.89		1.72		0.008
Can find traditional foods	2.07		1.84		0.001
Would like more fresh produce	1.73		1.95		0.001
Hours of pantry work well	1.72		1.61		0.05
Gets good balance of foods	1.89		1.70		0.001
Can make several meals from pantry foods	1.79		1.59		0.001
Healthy foods not important	3.96		3.90		n.s.
Would like to learn to cook pantry foods	3.00		3.16		0.05
Would like oil, spices and herbs to improve food	1.69		1.90		0.002

* Statistically significant differences between food insecure and non-insecure respondents, p values based on the Chi Square test for categorical responses, or t-test for continuous responses. N.S.= not significant, p >0.10.

** Respondents were asked whether they strongly agreed, agreed, felt neutral, disagreed or strongly disagreed with these statements. Scoring ranged from 1 to 5, with higher scores indicating less agreement

3. Stakeholder and Community Member Perspective

Stakeholder and Focus Group participants identified those they felt were at greatest risk of food insecurity. According to stakeholders, populations believed to be at highest risk included the elderly, those with disabilities or health conditions, those in poverty, those in social isolation, and the homeless. Stakeholders also mentioned part time workers, immigrants, veterans, and single parents as those at elevated risk for food insecurity. The Pantry Member Survey may have shown slightly different results from stakeholder perspectives regarding seniors. In the Pantry Member Survey, seniors were not statistically more likely to experience food insecurity. This may be explained because the most vulnerable seniors are likely unable to attend a pantry. Seniors who are homebound may not be visiting the pantries and therefore would not have been included in the survey. This is likely an indication that pantries may not be the best place to target the highest need seniors in the community. The survey also confirmed that single parents are a high-risk population for food insecurity.

Stakeholders and focus group participants both discussed those who are just above the threshold for government assistance as a population struggling with food insecurity. Focus group participants mentioned those who were too prideful to get assistance were at great risk of food insecurity as well. Combining all of these results shows there may be a high need and underserved population of people who do not visit food pantries. It is essential to further explore those who may be at high-risk of food insecurity with limited resources and do not visit a food pantry.

B. Community Resource Utilization and Experience

1. Community Resource Utilization

Of the estimated 43,000 food insecure individuals in Chester County, participation in government assistance program varies. When looking at the participation rates, it is clear that there are many food insecure individuals who either are ineligible or do not participate for various reasons. For example, The Emergency Food Assistance Program (TEFAP) which is a government funded program that helps provide food to local cupboards and pantries has an annual participation of about 18,000 individuals[18]. There is an annual total of nearly 26,000 individuals enrolled in the Supplemental Nutrition Assistance Program (SNAP)[19] also known as food stamps in Chester County and 19,000 in the National School Lunch Program (NSLP)[20]. Although it is not possible to discern how many services are being utilized by the same or different individuals, it is evident that not all food insecure individuals are accessing every form of food assistance. The Pantry Member Survey affirmed that many people may not be enrolled in government assistance. In the survey, 26% of participants said they received no form of government assistance. About 43% reported receiving SNAP and even less participants reported receiving social security, WIC, Medicaid or Medicare. Stakeholders and focus group participants provided insight as to why some of these resources may not be utilized. These reasons included ineligibility, stigma, fear of immigration status exposure, lack of awareness, and language barriers.

Community Program	**Annual Individual Participation Rate 2017**
The Emergency Food Assistance Program	18,168
National School Lunch Program	18,969
SNAP (Food Stamps)	25,695 (monthly average)

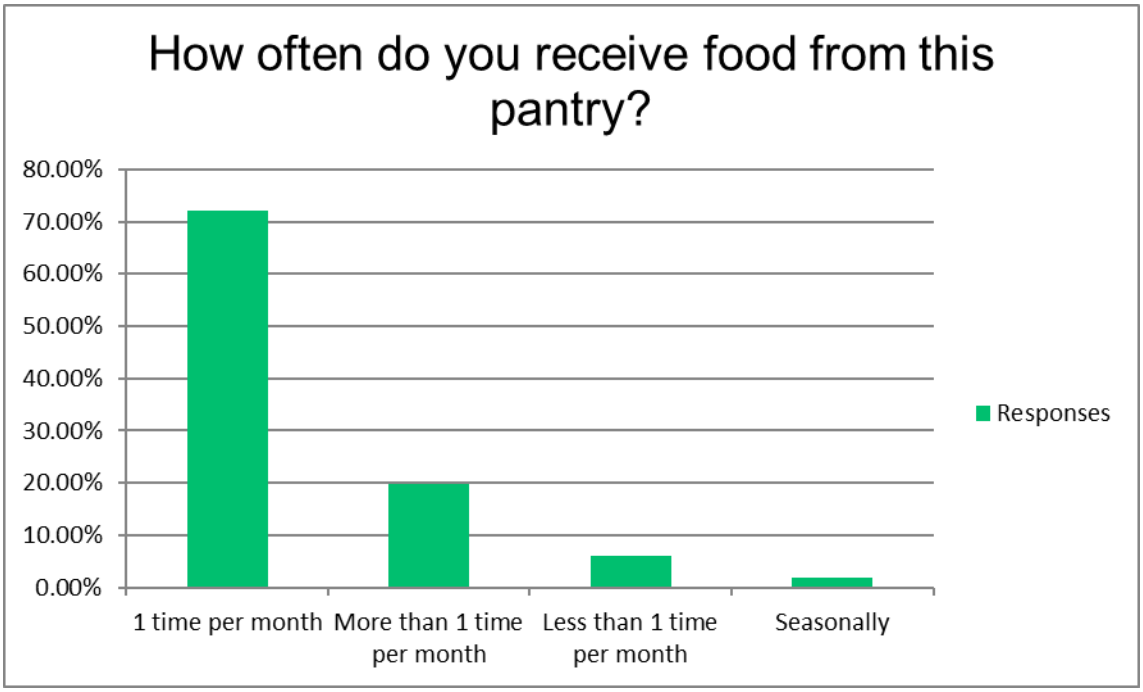
Among stakeholders and focus group participants, there was a general belief that many government and non-government services are not being used to their full capacity, though it was unclear which exact services are underutilized. When asked which specific programs were underutilized, stakeholders had very mixed responses. There did not appear to be any consensus as to which resources could be better utilized by food insecure populations. Though there was general agreement that some programs could be better utilized, stakeholders and focus group participants were unable to collectively identify which programs are most underutilized.

2. Food Pantry Utilization and Experience

The Food Pantry Member Survey helped to depict the typical usage and experience with Chester County food pantries.

a. Pantry Utilization

Survey participants were asked how often they receive food from the pantry where taking the survey. The majority (92%) of survey participants reported visiting the pantry at least once per month indicating that most participants visit on a regular basis. The remaining 8% said they visit less than once per month or seasonally. Of the group who visit at least once per month, one in five regularly visit the pantry more than once per month. Those who reported visiting an additional pantry on a regular basis accounted for 13.5% of survey participants. The frequency of visits shows that the majority of pantry members are receiving food on a regular basis and not on a "traditional" emergency basis.



These results were in line with focus group participants' comments. Pantries were not described as a means to get through a "tough spot" but instead were considered the typical way of receiving enough food as there is often no money left to buy food after other bills are paid. Participants without government assistance referenced the pantry as the only way they could get food and more specifically, healthy foods. This distinction indicates the need for a long-term solution addressing food insecurity in Chester County.

b. Pantry Experience

Overall, pantry survey participants were very satisfied with their experience at the pantry. A total of 90% of pantry participants strongly agreed or agreed that they are happy with the amount and variety of food and can make several meals with the foods they receive. Additionally, 82% say

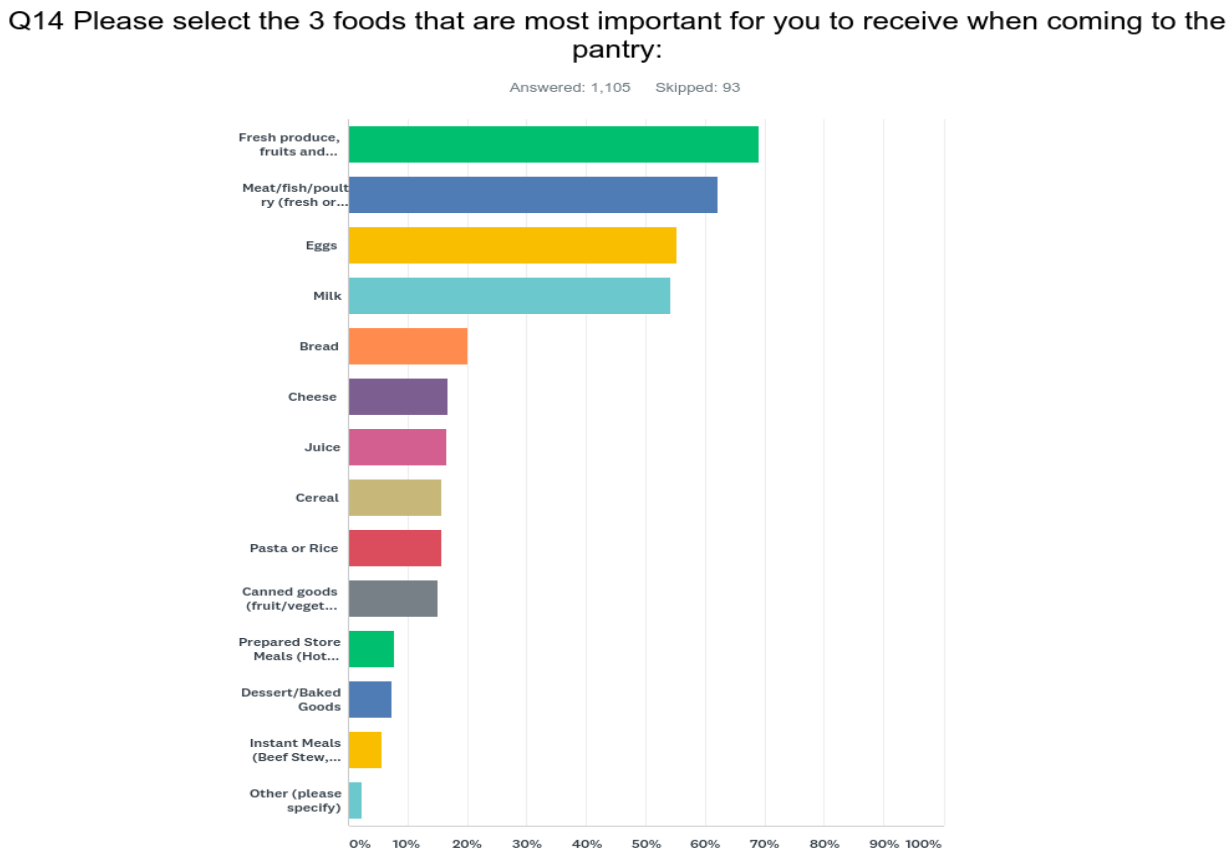
they can choose healthy food and 78% say that they can find the foods they traditionally eat. The general satisfaction with the experience at the pantry was also expressed by focus group participants. Though there were ideas on how to make improvements to food pantries, participants who utilize pantries always expressed their appreciation and gratitude.

Pantry Food Choice and Diversity

During the agency interviews that were conducted prior to this community assessment, pantry coordinators and directors were asked what they believed to be the most important foods to pantry members. Common responses included canned soups, meat, fruit juice, and cereal. The survey revealed different results. Survey participants were asked to select the three most important foods at the pantry from a list of 14 choices. In order of importance the four top responses were fresh produce, meat, eggs, and milk. The least important foods, starting with the least frequently cited items included, instant meals, dessert/baked goods, prepared store meals (hot dogs, breakfast sandwiches) and canned goods (meat/veggie/fruit). The difference in response between pantry coordinators and pantry members indicates that pantry coordinators may not have the full picture of what the average pantry member may want and need. This data could be used to make modifications to the food pantry distribution system to ultimately have pantry inventories that are more consistent with pantry member food needs and preferences.

Please select the 3 foods that are most important for you to receive when coming to the pantry:

Answer Choices	Responses
Fresh produce, fruits and vegetables	69%
Meat/fish/poultry (fresh or frozen)	62%
Eggs	55%
Milk	54%
Bread	20%
Cheese	17%
Juice	17%
Cereal	16%
Pasta or rice	16%
Canned goods (fruit/vegetables/meat)	15%
Prepared store meals (hot dogs, breakfast sandwiches)	8%
Dessert/baked goods	7%
Instant meals (beef stew, etc.)	6%
Other	2%



Focus groups also indicated that fresh produce is of major importance to pantry members. Though participants felt very grateful for the pantries, there is a clear desire for healthier options and more fresh foods. There was a lot of concern over canned foods that are high in sodium and sometimes sugar. Focus group participants commented on the nutritional inadequacy of some items saying, “the juice here is full of sugar, it would be nice if they gave something else” and “the soup has too much salt.”

The survey had a few “other” write in responses of toiletries such as toilet paper and feminine care products. Focus group participants also discussed needing these items. A few explained that it is more difficult to get these items because they cannot be purchased with SNAP benefits. Providing these items may lessen the issue of paying for “other bills first.”

Pantry Food Spoilage

Generally, focus group participants who utilized pantries were very satisfied with the quality of foods, however, there were some concerns over food expiration and spoilage. Several participants mentioned receiving foods that had passed their expiration dates or were on the verge of spoilage. Breads and baked goods were consistently brought up as food items that would often spoil. One participant stated, “My mother goes and gets a lot of breads but they don’t last long and you get so much of it but you have to throw it in the trash, it starts to mold.” Participants also commented on the freshness of produce and that sometimes fresh produce such as lettuce would spoil.

c. Pantry Utilization and Experience by Pantry Size

Pantries were divided into three groups based on the number of self-reported individuals that are served each month. These groups included small (serving less than 100 people/month), medium (serving 100-300 people/month), and large (serving more than 300 people/month). Typically, a larger pantry has a larger facility, capacity, and purchasing power. When analyzing pantries by pantry size, there were several key distinctions with utilization and overall satisfaction with pantry experience.

Participants visiting a small pantry were significantly more likely to regularly visit that pantry more than once per month. Pantry members who regularly visit more than once per month accounted for 45% of small pantry participants, 26% of medium pantry participants, and only 2% of large pantry participants. Only 5% of those visiting a large pantry regularly visited another pantry while about 20% of those at medium and small pantries regularly visited another pantry.

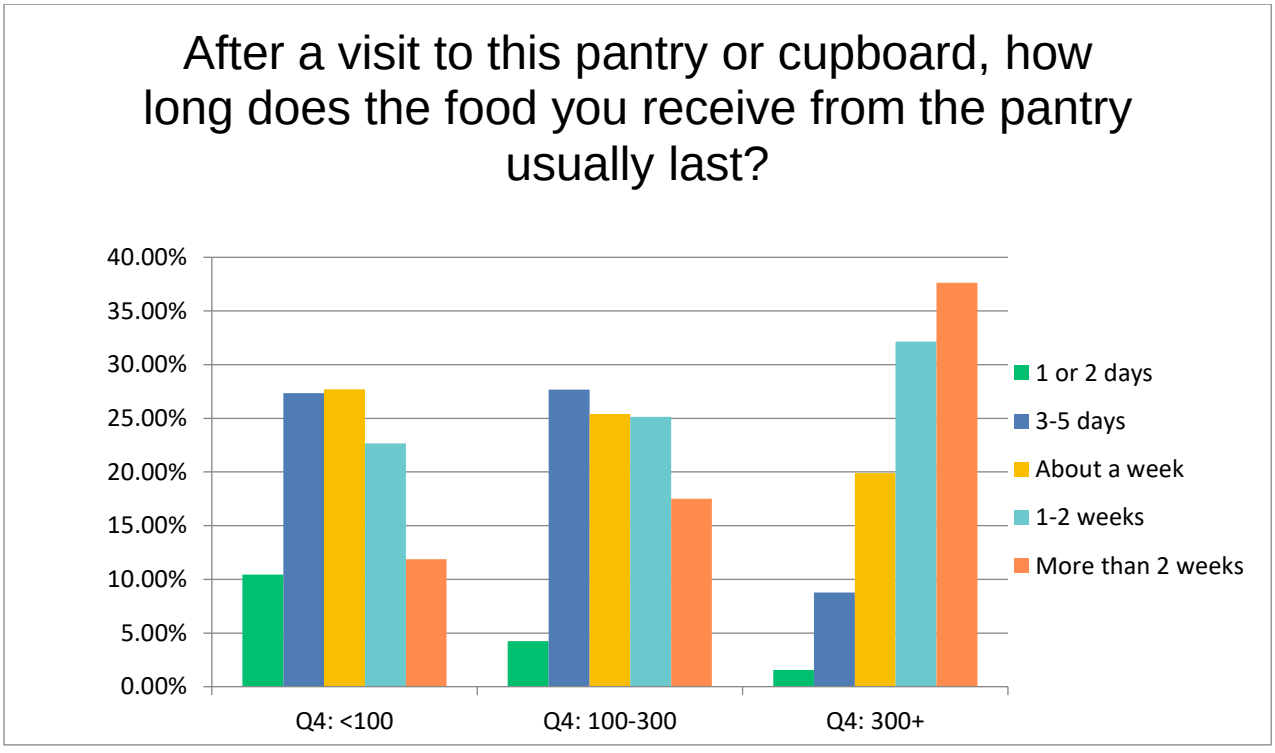
Large pantries appeared to have participants who do not need to make as many visits throughout the month. This may be the case because large pantry participants were more likely to report their food lasting a longer amount of time. More than a third of large pantry participants reported their food lasting two weeks or more while only 12% reported the same at small pantries. As discussed previously, food lasting for two weeks or more served as a protective factor for food insecurity. In other words, those whose food lasted two weeks or more were less likely to be food insecure. Pantry members who reported food lasting a week or less accounted for 65% of small pantry participants, 57% of medium pantry participants, and 29% of large pantry participants. Those who reported food lasting less than a week were at an elevated risk of food insecurity. Because the bivariate analysis showed an association between food insecurity status and how long pantry food lasts, this is an area to consider in greater depth in the future. Some of the factors that could affect how long the food lasts include perishability, quantity of food provided, cultural familiarity, and food preference.

Another key difference that can be seen by pantry size was the overall satisfaction with the pantry food choices. The larger the pantry, the more likely participants agreed or strongly agreed that they were happy with the amount, variety, and balance of foods. Additionally, larger pantries were more likely to have participants who said they can choose healthy and traditional foods at their pantry.

The agency assessment involving distribution observations and pantry coordinator interviews showed similar findings. Results of this assessment showed that agencies with a larger purchasing power were more likely to have diverse foods, consistency in inventory, and provide more nutritious foods. Larger pantries typically are the agencies with a larger purchasing power because of a higher volunteer base and more community support. Pantries relying on food donations as a larger percentage of inventory may not be able to provide the same experience for pantry members.

Pantry Member Usage and Experience by Pantry Service Size

	Small Pantry (serves <100 person/month)	Medium Pantry (100-300 person/month)	Large Pantry (>300 person/month)
Visits more than once per month	45%	26%	2%
Regularly visits another pantry	21%	20%	5%
Strongly Agree/Agree: happy with the amount of food	84%	90%	94%
Strongly Agree/Agree: happy with the variety of food	84%	89%	93%
Strongly Agree/Agree: get a good balance of foods	79%	83%	89%
Strongly Agree/Agree: can find traditional foods	69%	76%	84%
Strongly Agree/Agree: Can choose healthy foods	73%	80%	89%
Food lasts a week or less	65%	57%	29%
Food lasts more than 2 weeks	12%	18%	38%



Results and Discussion – Community Resource Utilization and Experience

Focus group discussions around local food pantries depicted the challenges of going to multiple pantries in the same month. Many discussed the necessity of going to more than one pantry in order to get a well-rounded variety of foods. Some knew to go to certain pantries to get particular food staples and spent much time and resources on coordination and travel to get there. For example, one focus group discussion focused on particular pantries that provide mostly bread and baked goods. Many did not feel this was a nutritionally adequate way to feed their families, especially considering health concerns like diabetes. Some of the participants in this focus group were able to go to additional pantries to get other types of food while others were limited to the foods at just this one pantry.

In summary, pantry members are generally well satisfied with their experience at their local pantry. However, clear distinctions can be seen between those visiting a large pantry and those visiting a small or medium pantry. Large pantries appear to be well equipped to be more efficient and consistent with pantry member needs. Small and medium sized pantries may benefit from additional support from CCFB to increase overall satisfaction with pantry experience. Addressing why the food may last longer in larger pantries may be helpful in addressing short term food insecurity status and hunger among pantry members.

C. Barriers to Food Security

Through the various data collection methods, several key themes emerged as the primary barriers to food security in Chester County. The barriers include:

1. High Cost of Living, Disability and Underemployment
2. Transportation
3. Attitudes, Stigma, and Pride
4. Misconceptions about Community Resource and Eligibility
5. Fear of Immigration Status Exposure
6. Food Education

1. High Cost of Living, Disability, and Underemployment

> *"Typical scenario for our clients is that they have a job, or they're collecting a pension, social security, SSI, disability, or whatever and they have a health challenge of some sort. So, they're paying all of their bills, and they're paying for all of their medical bills, they're paying for the mortgage, paying their taxes, and there is absolutely zero left for food."*
> *- Community Stakeholder*

As the wealthiest county in Pennsylvania, Chester County has a comparatively high cost of living. As discussed earlier, MIT estimates that a family of four with two working adults in Chester County would need an annual income of $66,000 just to make ends meet[15]. Needing such a high income to sustain basic living expenses explains why those who are food insecure may face disproportionate burdens. Government assistance such as SNAP does not factor the cost of living in eligibility requirements leaving 56% of the food insecure population without the option of government assistance[16].

The stakeholder interviews and focus groups were consistent with the secondary data regarding cost of living. Focus group participants most commonly discussed the issues surrounding an increasing cost of living and insufficient income or government assistance to meet their needs. Participants frequently struggled paying other bills and would often pay the other bills first, before purchasing food. Many mentioned making the difficult decision of "pay the bills or eat." One participant stated, "all the costs are going up and up and up and our income is staying the same."

The issue of having insufficient income to meet the cost of living was described as being, "more than just food insecurity. It's cash insecurity. Cash insecurity is more of a struggle which is why we are struggling with food insecurity." Many of the participants discussed disability and underemployment as limitations to their income and therefore the amount of funds available for food. Those who were working described being limited to part time or seasonal work and those who were not working cited disabilities or the disability of a family member as barriers to employment.

In addition to underemployment, another consistent theme commonly referenced in the focus groups was receiving too little aid or being above the threshold for government assistance benefits. Many of those receiving social security benefits did not feel that the amount they received was even close to covering their basic needs. Those who received SNAP benefits said that the funds received are not enough considering the cost of food and other expenses. One woman explained that SNAP funds are the only source of income to feed her family and said, "I only get $194 [per month] for 8 people."

Those who were just above the limit for government assistance seemed especially burdened with food insecurity. Many of those who do not qualify for SNAP referenced that they eat what they get at the pantry and never grocery shop. One focus group participant reported being only $2 over the monthly eligibility threshold for SNAP. Another participant expressed frustration by saying, "If my income's too high, how come I can't live off of it?"

Stakeholders mirrored the remarks of focus group participants saying, "Individuals well over the poverty line are still struggling financially" and "At the core of all of this is probably unemployment, and not having enough resources to go to the grocery store or enough money to buy anything." When asked about the contributing factors to food insecurity in the county, nearly all stakeholders recognized the high cost of living or a lack of sufficient income as a key problem. One stakeholder noted, "a lot of people are living paycheck to paycheck." Another stated, "Seniors are at particular risk because they're no longer able to be employed, they have no real source of additional income, they're living on a fixed income; large families where no one is working and there are many mouths to feed [are also at risk of food insecurity]." Stakeholders also recognized the need to choose between paying bills or buying food by stating "people have to choose, do I buy food or my medication?" and "I think it's just the cost of living, if they are fortunate enough to be housed, that's where their money is going."

Stakeholders discussed lack of employment opportunities as many food insecure families work multiple part time jobs or are seasonally employed. One stakeholder stated, "[It's a] very expensive area to live, a lot of the families we see are working at minimum wage and to afford housing in this area and also food becomes very difficult for agricultural workers, and mushroom pickers."

Childcare has been discussed as an underlying issue inhibiting the attainment of employment. This creates another household consideration that families must weigh when making choices of employment. The expense of childcare was noted as a major barrier, as another stakeholder mentioned, "…can't get [childcare] funding unless you get a job, can't get a job unless you get childcare." The Pantry Member Survey also showed that households with children and single parent households were more likely to report food insecure status.

In the Food Pantry Member Survey, participants selected "rent and housing costs" and "utilities and bills" as the top reasons why they are unable to buy the food they need. This supports the idea that those who are struggling with food insecurity may find themselves having to choose between paying housing bills or purchasing food. Additionally, those who selected "rent and housing costs" and "utilities and bills" were significantly more likely to report being food

insecure. The survey also represented the role of underemployment and disability in food security status. Of those who took the survey, 24% were disabled and unable to work, while 13% were regularly working full time, and 23% were employed part time or seasonally. An additional 10% were looking for a job.

2. Transportation

"If I didn't have my daughter, I wait an hour or two hours for a cab, I can't do that with my health issues."- Focus Group Participant

Transportation is a major barrier throughout the county for those who are food insecure. Chester County lacks an efficient and far reaching public transit system, though 95% of Chester County households have access to at least one car[2]. However, for the 5% of households without a car, accessing food can be extremely burdensome. Pantry Member Survey data depicted the obstacle of transportation for food insecure individuals in Chester County. When asked the reasons why people they know are unable to access a food pantry, the number one response was a lack of transportation. About one in three survey participants said they knew someone who could not access a local food cupboard or pantry because of a lack of transportation.

Stakeholders consistently referenced transportation as one of the main causes of food insecurity in the county. One stakeholder mentioned, "…there are some areas in Chester County without even a basic bus service. Chester County was built for automobiles." Both lacking any transportation or having to rely on public transit systems greatly increases the risk of food insecurity according to community stakeholders. A stakeholder said, "If [they] can't afford bus tokens to come down the road then you are limited to what is in walking distance." Stakeholders noted many of the smaller stores that might be within walking distance lack the variety and quality of foods which can sustain a nutritionally adequate diet. Individuals are likely eating heavily processed foods and have low intake of fruits and vegetables because of this issue.

According to the focus group discussions, transportation related issues cause a decrease in food access and limit the number of times people grocery shop or visit food pantries. Focus group participants explained the many ways that a lack of adequate transportation prevents access to food and especially healthy options. Some described walking to the grocery store or taking the bus which can be very time consuming. A focus group participant said, "I need to walk to the grocery store almost one hour to go and one hour to come back." Participants relying on the bus system or other public transportation discussed frustration with the infrequent services, changing schedules, unclear information, and scheduling requirements. Another group participant stated, "I call [the transportation service] a week ahead of time to get to the grocery store. By the time you plan, the sales are over." Those who travel by foot or by bus are also limited in what they can purchase with a participant mentioning, "If you don't drive you're limited because of the quantity of food you can get."

Many participants rely on friends, family, and neighbors for transportation to grocery stores and other food resources in the community. Participants described a communal system of receiving help and helping others with transportation and getting food. Without this community support system, many said they would not have a way to get groceries. Many stakeholders believed that

those who live in social isolation are at greatest risk of food insecurity. It is clear that a social network helps lessen the impact of food insecurity and those without this network are likely at an elevated risk.

3. Attitudes, Stigma, and Pride

"Not everyone wants to share if they can't get food, we don't know if friends or family are struggling because they don't talk about it."
- Focus Group Participant

In the Pantry Member Survey, when asked why other people they know do not go to a local pantry or cupboard, the second most common response was that they are "uncomfortable receiving food from the pantry." Several write in responses included that people would be "embarrassed" or "too proud." The focus groups also greatly emphasized this point and how influential the stigma of visiting a pantry can be.

During the focus group discussions, stigma was by far the most frequently cited response as to why people do not utilize this resource. Many participants referenced a specific friend or neighbor who they could think of that is struggling with food insecurity but would not visit a pantry solely because of the stigma or a sense of embarrassment. One participant described that, "kids are hungry because the parents are too proud to go to the pantry." Another said, "some people don't want to admit they need help."

Several focus group participants described why they would not visit a pantry, often saying "others need it more than me" or "it could be worse." There was a consistent belief that receiving food from a pantry would directly take away from someone else who may need it. Participants stated, "I don't take advantage, if I have food, I am not going to take advantage" and "[I'm] not a beggar and I'm not starving to death." These statements depict some of the reasons eligible people may forgo attending a pantry.

Many participants expressed a preference for obtaining food outside of the pantry system due to worries related to stigma and embarrassment. Focus group participants showed a strong desire to purchase their own food rather than always receive food from a pantry. There was an interest in programs which help make fresh produce and other healthy staples more affordable such as double dollar programs for SNAP. The idea of receiving shares of food as part of educational programming was also very well accepted by participants. Some participants were seeking ways of obtaining food that may feel more dignified for them.

Discussion of the stigma associated with pantry attendance was a topic which exposed very strongly held beliefs by participants. However, this was a topic that did not appear as frequently in the stakeholder interviews though some stakeholders emphasized this as a key issue. One stakeholder reported, "[Some] would rather sleep in their car than go to a shelter," explaining the role of pride in seeking assistance.

The infrequency of this topic being discussed may indicate that not all stakeholders are aware of the extent that existing attitudes and perceptions prevent community members from accessing

food resources. The focus group made clear that perceptions and attitudes are highly influential in preventing the use of food pantries and may contribute to the desire to have alternative ways for obtaining food.

4. Misconceptions About Community Resources and Eligibility

> *"To some degree, people are unaware of the resources. I know we certainly found that out in the clinic where we were providing the list of food banks but people didn't know. They just didn't know."- Community Stakeholder*

Focus group participants discussed many community resources that did not have clear information and eligibility requirements. Participants stated, "some people don't know about the resources" and "a lot of people fall through the cracks." A local transportation service was especially confusing to participants. There were consistent disagreements about how to use this service and who is or is not eligible. There was similar confusion around CCFB's *Fresh2You* Mobile Market. Many didn't know about the truck at all or that the fresh produce was for purchase with incentives to increase affordability. Several were unaware that the market was open to all and accepting all forms of payment including SNAP, FMNP (Farmer's Market Nutrition Program), cash, and credit.

Many focus group participants discussed a desire for more consistent and easy to access information. There are many challenges associated with difficult sign up processes. One stakeholder explained, "[With seniors] part of the challenge is that they just don't know how to use a computer. If you have to use a computer to sign up for the benefit, you're never going to sign up for the benefit." Many people may know certain programs exist but are unsure of their own eligibility or face challenges with the sign up processes.

The focus groups served as a venue to share information about available resources in the community. There were many questions about the specifics of how to utilize certain services and where to access this type of information. Most groups had at least one participant who was more familiar with the local resources and could provide others with the necessary information. These group leaders were able to share their knowledge to clarify some of these areas of confusion. Consistently, focus group participants showed their enthusiasm for the opportunity to share information and experiences with one another. Several participants made clear that they would be excited to participate in future discussions to promote information sharing and social support.

Pantry eligibility was also a common topic leading to questions and uncertainty. There were questions surrounding how frequently one can visit each pantry, visiting multiple pantries, and where to get the freshest food or key staples. Many were not sure if their local pantries accepted members based on incomes, address, or both and what the process would be to sign up. One participant said people don't use the pantry, "because they don't know it's there." While this was a clear issue for focus group participants, this topic did not come up as frequently in the stakeholder interviews. Though it was mentioned, most stakeholders did not describe this as a problem to the same extent that focus group participants did. Stakeholders may not be aware of this as such a prominent issue for food insecure populations. For example, the majority of

stakeholders believed food insecure populations were well connected with food pantries, though the focus groups did not indicate that this was true from their perspectives.

E. Fear of Immigration Status Exposure and Discrimination

> *"We have seen cases where kids will go to school with their suitcases because they are afraid that if they go back home their parents won't be there, so they are ready to stay with someone else."*
> *– Community Stakeholder*

The focus groups indicated that a fear of immigration status exposure prevents people from accessing food. A fear surrounding the documentation required to receive food limited the number of immigrant families willing to get food when it is needed. This topic was not mentioned with the same frequency as others; though when it was mentioned, it was discussed as a highly influential factor. Focus group participants expressed their desire to see their neighbors have the same rights and access the same resources as everyone else. One focus group participant stated, "Some people don't use food stamps because of worries about immigration, I don't care where the family is from, they should get assistance." Many participants had a strong sense of community and believed in supporting one another.

Survey participants identifying as Hispanic or Latino were significantly less likely to be at a government supported food distribution site when taking the survey. The required documentation for a government supported site includes one form of identification and a signed document disclosing self-reported income information. This means that Hispanic and Latino identifying individuals were more likely to visit a pantry that does not require any form of documentation. These types of pantries tend to be more limited in their locations and food provisions making it even more challenging for those of Hispanic and Latino ethnicity to access food.

Many stakeholders recognized how the immigration status fears play a role in food insecurity especially over the last year with discriminatory actions on the rise. Stakeholders stated, "We have seen many situations where families do not want to apply for benefits or insurance because they are scared" and "With the immigration issue, the trend is that they are not accessing services in fear that they will be identified."

Stakeholders discussed the difficulty related to receiving any medical care when worried about immigration status exposure. One stakeholder reported, "many often can't receive basic healthcare because of fear of immigration status." Focus groups and stakeholders emphasized that discrimination and fears surrounding immigration status prevent people from accessing their basic needs such as food and healthcare.

F. Food Education

> *"…They don't have good knowledge how to use food stamps, to buy foods on a budget. I think education is probably lacking in how to manage a family food budget." - Community Stakeholder*

Education was a topic that consistently came up in the stakeholder interviews. Several, though not all, stakeholders felt that a lack of education is a primary contributor to food insecurity. Stakeholders referenced education related to cooking skills, nutrition knowledge, and budget management. However, this was not a consistently discussed topic in the focus groups when discussing the barriers of food insecurity. Participants expressed having an existing knowledge of basic nutrition and what foods are healthy to eat. Predominantly, the issue pertained to how to access and afford foods rather than how to identify and prepare them.

Most participants did express an interest in learning to cook as part of a program which provides shares of fresh produce. Many were interested in expanding their cooking skills and learning to cook with different fruits and vegetables or learning to grow their own produce. The survey indicated that 28% of participants would like to learn to cook with the foods they receive at the pantry. Though there was an interest in skills based education, many were interested in building on current skills, receiving or growing fresh produce, and participating in social opportunities.

D. Attitudes and Perspectives on Real, Healthy Food

Food insecure populations and stakeholders gave information regarding a concern for health, a desire for fresh and healthy foods, and the specific barriers to eating healthy. Overall, real healthy food appears to be a priority for food insecure populations though there are many barriers preventing access and consumption of nutritious foods as an everyday reality. Consuming nutritious foods is of major importance because of the vast evidence linking a healthy diet to overall health and disease prevention[21, 22].

1. Concern for Health

"People are hungry, but also obese. They are hungry for healthy food. They are still starved for nutrition." – Community Stakeholder

Among the adult population of Chester County, nearly 7% have been diagnosed with diabetes, 3.6% with heart disease, and 23.7% with high blood pressure[23]. More than half of Chester County adult residents are overweight or obese[23]. Scientific evidence has shown that rates of chronic diseases are even higher for those of lower socioeconomic status[24, 25]. The Pantry Member Survey indicated that one in four have trouble buying the foods they need because of medical expenses, showing that poor health places an increased difficulty on those who are already at risk of food insecurity.

Focus group and stakeholder results indicated that people are aware of these prevalent health issues. Stakeholders mentioned many health concerns, most of which are diet related. Most commonly cited health concerns included diabetes, obesity, hypertension, and mental health. One stakeholder firmly believed that Americans do not get eat enough fruits and vegetables as the most current research indicates that only one in ten Americans eat the recommended amount of fruits and vegetables[26]. Stakeholders expressed that those in poor health are at highest risk for food insecurity. A stakeholder who practices medicine stated, "We're not practicing health care, we're instead practicing sick care," emphasizing that food insecure populations are seeing the health impact of poor dietary intake.

Focus group participants echoed the stakeholders' comments with concerns about diet related health issues and having healthier options available. Participants discussed concerns for health but not being able to eat nutritionally balanced foods saying, "We all know what is good for us, but we don't eat it." Despite having a desire to improve health outcomes, many economic and social barriers stand in the way. One focus group participant explained, "The doctor asked me to lose weight because I have back problems. But at home, my husband doesn't like to eat healthy food."

Some pantry coordinators in the agency assessment conducted in 2016 did not as readily accept this understanding of health and its relationship to nutrition. Pantry coordinators' opinions regarding diet and health ranged drastically. During CCFB's internal Agency Assessment, most pantry coordinators were aware of the many health and dietary issues among pantry members; however, some felt nutrition serves as a preventative solution while others disagreed. One pantry coordinator stated, "the participants that we serve, don't need a diet of purely junk food and this

is a higher risk population. We want them to have an equal opportunity to have access to this beautiful stuff (fresh produce) as well." In contrast, another pantry coordinator stated, "A lot of clients have a diabetes problem, but if I made all those shelves with low-sugar or sugar-free then what about the rest of the people? I think that people have to have a certain amount of restraint not to take what they can't have." Many pantry coordinators believed a healthy diet is best for those who are already sick and not for those who appear healthy. Understanding that nutritious foods can serve as preventative medicine for chronic diseases can lead pantry coordinators to improve the healthy options in the pantry. A pantry coordinator's existing nutrition attitudes have the potential to improve or worsen the healthfulness of pantry choices, which then impacts the health of pantry members.

In addition to a concern for health and diet, another prominent issue that emerged is the lack of culturally appropriate and nutritionally adequate medical care. One stakeholder stated, "just because you have lower income doesn't mean you should get lower quality care." In response to the lack of culturally sensitive care, a physician explained, "we need to hold people accountable for serving these populations with dignity" and that "[we] have to understand culturally where they are from to be able to serve them." Medical providers understand the importance of nutrition and the role it plays in chronic disease prevention, however, food insecurity is not always considered as part of the equation. One stakeholder explained, "[Doctors] ask you how your nutrition is, but they won't ask you if you have any food in your house. People could get resources in their hands if that extra step was taken." Nutrition and food insecurity as part of routine medical care emerged as a major theme throughout this assessment. Currently, there are a couple of pilot programs in Chester County that involve medical providers screening for food insecurity. Many stakeholders mentioned these programs and felt strongly about the expansion of this form of care.

2. Desire for Real, Healthy Food

> *"The conversation has shifted from not having food to what is the quality of food, is this really nutritional food?" - Community Stakeholder*

With the acknowledgment of a growing concern for health in the community, both stakeholders and focus group participants expressed their desire for more healthy and fresh foods for food insecure populations. When focus group participants were asked to describe what a healthy meal looks like, there was general consensus that a healthy meal consists of a vegetable, a protein (meat, chicken, or fish), and a grain or starch (pasta, potatoes, rice, or tortillas). A few made direct or indirect reference to USDA's MyPlate which defines a healthy meal as being a plate of half fruits and vegetables with the other half including grains and a protein[27]. Though MyPlate was mentioned, many more understood a healthy plate with different food group proportions. When discussing a healthy meal, meat was often viewed as the main feature and largest portion on the plate while vegetables were seen as a side dish. The word "balance" came up often when asked about healthy meals showing that participants were aware of the benefits of diverse food choices. This understanding did not always make eating this way a possibility. Many participants talked about limiting the quantity and variety of foods when times were especially difficult. One

participant said that their family had never run out of food but has "gotten down to just pancakes and canned soups."

Nearly all participants expressed a desire for having increased access to healthier and fresher food options. Participants stated, "I don't like foods in cans and boxes. I want to eat fresh foods!" and "canned food has a lot of sodium, so I'm not going to use it." Participants felt strongly that the most needed food items were fresh produce and meat as these tended to be seen as the most nutritious while also being the most difficult to affordably access. Additionally, many participants had an interest in organic and locally grown produce though there were questions about the difference between these options. One participant asked, "Organic makes me feel like I should not be eating the other stuff but can't afford it, is eating nonorganic bad?"

Stakeholders believed that healthy food would be a great benefit to food insecure populations and most believed it would be well received. Over time, the nutritional quality of food has become more important than the quantity of food. Though most stakeholders believed there was a relatively high interest in healthy foods, there were a few mixed opinions. Some were unsure if there would be interest or did not think there would be interest at all. Stakeholders serving seniors were least likely to believe that there was an interest in healthy foods. Pantry coordinators were even less likely to believe there was a substantial interest in healthy foods according to the agency assessment. When asked what foods were most important to pantry members, coordinators most commonly responded with canned foods, juice, cereal, and meat.

The focus groups and survey indicated that the interest in fresh produce may be higher than what some stakeholders and pantry coordinators believe. In the survey, fresh produce was the most frequently selected choice to the question, "what three foods are most important when coming to the pantry?" Only 16% of participants said they agree that "healthy food is *not* important to them" and 76% strongly agreed or agreed that they would like more fresh produce at the pantry.

3. Barriers to Healthy Eating

> *"It's been so long since I have had to think about food being healthy that it's a total luxury. What is with these politicians saying that we are expected to eat healthy when you can't afford it?" – Focus Group Participant*

Many barriers specific to eating healthy became clear through this assessment. Several stakeholders emphasized the issues surrounding affordability, lack of nutrition and cooking knowledge, resistance to change, and lack of time. Stakeholders most often responded that healthy foods are not affordable and readily available when asked about the barriers to healthy eating. Stakeholders also mentioned the role nutrition and cooking related education plays in healthy eating. One stakeholder said, "I think probably the biggest barrier would just be knowing how to cook with [vegetables], learning how to use them effectively. Store them to prevent spoilage, how to cook them in a healthy way. Not everyone knows what to do with greens." Stakeholders also mentioned difficulty changing behavior and having limited time as major factors contributing to the inability to eat healthy. Some stakeholders acknowledged this point with one saying, "certain populations grew up with everything fried and that's all they know and don't want to make a change."

Results and Discussion – Attitudes and Perspectives on Real, Healthy Food

Focus group participants focused on the affordability of healthy foods as the most important factor. Many explained that healthy eating is a luxury and not reality with one participant stating, "The problem is the economy… it is too expensive to eat nutritious foods. I think it's necessary to balance… one day I eat healthy, the other I eat whatever I can afford." Most were not buying any produce because of the lack of availability or the high cost at grocery stores and farmers' markets. The foods that are affordable are believed to be the heavily processed foods options. Focus group participants said, "people go for cheaper food because that's what they can afford," and "we could eat more vegetable, but it is expensive to buy it."

The participants' definition of a healthy meal may contribute to why cost was seen as such a primary barrier. The belief that meat must be the primary component of the meal may make the cost of eating their perceived healthy diet more challenging. For example, one focus group participant explained that their family spends 60% of their SNAP on meat because of the high cost. There is potential to reframe the idea of a healthy meal to be more consistent with current dietary guidelines, which include meat as a supplemental ingredient rather than the main feature to ultimately impact the cost of healthy meals.

Time was also mentioned as a factor that prevents cooking and preparing healthy meals. One participant explained it is simply "easier to make instant meals" when considering the time associated with planning and preparing a meal. Another barrier that was mentioned was that eating healthy may not be as enjoyable or taste good. Conversations started about the difficulty in changing habits especially when there are questions surrounding whether healthy food can be "delicious." "It's difficult to change how you think. You might buy what's good for you, but then it's hard to change your behavior" one participant stated. Participants may generally know how they should be eating but it is difficult to put these ideas into action with one participant saying, "you have to want to learn." Finding the time, interest, and motivation in healthy eating were all contributors to making healthy eating difficult. Additionally, focus group participants in single person households shared that it was not worth it to cook for one and would often eat very little or skip meals.

Generally, stakeholders had very consistent responses to focus group participants showing that they are very in touch with the populations they serve. However, inconsistency between stakeholders and focus group participants can again be seen with the topic of education. Focus group participants showed an interest in cooking classes but less frequently cited a lack of nutrition and cooking knowledge as a major barrier to food security or healthy eating. A number of stakeholders believed this to be one of the most common barriers. For example, one stakeholder explained that a lack of budgeting and smart shopping skills might be a contributor to the inability to afford healthy foods. A focus group participant pointed out that although it is cost effective, "buying in bulk on SNAP is virtually impossible" when considering the small dollar amounts provided. Some stakeholders may potentially be underestimating the baseline knowledge and skills related to food and nutrition that food insecure populations have. It appears that food insecurity and nutritional insecurity is less about knowledge and more related to a lack of resources and adequate finances.

Results and Discussion – Attitudes and Perspectives on Real, Healthy Food

The pantry appears to be a major area of impact because for many, the pantry is a main source of their regular food intake. For those who are unable to purchase their own foods and rely on pantries, they are completely limited to the choices available in the pantry. Though participants felt very grateful for the pantries, there is a clear desire for healthier and fresher options. Participants discussed receiving large quantities of canned foods and breads. One participant asked, "Who needs a whole sheet cake or even half a sheet cake?" Another said, "It's hard, my husband and I both have diabetes and the carbs don't help." Participants recognized the impact on health that a lack of quality and diversity of foods can have saying, "lots of diabetes, it's very strong in this area because bread and cake that's what you're given to eat" and "there is a lot of childhood obesity because what do we get: carbs, carbs, carbs."

During the 2016 Agency Assessment, pantry coordinators had varying ideas of what pantry members' food preferences were and what the appropriate steps are to address nutrition issues. Many pantry coordinators supported taking action to improve the nutritional quality of food choices in the pantry, though most had at least some hesitation. Several pantry coordinators explained that grocery stores and other food retailers donate large quantities of baked goods, though it is often too much for the number of pantry members they have. It is not uncommon in some pantries for a small family to go home with multiple loaves of bread, doughnuts, bagels, cakes, and other baked goods. Several pantry coordinators were open to ideas to reduce the amount of baked goods available in the pantry. Several other pantry coordinators had complete opposite opinions and did not feel it would be right to limit food when it is available regardless of the nutritional implications. Of the 18 agencies that took part, seven pantry coordinators rejected any type of inventory restriction based on the nutritional content of food, such as limiting baked goods. Of these seven pantry coordinators, four held very strong opinions while the remaining three agencies did not have a strong stance because they were not aware of any type of nutritional concern. Nearly all of the 18 pantry coordinators, regardless of their stance on restricting food based on nutritional content shared concerns over such a policy. These concerns included:

- A fear of saying no to donors and ultimately losing donations
- Not having enough foods to supply in place of the low nutritional foods
- A belief that it would be taking away a client's right to choose
- A belief that unhealthy foods are highly desirable and "fun foods"
- A belief that a restriction would "force" healthy options on clients who do not have diabetes and do not need the healthy foods

Though it appears making nutritional changes to pantry inventory would be highly beneficial and would not come with an overwhelming resistance from pantry members, some pantry coordinators are not completely in favor of nutritional policy changes as there are many challenges.

V. Conclusion and Recommendations

A. Community Perspective

Throughout the assessment, many ideas emerged as ways to address food insecurity in Chester County. The ideas from stakeholder interviews and focus groups could be broken down into several key themes.

Improvements to Access

Access and affordability are two of the main barriers discussed by stakeholders and focus group participants. Several ideas surfaced in response to the transportation issue present in the county. Some suggested improvements to the current transportation systems. Both stakeholders and focus group participants suggested improvements to public transportation to ultimately be more affordable and accessible. One example included providing a grocery store specific transit system to food insecure individuals. Others suggested targeting specific in-need areas and providing food on site rather than providing transportation. Stakeholders and many focus group participants believed the expansion of *Fresh2You* or a similarly functioning program would be highly beneficial. Suggested areas to target included subsidized housing, mobile home sites, and worksites. Home delivery services for those who are homebound was also recognized as a potential solution to the transportation issue. Several stakeholders recommended efforts to open a grocery store in Coatesville.

Increase Affordability

The access piece is important to consider in relation to affordability. Without consideration of the affordability of food, food insecure populations may not be able to obtain the foods they need. Many suggested more double dollar programs for SNAP, where SNAP users receive vouchers to make more healthy purchases. This type of program can be implemented at more farmers' markets throughout the county. One stakeholder suggested opening a food co-op which uses a participatory approach to obtaining affordable foods.

Provide Streamlined Information

Focus group participants made clear that a lack of easily accessible information prevents food insecure populations from accessing available resources. Both focus group participants and stakeholders mentioned streamlining information and improving the process to enroll in different programs. Some ideas that were suggested included improving advertising and referral systems, improving communication among providers, language assistance, developing community specific resource lists, and better staff training.

Health Promotion

When discussing potential solutions, stakeholders referenced the importance of considering the relationship between diet and health. Health and nutrition was a consistent theme throughout stakeholder interviews and community focus groups. Stakeholders suggested more collaboration between CCFB and health care providers as a means of health promotion. Stakeholders were in

favor of programs that provide nutritious foods to those who have been screened by health care providers for food insecurity. Continuing to grow fruit and veggie prescription programs was considered a potential area for greatest impact.

Skills Based Education and Social Support

Among focus group participants, there was an overwhelming interest in skills based food education. Participants were very interested in participating in a local cooking or gardening class that also provides fresh produce as part of the experience. Stakeholders also suggested education as a way to ultimately address food insecurity. The distinction between the stakeholder and focus group responses was the component of produce access. Focus group participants believed that providing produce with the educational experience would be crucial in its success. Solely providing education would not be enough to address food insecurity.

Many stakeholders and focus group participants acknowledged the importance of social support in health and food security. Providing opportunities for community interaction was often discussed as a potential solution. Skills based educational classes in a social setting was noted as a great way to bring people together and address local food issues.

B. Opportunities for Impact

Based on the detailed analysis of community feedback and existing data with consideration of CCFB's organizational objectives and resources, CCFB has identified several opportunities for CCFB and the greater community.

Explore an Approach to Food Insecurity through Food Justice

Many individuals and organizations believe that the solution to food insecurity is to provide more food to those in need. While this is a part of the necessary maintenance of addressing hunger, this perspective fails to encompass the complexities of food insecurity and the many root causes. This assessment has depicted some of the fundamental reasons food insecurity exists in Chester County. A few of the underlying issues uncovered in this assessment included high cost of living, underemployment and low wages, ethnic discrimination, and social inequality. CCFB encourages the community to reflect on how programs, services, and the community may be addressing these existing root causes.

CCFB will strive to explore a Food Justice approach to best address food insecurity. Understanding health disparities, social inequality, discrimination, exploitation, lack of opportunities, and an unsupportive political environment as contributing factors to food insecurity is key in finding long-term solutions. A traditional focus on individual responsibility and the "pull yourself up by your boot straps" mentality perpetuates the idea that if individuals just tried hard enough, they would be alleviated from the difficulties of poverty and food insecurity. The use of a food justice model will help to acknowledge the complexity of food insecurity and identify our organizational priorities.

The Portland and Multnomah Food Policy Council defines food justice:

> *"The Food Justice movement envisions a food system that is inclusive, community-led and participatory, without the exploitation of people, land, or the environment. It identifies and acts to remove the significant structural inequities that exist within our food and economic systems. Food Justice activists seek to establish healthy, resilient communities with equitable access to nourishing and culturally appropriate food."*

With clear evidence that community food resources such as food pantries are being used on a regular non-emergency basis, there is a need to focus on the root causes to work towards sustainable solutions. Food pantries play the important role of sustaining the food needs of families in Chester County, though, without additional initiatives to address the root causes of food insecurity, it is unreasonable to expect dramatic change. CCFB must strive to more deeply consider all aspects of our food system and help to create a supportive environment which is empowering to those who are food insecure and facilitates opportunities for personal growth.

It is CCFB's responsibility to portray an accurate representation of food insecurity in Chester County and help to further the community discussion on food justice. CCFB must consistently evaluate whether our staff, programs, and services are empowering to those who are food insecure and fully recognize the injustices in our community. Improving our program and services' emphasis on distal causes of food insecurity and refraining from emphasizing individual responsibility is key in establishing a food justice model. In partnership with CCFB, community members and organizations can reflect to be consistent with the principles of a food justice model to ultimately have a just and sustainable impact.

Expand our Impact through Strategic Partnerships and Advocacy

Development of a Food Alliance

When using a food justice model to approach issues of food insecurity, it becomes apparent that many contributing factors are outside the realm of influence of just one organization. Creating an alliance which includes many stakeholders is the first step in addressing macro level issues contributing to food insecurity. Topics such as poverty, health, underemployment, racism and discrimination, transportation, and food systems require many different people at the table. An alliance can assess Chester County's resources and develop plans to improve these conditions for the greater community. A Chester County food alliance should include community residents, policy makers, farmers, retailers, health department representatives, food pantry coordinators, and many more. CCFB is committed to supporting the development of a food alliance to address the root causes of food insecurity.

Workforce development and employment opportunities

To address one of the major contributors of food insecurity, CCFB will explore partnerships and initiatives related to workforce development and employment

opportunities. This has become an obvious direction to pursue as underemployment has been a consistently mentioned problem for food insecure families. CCFB will assess its current assets and work towards piloting a workforce development program. CCFB's central office includes a full industrial kitchen and the organization has access to agricultural land throughout the county. These are two major assets that have the potential to play a crucial part in designing a workforce development program. This exploration will be done by researching existing models and in partnership with community stakeholders.

Healthcare provider collaboration

Because of our understanding of the relationship between food insecurity and health, it is essential that we continue to strengthen our relationship with healthcare providers. There is significant potential to collaborate on programs and services. One way to do this is through the expansion of *Fruit and Vegetable Prescriptions*. Throughout Chester County patients can receive prescriptions for fruits and vegetables after being screened for food insecurity by their healthcare providers. These prescriptions can be redeemed at any *Fresh2You* mobile market location for fruits and vegetables. Expanding on CCFB's Fruit and Veggie prescriptions could impact a greater number of food insecure families. CCFB can also continue to cross promote services with healthcare providers and work to provide additional food insecurity screenings.

Community Group Discussions

Several stakeholders and focus group participants made suggestions about streamlining information about community resources. Despite several ways to access information and the Chester County Community Resource Guide availability, it is evident that paper and digital forms of information may not be accessible to all who would benefit from the information. Focus group participants expressed their enjoyment of the group discussions and many felt it was a great way to share information. Additionally, the group discussions appeared to be an empowering way for community members to connect and have a voice on issues surrounding their local food system.

Many participants expressed an interest in continuing opportunities to discuss these local food issues. Because of these benefits and strong interest, CCFB will develop plans to continue facilitating group discussions with the objectives of information sharing, social support, and community engagement. These community group discussions can also be used as a means for CCFB to remain aware of community members' thoughts and ideas. Understanding the viewpoints of those with lived experience of food insecurity can only improve our services and programs in the future.

Advocacy

Given CCFB's mission to *mobilize the community to ensure access to real, healthy food* coupled with the many barriers to achieving that mission, CCFB has instituted an *Advocacy Team* to lend a public voice to some of these barriers. This group of people will explore

opportunities to engage stakeholders, volunteers and the public on issues related to meeting the mission. The efforts of the *Advocacy Team* will prioritize the clear presentation of facts and supporting data related to food insecurity to meet the goal of informed community decision making in elections and in daily life.

Ensure Access to and Empower the Choice of Real, Healthy Food

Opportunities to Purchase Affordable Healthy Food

A major take-away message from this assessment was the overwhelming interest in affordable healthy foods. Many community members have expressed a preference for purchasing healthy food if it is financially feasible. For many community members, food for purchase models are believed to be a more dignified option than receiving food in a pantry. As a result, offering more food for purchase models which prioritize affordability is an obvious direction to pursue. This can be accomplished in several different ways and CCFB will assess the best way to allocate resources in collaboration with community partners to increase access of affordable healthy foods.

CCFB's *Fresh2You* mobile market has been successful at accomplishing this with increasing customer numbers each year. *Fresh2You* travels throughout Chester County carrying fresh, high-quality foods from local farmers and producers. *Fresh2You* accepts all forms of payment, plus purchases made with SNAP/EBT or Farmers' Market Nutrition Program (FMNP) vouchers are matched with *Veggie Bucks*, which can be used on future purchases of fruits and vegetables. Each market features a cooking demonstration with seasonal ingredients and easy-to-follow recipes. *Fresh2You* makes real, healthy food a reality in the county's most food insecure areas. Exploring ways to expand this program or replicate aspects of the program that would work in different communities is a clear avenue to pursue.

Another option would be to work with farmers' markets and other local retailers to offer more SNAP double dollar programs to help SNAP funds go further. Developing an affordable Community Supported Agriculture (CSA) option for food insecure populations is another area to explore. Additionally, supporting the establishment of food co-ops can also help address this issue. CCFB will use these ideas as starting points and develop plans to provide more healthy and affordable food for purchase options in the county.

Internal Nutrition Policy

Improving the quality and balance of real, healthy foods CCFB provides to member agencies is a priority of CCFB. Currently, CCFB has some informal nutritional criteria used to determine what foods will be purchased and distributed. This criteria has evolved over time and is still adapting to best fit the needs of those we serve. For example, CCFB never distributes soda or candy to its Member Agencies. Though there are several informal rules such as this, CCFB has yet to develop a formal nutrition policy which makes clear what foods will be purchased, accepted as donations, and distributed.

Developing a nutrition policy is a clear next step for improving the quality of foods CCFB provides.

In addition to informing our procurement and distribution, a nutrition policy will help to define our external messages. CCFB is still working to refine our public messaging around food insecurity and nutrition. Our messaging and marketing can be used to both educate our donors about the realities of food insecurity as well as encourage healthier food donations.

Supportive Food Environments in the Pantry

Having the option of fresher and healthier food choices in the pantry is a growing interest and need for pantry members. Many pantries have already begun the process for integrating healthier and fresher foods into their distributions, however, most face several obstacles. CCFB has the relationships and resources to provide additional support to pantries in an effort to impact the attitudes related to and preference for healthy foods. CCFB's *Best Choices* program provides this support to pantries by helping to expand their capacity for providing nutritious foods.

The *Best Choices* Program encourages pantry leaders to thoughtfully redesign their environment to nudge clients to choose the best options agencies have to offer: fresh fruits, fresh vegetables, and whole grains. The *Best Choices* Program's strategies, such as pantry rearrangement, Taste it! Food demonstrations, and resources, including recipes and educational handouts, have the potential to increase clients' confidence and self-efficacy while choosing nutritious foods at CCFB's partner agencies and cooking at home. Continuing the work of the *Best Choices* Program and expanding the program to more pantries will help to ensure food insecure populations utilizing the food pantry system feel empowered to select real, healthy foods.

Social Engagement Opportunities – Cooking and Gardening

Focus group participants voiced their interest in both cooking and gardening classes as a means for social engagement and expanding their food knowledge and skills. Participants were especially interested when these programs provided fresh produce as part of participation. Additionally, many stakeholders expressed an interest in hosting this type of class at their organization. A growing community interest depicts the importance for CCFB to consider identifying additional opportunities for offering more skills based food classes. Expanding on CCFB's EatFresh cooking classes and *Seed to Supper* gardening classes can help meet the community need.

The EatFresh program empowers youth and adults at risk for food insecurity to make healthy choices through hands-on cooking classes and group discussions. Participants learn to prepare fresh, tasty meals on a limited budget with an emphasis on fruits and vegetables, whole grains and other pantry staples. The *Raised Bed Garden* program has adopted *Seed to Supper*, a beginning gardening course that teaches participants how to grow a portion of their own food on a limited budget. The *Seed to Supper* curriculum, developed by Oregon Food Bank and Oregon State University Extension Service,

highlights practical, low-cost techniques for planning and maintaining a successful vegetable garden.

When expanding these programs, it is important to consider that many potential participants have a high baseline knowledge in these areas. Classes should serve to supplement baseline knowledge and more importantly serve as a social support network for a healthy lifestyle. It is equally important to develop ways to keep past participants socially engaged and to build on their positive behavior changes.

Growing and Cultivating Community Partnerships

CCFB believes that all people have a right to real, healthy food within a supportive and empowering community. We hope to work towards this vision through enhancing our existing community partnerships and establishing many more. There are opportunities for these relationships to set the foundation for major progress to be made on issues of food insecurity as well as the other social justice issues intertwined with the food system. The conversation can continue beyond food and what potential avenues can have the greatest impact. CCFB will work to encourage the inclusion of more community partners with stakes in housing, energy, employment, food systems, policy and many more areas. CCFB is excited to see what will be born out of this continuing conversation and the involvement and influence of more community members.

Please mark your answer with a circle or a check.

1. How often do you receive food from this pantry?
    a. 1 time per month
    b. More than 1 time per month
    c. Less than 1 time per month
    d. Seasonally

2. After a visit to this pantry or cupboard, how long does the food you receive from the pantry usually last?
    a. 1 or 2 days
    b. 3-5 days
    c. About a week
    d. 1-2 weeks
    e. More than 2 weeks

3. Do you regularly visit any other pantries?
    ☐ Yes ☐ No
    Which ones if yes: _____

4. "In the past 12 months, we worried whether our food would run out before we could buy more"
    ☐That was often true ☐That was sometimes true ☐ That was never true

5. "In the last 12 months, I couldn't afford to eat balanced meals."
    ☐That was often true ☐That was sometimes true ☐ That was never true

6. Is there anyone you know in Chester County that does NOT go to a pantry or food cupboard when they need food? What are some of their reasons? (check all that apply)

    ☐ They can't find a local food pantry or cupboard
    ☐ Pantry hours do not work for them
    ☐ Don't have transportation
    ☐ Not eligible for pantry services
    ☐ Uncomfortable receiving food at a pantry
    ☐ Don't like the types of foods offered
    ☐ Disabled or homebound
    ☐ Fear of immigration status
    ☐ Language barriers
    ☐ I don't know of anyone
    ☐ Other: _____

7. In my home, I have and can use (select all that apply)
    ☐ Stove
    ☐ Oven
    ☐ Refrigerator
    ☐ Freezer
    ☐ Microwave
    ☐ Can opener
    ☐ Hot plate or skillet
    ☐ Blender
    ☐ Kitchen knife
    ☐ Pots and pans
    ☐ Cooking utensils (wooden spoons, spatula, ladle, etc.)
    ☐ Eating utensils (plates, bowls, forks, knives, spoons, etc.)
    ☐ Cooking oil, spices, and other ingredients

8. Please select the **3 foods** that are most important for you to receive when coming to the pantry:

- ☐ Fresh produce, fruits, and vegetables
- ☐ Eggs
- ☐ Milk
- ☐ Meat/Fish/Poultry (fresh/frozen)
- ☐ Canned goods (fruit/vegetables/meat)
- ☐ Cheese
- ☐ Cereal
- ☐ Pasta or rice
- ☐ Instant meals (beef stew, etc.)
- ☐ Prepared store meals (hotdogs, breakfast sandwiches)
- ☐ Bread
- ☐ Juice
- ☐ Dessert/Baked goods
- ☐ Other: _____

9. Which of the following, if anything, stops your family from buying the food you need? (select all that apply)

- ☐ Rent/Housing costs
- ☐ Utilities and bills
- ☐ Medical Bills/Prescription costs
- ☐ Cost of childcare or support
- ☐ Getting transportation to stores
- ☐ Disability or health condition
- ☐ The foods I need are too expensive
- ☐ Other: _____

10. How much do you agree with the following?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am happy with the amount of food I receive from the pantry	☐	☐	☐	☐	☐
I am happy with the variety of food I receive from the pantry	☐	☐	☐	☐	☐
I can choose healthy food at the pantry	☐	☐	☐	☐	☐
I can find the foods I traditionally eat at the pantry	☐	☐	☐	☐	☐
I would like more fresh produce for myself and my family	☐	☐	☐	☐	☐
The pantry hours work for me	☐	☐	☐	☐	☐
I get a good balance of foods when I come to this pantry	☐	☐	☐	☐	☐
I can make several meals with the foods I get at this pantry	☐	☐	☐	☐	☐
Having healthy foods at the pantry is <u>not</u> important to me	☐	☐	☐	☐	☐
I would like to learn how to cook with the foods I receive at the pantry	☐	☐	☐	☐	☐
I would like to receive cooking oil, spices, and herbs to help me make meals more delicious	☐	☐	☐	☐	☐

11. Do any of the following describe your current household?

I am a single person living alone	☐ No	☐ Yes
I am a single person living with housemates	☐ No	☐ Yes
I am married with children	☐ No	☐ Yes
I am married without children	☐ No	☐ Yes
I am a single parent	☐ No	☐ Yes
I am a grandparent raising my grandchild	☐ No	☐ Yes
I share a home with another family	☐ No	☐ Yes

12. Do you or anyone who lives with you get any of these benefits or services? Answering will not affect your benefits in any way. (select all that apply)
    - ☐ SNAP/EBT (Access Card)
    - ☐ Senior Farmers Market Nutrition Program (FMNP) checks
    - ☐ WIC
    - ☐ WIC Farmers Market Nutrition Program (FMNP) checks
    - ☐ Social Security
    - ☐ Medicaid/Medicare
    - ☐ None

13. I would like the following information available at the pantry: (select all that apply)

☐ SNAP EBT/ Access Card (food stamps)	☐ Job opportunities
☐ Medical- Medicaid/Medicare	☐ WIC
☐ Childcare services	☐ Other: _____
☐ Housing	☐ I would NOT like any information

14. What is your age?
    a. 18-20
    b. 21-30
    c. 31-40
    d. 41-50
    e. 51-64
    f. 65 or older

15. By what gender do you identify?

☐ Male ☐ Female ☐ Transgender ☐ Self-describe: _____

16. What is the highest level of education that you have completed?
    a. Not a high school graduate
    b. High school graduate or GED
    c. Some college or technical/vocational school
    d. 2-year degree
    e. 4-year degree or higher

17. What is your yearly household income?
    a. Less than $12,000
    b. $12,000 — $20,000
    c. $20,001 — $30,000

d. $30,001 — $40,000
e. $40,001 — $50,000
f. $50,001 or higher

18. Which of the following categories best describes your employment status?
    a. I regularly work 40 or more hours per week
    b. I regularly work less than 40 hours per week
    c. I work seasonally or my work hours change
    d. I am a stay at home parent or caretaker
    e. I am a full-time student
    f. I am retired
    g. I am disabled and can't work
    h. I am looking for a job
    i. I don't have a job and I am not looking for one
    j. Other: _____

19. How many adults are in your household? (including yourself, 18 years and older)
    a. 1 (just you)
    b. 2
    c. 3
    d. 4
    e. 5 or more

20. How many children are in your household? (17 and under)
    a. None
    b. 1
    c. 2
    d. 3
    e. 4
    f. 5 or more

21. By which ethnicity/race do you identify? (select all that apply)
    ☐ African American/Black
    ☐ Hispanic/Latino
    ☐ Caucasian/White
    ☐ Asian/Pacific Islander
    ☐ Other: _____

22. Are you a veteran or active military?
    ☐ Yes ☐ No

23. What is your ZIP code? _____

Thank you for your time!

Stakeholder Interview Questions

1. Organizational Information (Collect information prior to interview, confirm any details as needed)

a. Name of Organization

b. Name of Interviewee(s) and Positions

c. Types of Service Provided, Any Food Related Services

d. General Eligibility Requirements for Services

e. Description of Relationships with other Organizations (collaboration, referrals, sharing info)

2. Client Demographics and Health Status

a. This is what your community looks like on paper (provide one page info sheet with community demographics). Can you help us understand more about the community beyond what is provided here? How does this differ among the population you serve?*

- Race and ethnicity
- Age (children, adults, seniors)
- Household size (singles, couples, families)
- Income and Employment Status
- Language and Immigration Status

b. Are there any particularly prevalent health or nutrition related issues among the population you serve?

3. Food Security in the Community

a. Who in the community is most at risk of food insecurity?

b. What do you see as the main causes of food insecurity? (access, availability, affordability) How do people cope with this issue?

c. Can you describe the current resources or services that most people in your community take advantage of that assist them in obtaining food?

d. Which programs or resources are underutilized?

e. Do you feel there is an interest in eating healthy fresh foods? Are there other barriers specific to preparing and consuming healthy foods?

4. Potential Strategies

a. Do you think that people in your community would be interested in any of the following:

-Shopping at local farmer's markets

-Participating in local CSA's/receiving boxes of fruits and veggies

-Learning to garden

-Learning hands on healthy cooking skills

b. Can you suggest any other ideas of how food access and food insecurity can be addressed in your community? What the Food Bank's role might be?

c. Do you have any information or resources that you could contribute to this assessment? (research/technology capacities, existing data)

5. Focus Group Information

a. Do you have any suggestions for information we would want to include in a focus group on food insecurity?

b. If the individuals you serve were interested in participating in a focus group, when would be the best time to reach them? Any suggestions for recruitment?

c. Would it be possible to hold focus groups at your facility? Do you have suggestions for other locations?

d. What do you think is an appropriate incentive for participants? Amount for a gift card?

e. Is there anyone else in the community you suggest we interview?

*For phone interviews: Can you describe the general demographics of the population your organization serves?

CCFB Community Food Security Assessment Focus Group Guide

Introduction:

Hello, my name is _____ and I will be conducting the focus groups on behalf of the Chester County Food Bank. We are conducting these focus groups to learn more about household food situations and barriers to food access in Chester County. This focus group will last no more than 2 hours, and you will receive a $25 dollar gift card at the end to thank you for your time. Everything you say will be kept confidential and we ask that you do not repeat any personal information you hear during this discussion. I will first ask you about community food access and food insecurity, then we will talk about healthy food, and finally we will talk about community resources and potential solutions.

Before we begin, are there any questions?

Community Food Access and Food Insecurity

- There are a number of places that you are able to get your food- including large supermarkets, corner stores, convenience stores, community food resources, etc. I'd like to find out where you get the majority of your food?
    - Why do you use these places to purchase food?
    - Do they offer the foods you want?
    - How is transportation? How often are you going to get food?
- How is the selection of food at the local community food banks and food pantries?
    - How often? Are you using the pantry on a regular basis or when you are in a food emergency?
    - What foods would you like to see more of?
    - Are there foods you don't use?
    - Are you and others in your community able to utilize the food you receive from the food banks and food pantries?
        - Probe
            - Culturally Appropriate
            - Knowledge to prepare
                - Cooking
            - Kitchen Capacity

- Can you get the kinds of food that you want in your neighborhood?
    - Probe:
        - If not, what makes it difficult?
- Do you feel that many households in the community have difficulty getting the foods they need?
- Do members of your community ever run out of food? How do they cope?
    - Specific times? How often?
    - Different times of year?

Healthy Food

- Please tell me about a typical dinner in your household. What foods do you eat? Who is at the meal?
- Please tell me what fresh vegetables and fruits do you eat in your household? Where do you get them? Do you think your household eats enough fresh vegetables and fruits? Why or why not?
- Are there any diet related health issues you notice in your community?
- What do you consider a nutritious meal?
- Are people in your community able to afford balanced, nutritious meals?
    - Probe:
        - If not, why?
- What makes it hard to eat a healthy diet?
- Are there barriers preventing you from eating the way you would like?
    - Probe
        - Lack of time, physical/spacial limitations, don't cook

Community Resources and Potential Solutions

- What programs or resources are available that help people get the food they need?
    - Probe
        - (Pantries, SNAP, WIC, Free/Reduced lunch).
- What are the reasons people use/don't use them?
    - Probe
        - Transportation, stigma, eligibility problems, didn't know about the program)
- What additional programs or resources would help people get the food they need?
- Imagine you have the opportunity to do something in your community to help people have an easier time getting the foods that they want or need. What would you do?
    - If no suggestions, probe:
        - Bring stores closer
        - Start a food co-op
        - Start a farmers' market
        - Create outreach programs
        - Establish a community garden
        - Outreach or information programs
        - Application assistance programs
        - One application for all programs
        - Change in hours of program operation
        - Transportation improvements
        - Training for professional staff on the programs and on the community's culture
        - Provide better public transportation
        - Establish and enforce cleanliness in stores
        - Try to get more choice in supermarkets
- Would members of your community be interested in…?

- Shopping at a farmer's market
- CSA style veggie boxes
- Hands on gardening classes
- Hands on cooking classes

Conclusion:

Thank you all for your participation in this focus group. The information you have provided during this focus group will be very helpful to the Chester County Food Bank.

Are there any additional questions or comments that you would like the Chester County Food Bank to know?

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