

Hiding hunger: food insecurity in middle America

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Abstract This is a community based research project using a case study of 20 people living in middle America who are food insecure, but do not use food pantries. The participants' rate of *actual* hunger is twice that of food insecure community members who use food pantries. Since most of the participants are not poor, the Asset Vulnerability Framework (AVF) is used to classify causes of food insecurity. The purpose of the study is to identify why participants are food insecure and why they do not use food pantries. Findings reveal that the participants restrict the quality and quantity of food eaten as a strategy to manage their budget. Following AVF, this strategy allows them to offset lower returns to labor assets, cover rising costs of human capital investment, protect their two most important productive assets of housing and transportation, and compensate for household relationships that increase their vulnerability. In addition, food insecurity itself inhibited social capital formation, further increasing vulnerability. The main reasons the participants do not use food pantries is to protect their social capital assets: almost all of the participants hid their hunger from colleagues, friends, relatives, and even the people they lived with. The participants described fear of societal shaming and blaming as motivations for hiding their hunger. However, using food pantries could reduce their food insecurity. Therefore, there was a feedback loop between food insecurity and social capital: food insecurity reduced social capital and efforts to protect social capital prevented participants from improving food security by using food pantries.

Keywords Asset Vulnerability Framework · Community based research · Poverty shaming

There's probably never going to be the awareness out there and the general acceptance that people at all income levels struggle with food....It's a double standard based on income, you make a lot of money, so you can't be hungry. Respondent #1

Abbreviations

AVF Asset Vulnerability Framework
ERS Economic Research Service
SNAP Supplemental Nutrition Assistance Program
USDA United States Department of Agriculture

Introduction

Food insecurity in the US is defined as reduced quality, variety, or desirability of diet. (USDA ERS 2015). The US Department of Agriculture (USDA) uses 18 questions to measure officially food insecurity in the US (USDA ERS 2016). An American is defined as food insecure if they worried about or did not have enough money to purchase enough or balanced meals at any time during the past 12 months. The US government does not define hunger, but the USDA measure of “very low food insecurity” is a subset of food security and measures reduced or disrupted food intake at any time in the past 12 months. From 1998 to 2007, the widely used and more general measure, food insecurity, fluctuated between 10.1 and 11.9% of US households (Coleman-Jenson et al. 2015). With the 2008 financial crisis, US household food insecurity jumped to 14.6% and has remained at or above 14% through 2016. The persistence of food insecurity in more than one in seven US

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households in 2016 has occurred despite proclamations of an economic recovery (Yellen 2016).

While food insecurity does not necessarily mean hunger, it is related to poor dietary quality, health problems and weight gain, particularly for women (Basiostis and Lino 2003; Hanson and Connor 2014; Laraia 2013; Wilde and Peterman 2006). Many researchers have focused on linkages between poverty and food insecurity (Caraher and Coveney 2016), but food insecurity is not confined to those designated as poor (Gundersen et al. 2011); one-third of food insecure households in the US have incomes that are two or more times the federal poverty level (Schanzenbach et al. 2016). Even among those who are designated as poor, the prevalence of food insecurity is no more than 50% of US households (Gundersen and Ribar 2011), while 20% of US households earning two to three times the US poverty level experience food insecurity, and 10% of households earning three or more times the poverty level experience food insecurity (Schanzenbach et al. 2016). Part of the problem is the way the federal food assistance eligibility and hence poverty is calculated,¹ Natale and Super (1991) argue that the Thrifty Food Plan which is used as a the basis for the federal poverty level sets too low a bar, is nutritionally inadequate, and underestimates the true cost of the items in the plan. Daponte and Bade (2006) argue that the rise of private food assistance in the US such as food banks and food pantries, which provide free food, is a direct result of federal cuts in assistance and eligibility based on the Thrifty Food Plan. Given that the US poverty level is set low, it should be no surprise that there is food insecurity among Americans who are officially non-poor. However, since most food insecurity research in the US focuses on those below the official poverty line, food insecurity among the non-poor is understudied.

One of the reasons non-poor Americans may be food insecure is that food insecurity tends to be episodic, not chronic (Coleman-Jensen et al. 2015), due to income volatility or lack of liquid assets (Gundersen et al. 2011). A study of 90 families who were recipients of US Supplemental Nutrition Assistance Program (SNAP) benefits (by definition poor) found that small changes in income or expenses could result in food insecurity (Edin et al. 2013). Similar factors affect food security among the non-poor. For example, Hernandez (2015) found that financial strain was associated with food insecurity among Americans

whose incomes are twice or more the federal poverty level, and hence are not eligible for government food assistance benefits.

US government cuts in program benefits are linked to a rise in demand for private food donations (Daponte and Bade 2006). This private, non-profit network in the US includes food banks that collect and distribute food to local food pantries. These pantries distribute free food to people; they are often affiliated with churches or community organizations and staffed largely by volunteers. Feeding America is a network of over 200 food banks in the US that supply 58,000 food pantries, serving 46.5 million individuals annually (Weinfield et al. 2014). Food pantries have evolved from providing emergency food to providing ongoing food access to their clients (Daponte and Bade 2006; Zepeda and Reznickova 2016). However, only 27% of food insecure households reported using a food pantry in 2014 (Coleman-Jensen et al. 2015), which begs the question, why are the other 73% of the food insecure not using food pantries?

This research question was generated by the director of a food bank who asked the author to investigate. In addition to wanting to understand why the food insecure, especially the non-poor, are not using food pantries, the food bank wanted to know what prevents the food insecure from using food pantries? Further, what factors are contributing to their food insecurity?

Given that the objectives of this community based research study are exploratory and qualitative, the research design involves qualitative interviews to explore barriers and perceptions of people who are food insecure but not using food pantries.

Methods and data

This study is a community based research study; the Director of Partnerships and Programs of Second Harvest Foodbank of Southern Wisconsin (hereafter Second Harvest) provided feedback on the research design, participant screening, and the research questions. Second Harvest provided funds to compensate participants for their time and for professional transcription of the interviews. The number of interviews, 20, was determined by the budget for participant compensation and professional transcription. The data collection and analysis was done pro-bono. The protocol was approved by a university human subjects internal review board.

In total 125 people were contacted for this study and screened for eligibility: 18 years or older, answered yes to

¹ The poverty line was determined in the 1960s when households spent about one-third of their income on food. Since then, the US government has determined poverty by multiplying the cost of a food basket by three. However, the relative price of food has fallen versus other expenses, particularly housing. This means that the current poverty line is one-half to a third of what would allow households to cover basic expenses.

two food insecurity screening questions,² and had not used a food pantry more than once in the past 12 months. Seventy (56%) were ineligible because they did not meet the screening criteria, and 16 (13%) did not respond so it was unclear if they were eligible. Of the remaining 39 eligible people (31%), 14 failed schedule an interview, one did not show up for a scheduled interview, and four could not be scheduled because the study closed. Of the 20 people interviewed, 11 were recruited from other research studies and nine from Craigslist.

All interviews took place in private rooms in public buildings. The respondents provided oral consent to being interviewed, recorded, and quoted anonymously. The interviews were recorded, transcribed professionally, and reviewed by the author. A semi-structure interview script was used to ensure consistency across interviews (see Appendix 1). The respondents also filled out a short survey with six food insecurity questions and demographic information. Respondents received \$50 for their time. The respondents are referred to by number to protect confidentiality.

The 20 interviews took place between February 3, and April 9, 2016. Each interview lasted between 28.5 and 88 min, with an average length of 46 min. Sixteen of the interviews were conducted by the author and four by a graduate assistant. The respondents were mostly White, educated, middle class, adults who resided in an affluent Midwestern city. Six men and 14 women participated. Seven indicated that they were professionals, and seven that they were students. Appendix 2 summarizes their characteristics. Nine lived alone, and among the rest, only two had children under 18.

Using a six-question subset of the USDA food security questionnaire, 80% indicated that they had *very low food security*. Very low food security occurs when there are disrupted eating patterns and reduced food intake (USDA ERS 2015); it is a proxy for hunger. This compares to 42% of the food insecure who reside in study site County that have *very low* food security. In other words, the participants were nearly twice as likely to manifest hunger as compared to the average food insecure person at the study site.

Results

The 20 interviews are used to understand why people, particularly those above the poverty line, were experiencing

² Please indicate whether you agree with this statement, "Within the past 12 months we worried whether our food would run out before we got money to buy more." Please indicate whether you agree with this statement, "Within the past 12 months the food we bought just didn't last and we didn't have money to get more."

food insecurity and what prevented them from using food pantries. First, how does food insecurity manifest itself among the participants? Similar to others who are food insecure, the respondents used food as part of a budgeting strategy. Food is their last priority because it is the one category of expenses that they can control:

I hate the fact passionately that food has become like a last budget concern for me. Because I feel like in an ideal world, that's the first thing that you take out because it's a necessity. Respondent #1

Food insecurity manifested itself by reliance on cheap starches and/or by skipping or combining meals. Combining breakfast and lunch into a single meal was a frequent strategy. Not eating for days was a frequent strategy of a middle aged professional woman who lived alone (#3); she stated she regularly goes without eating for 2 days and has not eaten for as many as 5 days in a row. She is very budget conscious, buying all her food at a "dollar store," and is mindful of eating healthy, buying frozen vegetables because she cannot afford fresh. Living paycheck to paycheck, she prioritized her mortgage, car payments, utilities, and medical bills. With no equity and no cash, she is unable to reduce her living or transportation expenses by moving, she is further burdened with medical bills not covered by her health insurance and the increasing cost of premiums, and experienced severe health problems that affected her ability to work, as well as periods of unemployment. Her story illustrates how food is the expense of last priority and "fasting" for days a means to make ends meet.

The participants also demonstrated complex shopping strategies: hunting for bargains, negotiating with a farmer over ugly vegetables, buying frozen rather than fresh vegetables, and shopping at deep discount stores. They also went to great lengths making foods "stretch:" making use of leftover and combining foods in different ways to make them more appetizing. As an example, a student described his strategies to combine the few remaining foods he had to be more appetizing, "*It's like a game*" (Respondent #6). Students often had multiple and alternative strategies to procure food. One student relied on leftover food from the restaurant he worked at and goes hungry when there are no leftovers. Another student explained that despite having two part-time jobs, donating plasma twice a week, and dumpster diving for food, he struggles to get enough food, and has lost 40 pounds.

What is striking is that even well-off households can experience hunger. A professional married woman (#19) who estimated her annual household income at \$100,000 found that she and her wife experienced a 2-month period of food insecurity during which they skipped meals and some meals consisted of rice only. The period of food insecurity occurred because her wife was unemployed,

and even after finding a job, they were unable to buy food until her wife's first paycheck. The quote reflects not just the frustration of being food insecure despite having a job, but the change in the nature of work and structure of the economy; her wife worked long hours from home in IT, yet could not afford to eat:

I'm working, and her new job is from home and she often has to work late, these really long days, like 10, 12 h days sometimes. She does web development. And she would be working really, really hard and then, you know, eating a bowl of rice at the end, and she would get really mad. She would say things like, 'I'm working really hard. This is not supposed to be happening.' Respondent #19

The respondents talked about how food insecurity compromised their health by requiring them to eat processed starches: cereal, pasta, rice, and ramen. A typical response describes the effects of eating processed starches and smaller portions:

I feel like exhausted, a little more tired and exhausted than normal....I can still sleep pretty good. I've noticed I've been waking up a lot in the middle of the night, but I don't know if that has anything to do with. .. that might just be the stress. Respondent #17

The respondents defined healthy foods as fresh fruits and vegetables, fish and meat, and some mentioned organic or local foods. Some had strategies to buy cheaper, healthy foods: frozen vegetables (#3 and #12), potatoes, eggs and beans (#4), buying in bulk, and negotiating at a farmers' market for ugly or unsold vegetables (#18). A disabled woman (#13) gave a typical response about the food she would like to buy in recounting an encounter with a dietician:

If I could choose anything, I would get healthy food, and actually, I recently went to a dietician, because I'm concerned about that. Because unfortunately, you can eat garbage cheaply and I don't want to do that. And I was trying to explain to her the issue with my finances and with healthy eating, and there was just such an extreme disconnect, she just, she didn't understand. She told me to buy one of those NutriBullet things [a juicer], and they're at least \$100. Obviously, that's not going to happen. And [she said to] buy fresh fruits and vegetables and make smoothies. That's not going to happen in my house. Respondent #13

In two cases (#15 and the boyfriend of #18), being food insecure led to depression that resulted in binge eating of processed foods, which they said only exacerbated the

negative financial, health, and emotional consequences of food insecurity.

Three of the participants (#4, #7, and #18) were gluten intolerant, thus unable to eat many of the cheap starches. They, like most of the respondents, talked about how food affected their health and the difficulties of eating healthy foods.

Skipping meals had adverse effects. For example, one student (#6) suffered from hypoglycemia and insomnia. Another student (#5) who never ate breakfast started skipping lunch and cutting back on dinner to cut expenses. However, it started affecting her health, she began skipping classes, and her grades dropped. Her family found out about the grades and were angry and disappointed in her. She never told them she was not eating. Two girlfriends finally noticed she was not eating. They bought her meals and encouraged her to seek help. She went to the university financial aid office where they told her she was already getting the maximum aid. They did not refer her to any emergency assistance such as food pantries. After 4 weeks of skipping meals, she found a job, and after 2 more weeks, she got a paycheck that allowed her buy more food. Like respondent #19, the delay between beginning a job and the first paycheck was a time of food insecurity.

Overall, the interviews reveal that the respondents used food as a budgeting tool, buying cheap foods and skipping meals so they could pay their other bills. They demonstrated in depth knowledge of prices and complex shopping and food procurement strategies. Yet respondents recognized they were not able to eat healthy types or amounts of food and that this affected their health and wellbeing, and had adverse effects on their productivity. Respondents expressed frustration about being employed but were unable to afford sufficient quantity or quality of food. They also expressed frustration towards professionals who were supposed to help them (healthcare providers, student financial aid workers) but were unable to understand their situation or provide assistance.

Applying the Asset Vulnerability Framework (AVF) to classify sources of food insecurity

Given that most of the respondents were professionals and/or middle class, and not below the poverty line, and that food insecurity is defined in the US as episodic rather than chronic, Moser's (1998) AVF is used as a lens to classify the respondents' food insecurity. AVF posits that labor, human capital, productive assets, household relations, and social capital affect people's ability to cope with vulnerabilities like food insecurity. AVF differentiates between poverty and vulnerability. This is of particular relevance to food insecurity because poverty is a static measure at a point in time, while food insecurity is

episodic and dynamic, measured as an occurrence any-time in the previous 12 months. Furthermore, US Census data indicates that poverty decreased in 2015 (Proctor et al. 2016), yet food insecurity has risen. In addition, while nearly half of the US poor are food secure, food insecurity is found at surprising levels among those who are not poor (Coleman-Jensen et al. 2015; Gundersen et al. 2011). Finally, poverty is measured in dollars, while the AVF includes non-monetary assets that people can use to mitigate their sensitivity to external shocks.

When asked about what contributed to their food insecurity the most frequent response had to do with the respondents' labor assets, confirming the relevance of the AVF. Nine of the twenty respondents reported they or someone in their household had experienced unemployment. Seven indicated that they had an injury or illness that made them temporarily or permanently disabled, affecting their ability to work, or in two cases, their ability to obtain a job. Additionally, seven respondents were full-time students who were unable to work full-time.

Respondents also identified changes in how their labor was valued, due to structural changes in the economy, as increasing their vulnerability to food insecurity. The respondents noted falling wages, reliance on tipped or commission work, rising costs of benefits that were paid out of wages, as well as cuts in hours or shifts by their employers, and the prevalence of part-time jobs, requiring multiple jobs to make ends meet. To illustrate how the value of their labor declined, five people stated their incomes went down because they relied on tipped or commission work or their hours were cut. Additionally, one woman who was laid off saw her wages fall from \$13 to \$9 an hour in her new job. Another worker quit his \$15 an hour job, but was unable to find full-time work because of his age (60 years). Among the students, working 25–30 h a week at multiple jobs was common to accommodate their class schedules and because employers limited hours to avoid paying benefits. Yet despite multiple jobs, students were unable to make ends meet.

The value of labor assets also decreased due to increased charges for benefits or lack of benefits. Two state workers described how state legislation enacted in 2011 increased the cost of benefits and reduced their take home wages. An unemployed and disabled respondent explained that if she were to take a \$12–\$15 per hour job that did not offer benefits, she would be worse off than being on government food and health benefits. A 55-year old professional woman described cashing out her pension benefits for living expenses until she found another job and now is uncertain if she will ever be able to retire. These increased costs and loss of benefits illustrate how the falling value of labor led to greater vulnerability to food insecurity.

As Moser (1998) suggests, the respondents identified education and health as their two most important investments in human capital. The investments in education were planned; the seven students explained the purpose of their education was to increase their earning potential. All were paying their own way. Among all the participants, six noted a lack of budgeting skills as a specific human capital deficiency that affected their food security. They said that they were unable to find useful budgeting information when they searched online.

From the perspective of AVF the “investments” in health were unplanned. Seven of the twenty had experienced an injury or illness that left them temporarily or permanently disabled. While all the respondents had health insurance, 5 of the 20 were struggling to pay medical bills not covered by their insurance. Two women (Respondents #3 and #7) had to “go out of service” for treatments not covered by their insurance because of rare or complex medical conditions. They paid these expenses out of pocket. In one case, a respondent found out that her condition was caused by a workplace toxin, something that only became apparent when she compared notes with co-workers who had the same symptoms. Her workplace refused to spend \$1000 to confirm toxins were contaminating the workplace and therefore she was unable to obtain workers compensation benefits. Other participants described treatments by their service providers that required co-pays or were not fully covered. A full-time worker (Respondent #17) explained she had an accident that required two surgeries, and despite having health insurance, she owes \$30,000. She is paying \$60 a month but had no idea how long it would take to pay off. The author calculated it could only be paid off if the interest rate were 1% and that it would take 55 years. Another full-time worker (Respondent #18) was injured on the job and had to take 6 weeks off work. Her boss refused to sign the disability paperwork so she was not paid during that time and had to return to work earlier than her doctor recommended. Despite having medical insurance she owed \$1800 in uncovered expenses. She refused prescribed pain medications because she could not afford them. Although she told her doctor that she was struggling financially, he continued to order tests she described as unnecessary, that required co-payments. She stopped going to see him because the \$25 co-pay meant she could not buy food that week. Speaking about her doctor:

It does feel like sometimes they're out to hurt lower income people....It's like, why do you keep wanting me to come back?....Do you think I'm just going to keep coming back because I'm not going to figure out you're not helping me?.... I would like to think

that they're not out to get lower-income people or anybody for that matter, but it just didn't feel honest after the first couple of visits. Respondent #18

Turning to the AVF productive assets, housing and automobiles were the two crucial assets that respondents mentioned as increasing their vulnerability to food insecurity. Paying rent or a mortgage was described by the respondents as vital. Their fear of eviction or foreclosure was palpable; they strategically made cuts in their food budget and meals to cover the costs of housing. Two professionals (#3 and #4) who lived alone in condos and struggled to make payments voiced fears of becoming homeless. They stated they were unable to move because they had no equity or cash to make a rental deposit, let alone a down payment, on cheaper housing. Respondent #4 talked about the possibility of losing her home and becoming homeless, "*And then you think about suicide and things like that, because what else are you going to do?*" Participant #16 explained her food insecurity would end soon because she was selling her home and expected cash at the closing that would alleviate her financial difficulties. Four who rented experienced threats or actual eviction (Respondents #7, 10, 14 and 15). Again, because they lacked cash, they were unable to move to cheaper housing, so they prioritized rent, and this often meant cutting back on meals. Thus, for six participants (two home owners and four renters) food insecurity became a budgeting tool to avoid homelessness.

A former construction worker actually became homeless (#15). He and another participant (#14) who rented a room raised the issue of how lack of access to kitchen facilities increased food insecurity; they ate expensive convenience food because they either did not have or were not permitted to use kitchen facilities. The professional (#14) said the lack of kitchen access also affected her health; she gained 60 pounds from eating convenience foods.

Access to transportation, the other important AVF productive asset, was crucial given that many respondents had work schedules that were irregular, at night or weekends, or at multiple locations. Participants struggled to pay for a vehicle because it was often the only way to get to work, given infrequent or nonexistent public transport. However, one couple (#20), in response to their food insecurity, created a household budget and found they could eliminate one of their vehicles because one of them had a job with regular hours at a location accessible by public transport. They kept the other car because the other person had irregular hours, evening shifts, and no access to public transport.

While household relations are usually seen as a way of reducing vulnerability in AVF, for these respondents, household relations, or lack of them, were adversely related to their food security. Nine of the participants lived alone and thus, could not rely on household relations to mitigate

food insecurity. Five of the eleven participants who lived with others became food insecure *because* they were supporting others in the household, either an unemployed partner, children, or in one case, an extended family member. Despite this, respondents said they had not discussed food insecurity with household members, indeed one participant hid the fact that he was not eating from his own wife, while another participant said she and her wife never discussed their period of food insecurity until it was over. In the case of students or others living with roommates, they stated they did not discuss their food insecurity with their roommates.

Respondents also revealed that as AVF would predict, social capital was related to their food insecurity. Most of the respondents said they did not have extended family or friends who they could rely on for assistance, either because their family or friends did not have resources, or because they hid their food insecurity from their family and friends. The respondents also discussed how food insecurity *reduced* their social capital by restricting their ability to socialize because social activities often required purchasing something, usually food. This led to isolation; many were unable to go out with co-workers or friends. One student (#10) avoided his own apartment because his roommate had food and he did not; he found it easier to avoid his apartment than to be there hungry, watching his roommate eat, or knowing that his roommate had food. Another student (#11) explained that she could not participate in student organizations because they require membership fees, which she could not afford. The respondents described their reduced social capital as a sense of shame about asking for help:

[Speaking about her co-workers] They didn't know that I didn't have food. They just knew that something was going on. And then I remember, [a co-worker] loaned me \$20 and then she took me out to eat the next day. So maybe she did know...and I was kind of hesitant. And she said, 'no, why don't, you know, let's just go. You need to get out of your house' or something. And then I get there, and I'm thinking, okay, I'm just going to get...a glass of water, right. And so she finally just reached over and said it, 'I'm going to pay for it, so don't worry about it.' And it eased it a little bit, but then it just made me feel like crap. Respondent #14

Some of the respondents were able to offset this sense of isolation. One very upbeat participant (#18) indicated that she took it all in stride because she had grown up food insecure. She said the experience gave her resiliency that her partner, who had never been food insecure, did not have; food insecurity made him emotional, resentful, and caused him to binge-eat. A professional woman (#4)

made a point of going for walks with friends in nature. A student (#10) invited others to his apartment and offered to cook because it was cheaper than going out. However, what is notable is that the burden was always on the food insecure person to find ways to socialize. This adds another burden to an already stressed person.

While discussing social interactions, the respondents expressed a sense of shame and/or the need to hide their situation. Many became visibly emotional when discussing their sense of isolation and shame, and said they had never discussed food insecurity with anyone before. Some indicated that if they asked their family, friends, roommates, they believed they would help them, but did not see that as a solution because they were ashamed to be in need and/or realized that one meal would not change things.

In sum, all five assets identified by AVF were found to contribute to the respondents' food insecurity: labor, productive, human capital, household relations, and social capital. The respondents identified the ability to sell one's labor and decreases in the value of their labor as factors that greatly increased their vulnerability to food insecurity. The respondents also identified planned (education) and unplanned (health) costs of human capital investment, the desire to protect productive assets (housing and transportation) over food, the lack of household relations or household relations adversely affecting food security, and lack of social capital as increasing vulnerability to food security. Furthermore, food insecurity reduced their social capital by restricting their ability to interact with others.

Hiding hunger

The effect of food insecurity on social capital was particularly telling. Their desire to protect their social capital took the form of hiding their food insecurity from others, even household members. This in turn prevented them from using food pantries, which could have reduced their insecurity. In other words, there was a feedback loop between food insecurity and social capital.

Social capital impacts for some respondents involved internalizing a sense of shame, while others perceived external blaming and shaming. As an example, a full-time worker (#12) indicated that he compared himself to his father who provided for his household; he felt he did not live up to that standard because he was unable to provide for his family. A typical response about being unable to buy sufficient and/or quality food was,

It's embarrassing to me because I feel like I'm not able to provide for myself. It's hard for me to ask for help. Respondent #13

In 18 of the 20 cases, they hid their food insecurity from family, friends, and coworkers. One respondent even hid his hunger from his wife,

One of the things that I try to always make sure of is that my wife has enough to eat. And sometimes, that means going to bed hungry, and when she's like, 'hey, are you hungry?' like, 'no, I'm good.' And that's hard because...I come from an old-school Italian family, so honesty within family is number one. And I realize it's a white lie, and it's for her benefit. But still, just the fact that I was interjecting dishonesty in the relationship, really hit hard. Respondent #1

Five respondents expressed high levels of emotions during the interview, either tearing up or even crying while recounting their experiences. Food insecurity seemed to be particularly stressful for students and minorities:

I think acknowledging that it's harder for minorities just because of where they come from and the hardship they've already had, plus coming to school and, you know, having all the debt that school requires and all the pressure that school requires and the stress that it produces." Respondent #9

Food insecurity impinged on the respondents' ability to socialize with friends and colleagues. Some excused themselves from events by saying they were busy, others were more direct and said they could not afford to go, "*it isn't in the budget*" (Respondent #10). Many avoided meeting with friends, colleagues, or co-workers during meal times because they had nothing to eat or could not afford to buy food at a restaurant, and it was difficult to be around others while they were eating. "*You don't have the money to go out once a week with them and then go out at night*" (Respondent #9). This reduced social capital creating a sense of isolation:

Sometimes it makes me feel like I am not able to be as good a friend as I want to be because I feel like you have to be able to open yourself up in order to give and receive. So if I have so much of my life hidden, then how am I able to fully share with another person? That's the kind of issue that I have, because I think I have good people in my life, and I think that they would be understanding, but I don't want to sit down and say...this is what's going on. Respondent #13

Participants felt obliged to hide their hunger. They often told their friends or co-workers that they had already eaten or were not hungry as an excuse for not eating with them. When asked why, they indicated that they would feel judged:

And there's the shame factor, too. Because I work in a tech company, and generally everybody at work is like, 'Hey, I just bought my first house' and stuff like that. And then I'm like in the back, I'm just like, 'yeah, I ate last night.' Respondent #1

Some qualified this by saying that their friends probably would not judge them and would even want to help them. However, their desire to protect their social capital assets was so strong that they did not want to expose themselves because they perceived societal condemnation. Nine respondents explicitly mentioned that poor people are blamed for being poor; the poor are perceived as not trying, at fault for their poverty, and looked down upon. The participants, who were mostly professional and middle class, felt that society sees poverty as a character flaw and did not want to be seen as poor:

In America it's really hard to get people who are poor to identify as poor. They're all just temporarily distressed millionaires. [So] you can't organize by class here. Respondent #19

What prevents people from using food pantries?

This perception of societal shaming and blaming was the chief obstacle for participants when asked about why they did not use food pantries:

When I described my feeling of more bills than money in December, I didn't discuss that with anybody. [If I had gone to a food pantry] I don't know that I would have actually discussed my choice to go to a food pantry with anybody, because if anything, it feels a little more, it feels embarrassing, you know, like you did something wrong.... I'd probably look it up online, figure out some low-impact time to go, where I'm like, 'maybe I won't run into anybody.' You know, I really would probably go out of my way to be very reclusive about that as an action item. Respondent #2

Their desire to protect their social capital assets by avoiding shaming and blaming was tied to the narrative of the American Dream. However, the respondents described this narrative as a myth:

I grew up in this community, so I would hate to like run into somebody else....It's just a stigma, I guess. Like you're either taking advantage of the system, or you're lazy, or you're not doing enough...So you'd feel like people would be judging you, that somehow it's your fault if you don't have money....I mean, the welfare queen, that whole idea in itself is false...[and] reinforced in society for sure. The way,

you know, anybody's portrayed when they're using benefits on TV or in movies; it's always the crack-head who is just using money and getting her nails done at the same time. I think here in America, we have that 'pull yourself up by your bootstraps' mentality, where if you work hard enough you can reach a certain level of success...But I don't think that that's true....[But people believe it] because it's true for white, for rich men. It's just not true for minorities of any kind, and especially people who are double and triple and quadruple times minorities, as in women and being a gay woman or being a black woman or being a gay black woman. Respondent #9

Some expressed concerns that by going to a food pantry they would be taking food away from those who "really" needed it (#2, #18). Respondents described those in need as parents with children. Participant #13, a mother with a 19-year-old son, illustrated this perception when she said that if her son were younger she would go to a pantry, but felt that since he was an adult, they should take care of themselves. One full-time worker (#18) said that advertisements for food drives made her assume that food pantries lacked food and so she did not go because she did not want to take food away from those in greater need.

Some participants from middle class backgrounds did not use food pantries because they thought they did not qualify because they made too much money (#3, 12, 19), while some simply did not know how food pantries worked (#1, 2, 4, 7, 8, 12). A full-time worker (#12) stated that while he had volunteered at a food pantry in another town, he had no idea how they worked or whether he would qualify. Another middle class full-time worker (#14) knew exactly how food pantries worked because she was a social worker, but did not want to go for fear of being recognized by co-workers.

Four of the respondents grew up food insecure (#9, 11, 18, 19) and had gone to food pantries as children. Three had bad experiences that made them reluctant to use pantries as an adult: hostile volunteers at the pantries (#9), bad food (#18) and little variety in the food (#19). However, these experiences also gave them somewhat greater resiliency in dealing with food insecurity; three of the four were very matter-of-fact about food insecurity.

Only three respondents (#1, 13 and 15) had gone or tried to go to food pantries as adults and had bad experiences. A former construction worker (#15) was told he would have to wait several days until a pantry in his area was open. Another respondent (#1) went to a pantry that did have an income cut-off and he did not qualify. A disabled woman (#13) did not feel safe when she went to a pantry, due to its location.

Three other respondents had positive views of food pantries but only one had gone. A full-time professional (#20) went to a pantry once and had a good experience but was shocked by the sheer number of people in line and the amount of processed food.³ A full-time worker (#17) was unable to go to a pantry because she lacked transportation. An unemployed woman (#16) who was familiar with food pantries because she worked in social services was very positive about the pantries, “*they are there for a reason.*”

Some respondents offered solutions to increasing usage of food pantries:

Is there a way to normalize access in terms of food pantry here, and make it a little more obvious on how do you access this benefit? Make [it] a pleasant activity instead of, ‘Oh, no, I’ve lost it, now I have to go to a food pantry.’ I love the work students do. Maybe they can take it on as a project. Respondent #2

Why is it not okay to ask the people getting help from there, ‘hey, would you come in one day a month, if you use the food pantry four times in a month,’ you know, once a week, come in for one hour and help pass out food. Respondent #1

I feel like maybe having volunteers that represent the population that they’re serving would be good. Respondent #9

And one respondent (#13) offered gardening as an alternative to food pantries.

Despite the suggestions and the few negative experiences, the key obstacle to using food pantries among the participants was the desire to protect their social capital assets because they perceived society as blaming them for their food insecurity,

If you haven’t struggled ever, your first inclination is to believe that that person is doing something wrong that is putting them in that position. Respondent #1

Conclusions

A US community based research project of 20 food insecure people who have never or do not regularly use food pantries revealed 80% were *very* food insecure (a proxy for actual hunger); this is twice the rate of *very* food insecure found among food insecure people in the County where the study took place. Seven of the participants of the study were professionals and seven were full-time students pursuing university or graduate degrees. Thus, this case study

³ Many food pantries lack refrigeration and therefore are limited to offering shelf-stable, often processed foods.

revealed high levels of hunger among Americans who are not designated as poor.

The Asset Vulnerability Framework (Moser 1998) is used to classify why the participants experienced high levels of food insecurity and hunger. The participants identified all five AVF assets as contributing to their food insecurity: reduced labor opportunities and lower remuneration for labor, planned (education) and unplanned (health) investments in human capital, the desire to protect productive assets (housing and transportation), lack of or vulnerabilities in household relations, and lack of social capital all adversely affected their food security.

The reduced returns to labor from unemployment, injury, or disability, cuts in hours, cuts in pay, and/or increased cost of benefits are structural changes in the US economy that have increased the respondents’ vulnerability to food insecurity. In terms of labor assets, nine had experienced a period of unemployment that affected their food security, five had seen their incomes fall due to nonstandard work arrangements that reduced hours or compensations, two had seen incomes fall due to legislation that increased their contribution to benefits. Structural changes also increased the costs of investment in human capital, contributing to food insecurity: rising costs of education affected all seven students and uncovered medical costs affected five respondents, despite having health insurance. Housing and transportation were the most important productive assets the participants had and respondents prioritized expenditures on these over food so that they could have a place to live and could get to work or school. Six of the participants had experienced threats of eviction or actual homelessness. Household relations, or the lack of them increased their food insecurity; nearly half lived alone and among the remainder, most had a household member they were supporting or who had experienced unemployment. Only two felt they had social capital that would assist them: a male employed full-time (#12) mentioned borrowing from friends and a women employed full-time (#17) mentioned pooling resources with roommates. The rest either explicitly or tacitly hid their situation from others, sometimes even from their own family members.

Similar to other food insecure people, these respondents skipped meals, reduced meal size, and based their diets on processed starches. Financially, food was used as the expenditure of last priority to protect productive assets, as well as investments in human capital. Not surprisingly, this strategy adversely affected physical and mental wellbeing. Furthermore, the participants were explicit about how it created a sense of isolation by restricting their ability to socialize, further reducing their social capital assets, and inhibiting their use of food pantries.

While most of the participants were not poor, they identified poverty shaming and blaming as key factors

that reduced their social capital and prevented them from using food pantries. Most of the participants alluded to social norms that denigrated the poor, and nine participants explicitly described American culture as blaming people for being unable to meet their needs. There were a few negative experiences with food pantries and many of the middle class participants were not familiar with how pantries worked, however, the main reason for not using food pantries was the perception among the participants that US society views poverty as a character flaw. Therefore, to preserve their social capital assets the participants hid their food insecurity from others, even those they lived with.

The limitations of this study are of course that it is not a large sample that is representative of those who are food insecure in the US. However, these interviews, while not representative, reveal a disturbing image of food insecurity among participants who were mostly middle-income professionals and students. The findings highlight the usefulness of the Asset Vulnerability Framework as a way to categorize vulnerabilities to food insecurity among the non-poor. The findings point to the structural changes in the economy that have reduced labor assets of the mostly middle class participants through decreased job security, increased nonstandard work, increased costs of benefits, and de facto reductions in wages, as risk factors in food insecurity. The findings demonstrate that among well-paid professionals, even in IT, *very low* food security (i.e. hunger) can exist. The findings point to human capital investments such as uncovered health care costs as causes of food insecurity and avoiding medical care as a strategy to ensure sufficient money to eat, despite having medical insurance. The findings also reveal a hidden side to the high cost of investing in education: students risking their health and wellbeing to pay for their education.

The interviews reveal that the participants go to great lengths to protect their social capital assets by hiding their hunger from co-workers, friends, family, and even members of their own household. For most, being food insecure is stressful, shameful, and isolating, impeding their ability to socialize or even communicate with others. This sense of shame is internalized due to societal norms they perceive that blame and shame them as being the architects of their food insecurity by mismanaging their resources or failing somehow to take advantage of the purported American Dream. The desire to protect their social capital assets prevented participants from using food pantries. Hence, there is feedback loop between food insecurity and social capital assets—food insecurity adversely affects social capital assets and the desire to protect these assets prevents the respondents from using food pantries to reduce their food insecurity.

Far from mismanaging their resources, not only did the participants become food insecure because of external

factors such as structural economic changes, health problems, caring for others, or trying to invest in education, they exhibited extraordinary knowledge of prices, where to find bargains, how to create meals from limited ingredients, and prioritizing expenditures to protect productive assets. They did in fact demonstrate themselves to be “strategic managers of complex asset portfolios” (Moser 1998, p. 5). Yet despite their best efforts, most expressed a level of isolation and stress that implicates a society that blames them for their food insecurity:

There’s nothing, there’s no one to help. And I’m at a point where I can’t help myself anymore. I can’t do more than I’m doing, and it’s nowhere near enough. And I think I have things to offer (pause), but it doesn’t matter. Respondent #4

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Appendix 1 Interview question guide

1. Tell me about a typical dinner, you can use last night if that was typical.
Potential follow-up questions: What did you eat? Who prepared it? Where was it prepared? Who did you eat with?
2. Tell me about where you get food from.
Potential follow-up questions: How often do you shop? Where do you shop? What kinds of things do you buy?
3. Are there things you are unable to get that you would like to eat? If so, what are they?
Potential follow up questions: Why are you unable to get them? What would help you get the food you would like?
4. Tell me about an experience you had in the last 12 months when you either worried you would run of food or ran out of food.
Potential follow-up questions: What did you do? What could have prevented it?
5. Why do you think people go to food pantries?
Potential follow-up questions: who are they, what are they like, why do they go?
6. Tell me about people you know who go to food pantries.
Potential follow up questions: Who are they, what are they like, why do they go? What do they tell you about food pantries?

7. Why do you think people don't go to food pantries?
8. What would cause you to go to a food pantry? What would keep you from going to a food pantry?

Appendix 2 Summary of participant characteristics

1. White male, professional, works full-time, married
2. White female, professional, works full-time
3. White female professional, single, works full-time, had been unemployed, disabled, large medical bills
4. White female professional, single, unemployed, disabled, gluten-intolerant, large medical bills
5. White female undergraduate, had been unemployed
6. White male undergraduate, has two part-time jobs, donates plasma, dumpster dives, health problems
7. White female undergraduate, gluten intolerant, health problems, large healthcare bills
8. White male student taking classes to prepare for graduate school, two part-time jobs
9. Hispanic female graduate student, has assistantship, works 20–25 h a week
10. White male graduate student, no assistantship, works at restaurant, takes food home
11. White female undergraduate, works part-time, mother is dead, sends money to her father
12. White male, works full-time, supports partner and child
13. White female lives with 19-year-old son, she is on disability, he is unemployed
14. Hispanic female, professional, works full-time, single
15. White male, 60, unemployed construction worker, homeless
16. White female, unemployed.
17. White/African-American female, works full-time, was unemployed and disabled, large medical bills, lives with room-mates
18. White female, 29, vegetarian, gluten intolerant, works full-time, injured at work was disabled, unpaid leave, large medical bills, lives with boyfriend
19. White female, lives with wife and 15-year-old son, professional, works full-time, professional, wife was unemployed
20. White female, 26, lives with boyfriend and mother-in-law, took time off work to care for mother-in-law, works full-time, professional

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