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An Interpretive Qualitative Study of Idaho Head Start Families Facing Food Insecurity

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This is to certify that the doctoral dissertation by

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Walden University
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Abstract

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MS, Walden University, 2016

BS, Idaho State University, 2005

Dissertation Submitted in Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Education and Promotion

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Abstract

The purpose of this basic interpretive qualitative study was to examine food insecurity among Idaho Head Start enrolled families, focusing on barriers and deterrents to accessing available nutrition assistance programs. The social-ecological model (SEM) was used as the theoretical foundation for this study. Based on this model, the research questions were designed to explore experiences of participants related to individual, interpersonal, community, organizational, policy, and educational factors that influenced food insecurity. Parents who had children enrolled in Idaho Head Start programs that met purposeful sampling criteria were recruited for the study. A total of 11 parents, all who had experiences with food insecurity, completed face-to-face interviews that were semi-structured in nature. The data were coded and analyzed and is reflective of how each of the five levels of the SEM are reflected on participants' decisions to access available nutrition assistance programs. Participants reported feelings of stigma and shame and transportation concerns as individual barriers as well as a lack of support systems as an interpersonal barrier. Lack of awareness of resources, limited food choices and the questionable quality of foods provided at pantries were noted as community and organizational deterrents. The participants also described policy related barriers including the process of enrolling or recertifying for federal assistance, as well as using these benefits at participating grocery stores. Implications for positive social change include Idaho health educators and public health officials using the results of this study to create interventions that promote food security among Idaho Head Start families.

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Dedication

This dissertation is dedicated to anyone who has gone to bed hungry and wondered if food would be available to them in the morning and to the public health professionals and volunteers who continue to work tirelessly to find solutions and provide meals to those who face food insecurity.

I would also like to dedicate this publication to my Mom and Dad. Mom, you always believed in me and supported my educational journey. I wish you were here to share this achievement with me. Dad, as we near the end of our time together, I am glad you were here to share this accomplishment with me.

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I wish to thank Dr. Yitza Arcelay Rojas, Dr. Wayne Jacobs, Dr. Kelly Wheeler, and Dr. Shelley Summers-Karn for being a part of my dissertation committee. The expertise, guidance, and support I received from them was instrumental in completing this dissertation and reaching my goal of completing my doctorate. I would also like to thank Dr. Kim Kato for helping me to focus in on my topic during my first academic residency.

I would like to thank my family, friends, and classmates for your ongoing support. My husband, Bill, always believed I could climb this mountain. Thanks to my daughter, Amber, for assisting me with formatting and being patient with my requests for technical support. The encouragement I received from classmates was invaluable. Those who understand what this journey entails helped me to remain focused and stay tenacious.

Finally, I would like to thank all those Idaho Head Start parents who took time out of their day to participate in my study. Sharing their experiences of food insecurity provided valuable insights that can help address this serious health concern.

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Chapter 1: Introduction to the Study

Introduction

The United States Department of Agriculture (USDA, 2018b) defined food insecurity as a "household-level economic and social condition of limited or uncertain access to adequate food" (para. 6). The social determinants of health are defined as the conditions in which individuals are born, grow, live, work, and age (World Health Organization [WHO], 2018). These identified social determinants of health affect health outcomes and impact quality of life outcomes (Feeding America, 2018e). It is estimated that one in six or 12 million, American children face food insecurity on a daily basis (Feeding America, 2018b). Within the state of Idaho, over 72,000 children, or one in six children are food insecure (The Idaho Foodbank, 2018).

Food insecurity and the negative impacts associated with childhood hunger remain a growing concern in the United States. The concept of food insecurity in the United States may be difficult for many to comprehend as the United States is seen as a wealthy nation with a plethora of resources. Nutrition assistance programs have been created to help combat food insecurity. Examples include: Supplemental Nutrition Assistance Programs (SNAP), Women Infants & Children (WIC), food banks, school breakfast program (SBP), national school lunch programs (NSLP), summer food service program (SFSP), school backpack programs, and nutrition education programs such as Cooking Matters. With all the resources available, it may be difficult for many to comprehend that food insecurity continues to be a national concern in the United States.

There are limited studies that focus on the experiences of those who face food insecurity, including identification of the factors that influence their decisions regarding whether or not to access available nutrition assistance programs such as SNAP, WIC, and NSLP. Through this dissertation, I explored the experiences of Idaho Head Start enrolled families who face food insecurity. I recruited participants via purposeful sampling, and this method will be fully explained later in the chapter. I used insights gained from this study to help develop health education and promotion interventions that can break down identified barriers to accessing available nutrition assistance programs.

This chapter reviews the background of the literature related to food insecurity prevention and explains the problem this study explored, as well as the purpose and research questions. The social-ecological model (SEM) was used as the foundation of the study. Definitions of key terms, assumptions, scope and boundaries, and limitations are identified. This chapter concludes with the significance of this study, including how the findings may contribute to positive social change.

Background

Food insecurity is a concern for children residing in Idaho as well as those across the country. It is estimated there are 12 million children in the United States who are food insecure (Feeding America, 2018b). The rate of food insecurity is above the highest among these groups: households with annual incomes that are near or below the federal poverty guidelines, homes raising children, specifically those homes led by a single parent, African American and Hispanic families, and households located in metropolitan areas (USDA, 2018c). Children who are food insecure experience health and emotional

concerns more so than a food secure child. These concerns include obesity, asthma, anemia, decreased cognitive and academic results, headaches, tooth decay, delayed fine motor skills, and increased stress levels, which can lead to aggression, social isolation, and mental health concerns (Ashiabi & O'Neal, 2008; Gunderson & Seligman, 2017; Ke & Ford-Jones, 2015).

Families who have children enrolled in Idaho Head Start programs represent those with annual incomes near or below the federal poverty guidelines (United States Department of Health and Human Services [USDHHS], 2018a). Homes with annual incomes near or below federal poverty guidelines experience food insecurity at rates higher than the national average (USDA, 2018c). A family of four would earn $25,104 or less annually to meet the 100% threshold of federal poverty guidelines (USDHHS, 2018b). A median food-secure household in the United States spends 23% more of their income on food than a food-insecure household of equal size and composition (USDA, 2018d). It is clear that socioeconomic status plays a vital role in food insecurity.

While nutrition assistance programs, which will be reviewed thoroughly in Chapter 2, are available across the country, it is estimated that only 83% of those who meet eligibility criteria use SNAP services (USDA, 2018a). Within the state of Idaho, the percentage of SNAP participation is 80% (Center on Budget and Policy Priorities, 2018). WIC participation declined for the sixth consecutive year in 2016, with a 4% decrease (Oliveira, 2017). Within the state of Idaho, 88,600 women and children have been determined to be eligible for WIC services, while only 38,500 (43.4%) of those women and children are enrolled and receiving WIC services (USDA, 2019). If positive social

change is to be made in regard to decreasing childhood food insecurity, a better understanding is needed regarding why those who meet the eligibility criteria for nutrition assistance choose not to participate. Including families who have experienced food insecurity in this research is necessary if interventions are to be created by Idaho Health educators that strive to diminish food insecurity among Idaho Head Start enrolled families.

Problem Statement

Within the state of Idaho, over 72,000 children face food insecurity on a daily basis (The Idaho Foodbank, 2018). Families enrolled in Head Start represent those who are at or below federal poverty guidelines, which qualifies them for federal nutrition assistance programs (USDA, 2018i). As previously noted, homes with incomes at or below the federal poverty guidelines face food insecurity at rates higher than the national average (USDA, 2018c), yet enrollment in WIC was down for the sixth consecutive year in fiscal 2016 (Oliveira, 2017) and only 80% of Idahoans who qualify for SNAP benefits are enrolled (Center on Budget and Policy Priorities, 2018). During the 2017-2018 program year, 5154 children between the ages of zero and five were served by Head Start programs across the state of Idaho (Idaho Head Start Association, 2018). Of those enrollees, 2162 (50.9%) received WIC services (Idaho Head Start Association, 2018).

Numerous programs are available across the state of Idaho that strive to combat food insecurity. SNAP, WIC, Eat Smart Idaho, and Share Our Strengths Cooking Matters are just a small sampling of such programs. With a plethora of programs available, food insecurities continue to exist and programs are not being used to their fullest potential.

There are many negative consequences associated with childhood food insecurity that have been noted by health, mental health, and education professionals. These negative consequences include illnesses such as asthma and anemia, increased hospitalizations, depression, social isolation, obesity, and difficulty completing schoolwork (Ceteteanu & Jones, 2014). Participation in nutrition assistance programs has been noted to be beneficial for families. Participation in nutrition assistance programs such as Share Our Strengths Cooking Matters and Eat Smart Idaho has been positively correlated with adequate food supplies and increased nutrition education skills (Cooking Matters, 2018).

Health education interventions such as teaching budgeting skills and advocating for policies that increase access to food assistance resources are necessary to help combat food insecurity (McArthur, Ball, Danek, & Holbert, 2018). What appears to be lacking in the research is identification of the factors and barriers that deter families from accessing these nutrition assistance programs that strive to eliminate childhood hunger. In order to create interventions that positively address food insecurity, is essential to gain a better understanding of how the individual, interpersonal, community, organizational, and policy levels of the SEM may influence Idaho Head Start enrolled families when choosing whether or not to access available nutrition assistance programs.

Purpose of the Study

This study sought to gain a better understanding of the experiences of families facing food insecurity who were enrolled in preselected Idaho Head Start programs when choosing whether or not to access available nutrition assistance programs. The purpose of

this basic interpretive qualitative study was to explore and describe how individual and interpersonal barriers, community factors, organizational structure, and existing policies for federal nutrition assistance programs are perceived by Idaho Head Start enrolled families. Feedback provided from these families will be used to aid health educators in the development of interventions that positively address food insecurity.

I used the SEM to better understand how individual and interpersonal barriers, community factors, organizational structure, and existing policies impacts a food insecure person's decision to access available nutrition assistance programs. The research questions that I developed are tied into the individual, interpersonal, community, organizational, and policy levels of the SEM to better understand their impact, and a sixth question was developed to reflect upon how health educators can use participant feedback to create interventions that will positively address food insecurity. By gaining a better understanding of these experiences, Idaho health educators can positively direct the development of interventions that will break down said barriers and promote access to services. Undeterred access to such services for parents will allow for provision of high quality and increased quantity of foods for their children. Research that focuses on these experiences will aid in understanding how the target population views ideas and issues related to food insecurity. New ideas and plans to address food insecurity can be generated through interpretive and exploratory research.

Research Questions

RQ1: How do Idaho Head Start enrolled families describe personal and intrapersonal barriers to accessing available nutrition assistance programs?

RQ2: How do Idaho Head Start enrolled families perceive their experiences, both positive and negative, when accessing nutrition assistance programs?

RQ3: How do Idaho Head Start enrolled families perceive the community factors that impact their decision to access nutrition assistance programs?

RQ4: How do Idaho Head Start enrolled families perceive the organizational structure of entities such as the Idaho Foodbank, specifically how food distributions are designed?

RQ5: How do Idaho Head Start enrolled families perceive policies in place with entities such as WIC and SNAP in regards to procurement of services?

RQ6: How can health educators incorporate feedback obtained from Idaho Head Start families to develop interventions that positively address food insecurity within this population?

Theoretical Framework for the Study

The theoretical base for this study is the SEM. The SEM is a theory-based framework that involves understanding the interactive effects of individual, interpersonal, community, organizational, and policy factors on individual health behavior choices. When developing interventions to address a health concern, multi-level interventions have been found to be successful as they operate on the premise that there may several factors influencing an individual's health and lifestyle choices.

Healthy People 2020, managed by the Office of Disease Prevention and Health Promotion [ODPHP], noted that implementing changes within the five levels of the SEM has positively impacted health and dietary behaviors among Americans. Using the SEM

framework can aid health professionals in understanding how each of the five levels may influence a person's health behaviors and choices. These behaviors and choices ultimately impact health outcomes.

Influences on health behaviors within the individual level of the SEM include knowledge, beliefs, attitudes, self-efficacy developmental history, age, gender, religious identity, racial identity, economic status, financial resources, values, goals, literacy, and stigma (Sakai & Umetsu, 2016). Formal and informal social networks as well as social support systems are included within the interpersonal level of the SEM and can influence individual health behaviors. These networks can include family, friends, coworkers, religious networks, and customs and traditions (Sakai & Umetsu, 2016). Relationships among organizations, institutions, and informational networks within defined boundaries can impact health choices. Collaborations, community leaders, businesses, and transportation options may influence health behaviors within the community level of the SEM (Sakai & Umetsu, 2016). Organizations or social institutions with rules and regulations for operations affect how or how well services are provided to individuals and groups and may influence health behaviors within the organizational level of SEM (Sakai & Umetsu, 2016). Local, state, national and global laws and policies may impact health behavior and options within the policy level of the SEM (Sakai & Umetsu, 2016).

Using the SEM can aid health educators in identifying, addressing, and explaining how food insecurity is impacted within each level of the model. At the individual level of the SEM, financial resources and food insecurity can be reviewed by health educators. Interpersonal factors are related to the impact provided by family, friends, and healthcare

workers, while the manner in which nutrition assistance programs market and provide their programs corresponds to the organizational factors that could impact food insecurity. At the community level of the SEM, improving community awareness of available nutrition assistance programs can be addressed, while at the societal level of the SEM, policy can be influenced by creating a body of research involving food insecurity, as research can impact policy.

Health educators can develop interventions that promote positive social change for those experiencing food insecurity within each level of the SEM. Individually, behavior change communication can be provided. Behavior change communication and social change communication can be provided that focuses on the interpersonal level of the SEM. Increasing citizen awareness of community resources can occur within the community level of the SEM. Health educators can lead social mobilization efforts within the organizational level of the SEM and can lead advocacy efforts within the policy level of the SEM. These advocacy efforts may focus on making healthy food more affordable for families.

If food insecurity is to be successfully minimized, correlating interpersonal, community, organizational, and policy factors must be identified and addressed along with individual factors that lead a person to being food insecure. Information was elicited from participants that can aid health educators in developing interventions that focus on how each level of the SEM interact with one another and impact an individual's food security status. Using the SEM as the framework for this study provides Idaho health

educators with a basis that guides the development of multiple interventions to positively address the issue of food insecurity among food insecure families in Idaho.

Chapter 2 provides a more thorough explanation of how health educators can review the impact each level of the SEM may have on the food insecurity status of individuals and families. In chapter 2, specific examples of possible interventions within the individual, interpersonal, community, organizational, and policy levels of the SEM are provided. I selected the SEM framework to help provide a better understanding of how interrelations among each of the five levels of the model can influence food insecurity. Figure 1 is a representation of the SEM and explains the influences within each of the five levels of the model.

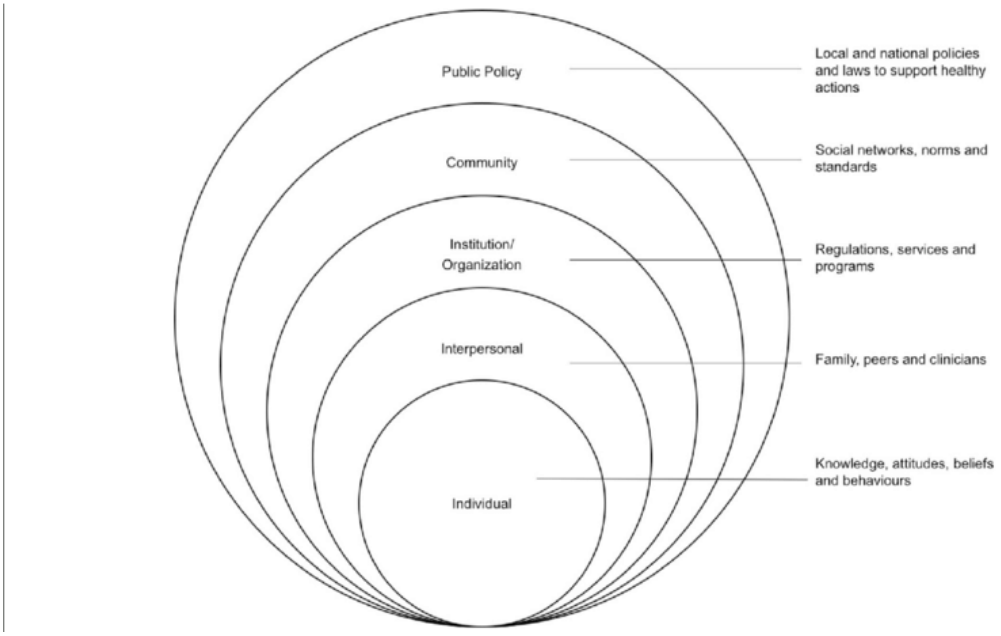

Figure 1. Social ecological model. From "Ethical, social, and cultural issues related to clinical genetic testing and counseling in low-and middle-income countries: protocol for a systematic review" by A. Zhong, B. Darren, and H. Dimaras, 2017. Systematic Reviews, 6(1), p. 43.

Nature of the Study

I conducted research that incorporated a basic qualitative study design. As stated by Patton (2015), "Qualitative data describe and can take researchers into the time and place of the observation so that we know what it is like to have been there" (p. 54). Choosing a qualitative design allowed me to gather descriptions from the participants that communicated their food insecurity experiences in their own words. With the use of a basic qualitative study design, I could explore in more depth their perceptions regarding food insecurity. I collected data through face-to-face interviews with Idaho Head Start parents who agreed to participate in this study.

I used a purposeful sampling approach for this study. Purposeful sampling is used by researchers to obtain data in order to answer research questions from a select group of participants when such data might not be obtainable from randomly selected subjects (Bordens & Abbott, 2018). To achieve purposeful sampling, only participants who live in counties in Idaho that house a Head Start program, have a food insecurity rate of equal to or greater than 14%, have an estimated number of food insecure individuals that is equal to or greater than 1000, and have a population percentage of 50% or higher that would be income eligible for nutrition assistance programs were included in the recruitment process. Data to meet these criteria were obtained from Feeding America's Map the Meal Gap 2018 resource. This resource provided relevant data for all counties in Idaho in regard to county food insecurity rates, number of individuals determined to be food insecure, and percentage of the population that would meet income guidelines to participate in federally funded nutrition provision programs such as SNAP.

The sample size for a qualitative study can vary but is generally small (Creswell, 2017). I conducted audio-recorded individual interviews with 11 participants and collected data until saturation was reached. Saturation is noted when information being gathered yields no new themes. I generated transcripts from audio recordings and analyzed data using DeDoose software. This is more fully described in Chapter 3.

Definitions

There are terms used throughout this proposal. The USDA revised definitions for levels of food insecurity in 2006 and these remain in place today. In order to minimize potential confusion, a list of definitions are included:

Food insecurity: household-level economic and social condition of unlimited or uncertain access to adequate food (USDA, 2018b, para.6).

Low food security: reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake (USDA, 2018b, para.6).

Very low food security: reports of multiple indications of disrupted eating patterns and reduced food intake (USDA, 2018b, para.6).

Assumptions

Assumptions are required elements in a dissertation as they assist in enabling and conducting the study. Assumptions are beliefs in proposed research that are necessary to conduct the research, but they cannot be proven. One assumption that I made in this study was that participants would be sincere and honest in their responses. In order to ensure this, I assured participants that all responses would remain confidential and only aggregated information would be reported.

Scope and Delimitations

My intention for this qualitative study was to develop an understanding of the experiences of Idaho Head Start enrolled families related to accessing available nutrition assistance programs. Participants were parents of Head Start children enrolled in qualifying counties that housed Head Start programs within the state of Idaho who responded to a recruitment flyer. Each participant received a $10 gift card at the conclusion of the interview. There were no exclusions based on race, gender, or age of participants. My intention was not to generalize as I cannot provide evidence that the findings of my study will be applicable to other contexts, situations, times, or populations.

Limitations

I anticipated limitations would be associated with this study. Researcher bias can present a threat to qualitative research (Creswell, 2017). Every effort was made to maintain objectivity throughout data collection and analysis processes, but there was always concern that personal biases could influence outcomes. When conducting an interpretive based study, it is necessary to select participants via purposeful sampling in order to ensure that all participants have had similar experiences (Bordens & Abbott, 2018). For this study, all participants were parents of Idaho Head Start enrolled children who attended centers who meet the purposeful sampling criteria. The results of this study can only describe experiences of participants and cannot be transferred to the greater population of parents of Head Start-enrolled children outside of preselected centers.

Dependability is correlated with consistency of findings (Creswell, 2017). It is the evaluation of the quality of interrelated processes of data collection, data analysis, and theme generation (Bordens & Abbott, 2018). The goal of the researcher is to verify the findings are consistent with the data collected. In order to ensure dependability of the findings, participants were asked to review, sign, and approve their interview transcripts, which is also known as member checking.

The trustworthiness of the findings in a qualitative study is dependent upon the credibility of the data collection process and reliability of the results (Bordens & Abbott, 2018). Such a sampling method can strengthen the results of an interpretive qualitative study as it is derived from information-rich data. Bordens and Abbott encouraged researchers to triangulate validation strategies in order to strengthen the trustworthiness of results. To strengthen trustworthiness, I completed participant checking and interrater reliability to confirm the findings.

Significance

This research attempted to fill a gap in the literature as to why nutrition assistance programs are underutilized within Idaho Head Start enrolled families. This study also sought to inform Idaho health educators in regard to experiences that may deter families from accessing available nutrition assistance programs. Data generated from this study could assist health educators with the development of interventions that positively address food insecurity. These interventions may include advocacy efforts, education that focuses on food shopping and budgeting skills, marketing efforts to attract participants to accessing available nutrition assistance programs and increasing awareness of community

nutrition assistance programs. The results of this study focus on providing insights into the reasons Idaho Head Start enrolled families choose not to participate in nutrition assistance programs that may diminish food insecurity in their homes. Health educators can develop appropriate interventions to address food insecurity based upon participants' reasoning for choosing not to access available nutrition assistance programs.

Potential positive social change implications from this study include assisting health researchers in understanding and addressing policy that negatively impacts access to available nutrition assistance programs and identifying community programs that address food insecurity. The findings can be used to help health professionals create interventions to address identified factors that deter research participants from accessing available nutrition assistance programs. These potential interventions may aid Idaho Head Start enrolled families with gaining access to high quality and increased quantity of foods. With regular access to high quality and increased quantity of foods, children may experience fewer illnesses, decreased social isolation and depression, lower incidence of obesity, and have better opportunities to achieve academically (Gunderson & Seligman, 2017). By decreasing the incidence of food insecurity, physical and mental health can be improved. Improving the quality of life of food insecure children promotes positive social change. The communities they reside in and schools they attend are strengthened as children are provided with better opportunities to succeed in life. The positive outcomes associated with participation in nutrition assistance programs include adequate food supplies in the home, increased ability to purchase and prepare healthy meals on a budget, ability to read and understand food nutrition labels, better use of WIC fruit and

vegetable vouchers, preparing meals together as family, and sharing meals together (Feeding America, 2018a).

According to the health education code of ethics, a health educator has a responsibility to the public. The ultimate responsibility of health educators is to educate people for the purpose of promoting, maintaining, and improving individual, family, and community health (National Commission for Health Education Credentialing [NCHEC], 2019). Data generated from this study can aid health education professionals in understanding how individual, interpersonal, community, organizational, and policy influences may impact decision to access available nutrition assistance programs. With a greater understanding of how these individual, interpersonal, community, organizational, and policy influences may impact such decisions, Idaho health educators can develop interventions that directly address each influence, based upon the responses of those living with experiences of food insecurity. These health education interventions may focus on advocacy efforts, promotion of community nutrition programs such as Cooking Matters, and development of coalitions that work together to support nutrition assistance efforts.

Summary

Food insecurity, defined as a "household-level economic and social condition of limited or uncertain access to adequate food" (USDA 2018b, para. 6) in early childhood is associated with negative health outcomes, increased behavioral concerns, decreased cognitive functioning, and increased incidence of childhood obesity. Despite the availability of nutrition assistance programs aimed at eliminating food insecurity,

programs are underused. I interviewed parents of Idaho Head Start enrolled children to provide insights into their experiences about accessing available nutrition assistance programs. It is critical to understand their experiences so that interventions can be created to increase participation rates. This basic interpretive qualitative study served as the initial step toward gaining a better understanding of Idaho Head Start enrolled parents' experiences regarding this issue in order to determine what is necessary to decrease child food insecurity.

Chapter 2 provides descriptions of previous research on child food insecurity, specifically as it relates to the SEM. Strengths and weaknesses of these studies were explored, and resulting themes were described in detail. Through a review of the literature, I explained why gathering the thoughts, beliefs, and experiences of those who had experienced food insecurity was necessary if Idaho health educators were to develop interventions that positively impacted the food security status of Idaho Head Start enrolled families.

Chapter 2: Literature Review

Introduction

Food insecurity is defined as a "household-level economic and social condition of limited or uncertain access to adequate food" (USDA, 2018b, para. 6). It is estimated that 1 in 6 or 12 million American children face food insecurity on a daily basis (Feeding America, 2018b). Within the state of Idaho, over 72,000 children are food insecure, which is representative of the American national average (The Idaho Foodbank, 2018). The purpose of this basic interpretive study was to gain a better understanding of the experiences of Idaho families that are enrolled in Head Start and that face food insecurity when choosing whether or not to access nutrition assistance programs. This literature review includes an exploration of what is known about food insecurity, the effects of food insecurity on children and their adult care providers, available public assistance programs, and potential interventions.

Literature Search Strategy

Studies included in this review were accessed through PubMed, Medline, ERIC, AHRQ, CDC Wonder, and Google Scholar databases. Concepts and terms that were used to research the literature included *childhood food insecurity*, *food insecurity in America*, *impact of food insecurity*, *programs to prevent food insecurity*, *food insecurity and public health*, and *food insecurity and the social-ecological model*. Publication dates of the 66 articles in this review ranged from 1996 to 2020, with the majority published in 2015 or later.

The articles were chosen to illustrate the impact of food insecurity on children and adult caregivers and to reveal the perceptions of those experiencing food insecurity and the behaviors of those who are food insecure. However, I was unable to find any studies on why those facing food insecurity choose not to access available nutrition assistance programs. Gaining insights into this reasoning is the crux of this dissertation. Gaining insights into the experiences of those who are food insecure is necessary if food insecurity is to be diminished and positive social change is to occur.

Theoretical Foundation

Ecological models, such as the SEM, involve studying and understanding relationships between individuals and their environments (Glanz et al., 2015). As these models have become more commonplace in the public health arena, they have helped provide insight into the influential relationships among personal and environmental factors. The inclusion of community, organizational, and policy levels of influence in research is what distinguishes ecological models from other behavioral models and the theories that are used today (Glanz et al., 2015).

These models have evolved from the early models that relied on the perceived environmental influence to the current ecological models that can aid health professionals in recognizing how environments may have a direct effect on the behaviors of an individual (Glanz et al., 2015).The earlier models were applied broadly across behaviors, while more recent models have evolved to influence health promotion. Public health professionals can use ecological models to help better understand how individual, interpersonal, community, organizational, and policy factors can influence health

behaviors (Glanz et al., 2015). In order to increase the benefit of ecological models, Glanz et al. (2015) noted five principles that are generalizable and can be applied across behaviors: (a) recognition of multiple levels of influence on health behaviors, (b) environmental contexts as significant determinants of health behavior, (c) influences on behaviors and interactions across levels, (d) behavior-specific ecological models, and (e) multilevel interventions that are effective in changing behaviors.

Ecological models have been used in health promotion programs for several decades. There are strengths and limitations to using these models by health professionals to influence individual health behavior. One limitation is that constructs of the models and variables among people may not be generalizable across individual behaviors. The inability of researchers to apply specificity within a broader ecological framework can be seen as a weakness, but also as a strength because it may lead researchers to develop models that are more behavior-specific (Glanz et al., 2015). When health educators focus on multiple levels of influence, such models are a strength because they allows for a variety of interventions. It is imperative for health professionals to include how governmental policy and changes to an individual's environment can make an impact for entire populations in comparison to programs that focus only on the individual. The use of ecological models in research has been found to be most effective when they are customized to specific health behaviors. On the other hand, a weakness of ecological models is their lack of specificity in regard to hypothesized influences, thus requiring health promotion professionals to identify the main factors for each behavioral application. Another weakness is missing information about how constructs interact

across the levels of the ecological model being used in the study. This allows for the broadening of perspectives only among researchers, not for the identification of specific constructs or for guiding researchers in applying the model to improve research or develop interventions. Because policies are determined by elected government officials, their impact on individuals is often beyond the control of the researcher. However, ecological models can be beneficial because they build understanding among researchers about how these determinants influence specific behaviors.

The SEM has been applied to other health behaviors. Examples include tobacco prevention among youth, increasing physical activity, decreasing bullying, early detection screening for breast and cervical cancer, colorectal cancer screening, and violence prevention. Health promotion professionals who studied these health behaviors developed prevention programs that incorporated individual, interpersonal, community, organizational, and policy interventions in order to address the health behavior in a multifaceted approach. There are often several factors interacting with one another when an individual chooses to participate in an unhealthy behavior. Each factor must be addressed if effective interventions are to be developed (CDC, 2013). Multiple factors determine an individual's level of food security and each factor must be adequately addressed to make an effective impact.

I chose the SEM for this research on childhood food insecurity in order to better understand how individual, interpersonal, community, organizational, and policy levels impact and interact with one another. Understanding how individual parental factors, interpersonal family and friend factors, community resources and collaborations,

organizational and social institutions, and policy regulations interact with one another will allow researchers to develop interventions that can decrease food insecurity. The five research questions I developed are specific to each level of the SEM. They helped me better understand (a) participants' personal experiences when accessing nutrition assistance programs, (b) participants' intrapersonal barriers to accessing nutrition assistance programs, (c) how community factors impact food insecurity, (d) how participants in this study perceived the organizational structure of food pantries, and (e) how policies on the procurement of nutrition assistance impact the use of services such as WIC and SNAP. The research articles I reviewed are organized according to these five levels.

Individual Level of the SEM

Within the individual level of the SEM, researchers seek to identify biological and personal factors that increase the likelihood of being food insecure. These factors are specific to the parent or adult caregiver because young children rely upon an adult to provide them with nourishing food (Feeding America, 2018). Examples of these individual factors include age, education, employment status, mental health status, substance abuse concerns, and history of abuse/violence (Sakai & Umetsu, 2016). At the individual level, the focus is on promoting attitudes, beliefs, and behaviors that help to prevent food insecurity. Mentoring, education, and life-training skills are specific approaches at this level.

The feelings expressed by individual(s) when accessing food banks reflects potential barriers. Middleton, Mehta, McNaughton, and Booth (2018) reviewed 20

qualitative studies conducted in developed countries to learn how food bank recipients experienced relief services and how these services impacted their lives and well-being. While some recipients reported feelings of gratitude, most reported feelings of humiliation, guilt, and powerlessness. For many respondents, the food bank was a last resort and constituted a lifeline that prevented them from illegal activities to provide food for their families. Some respondents were dissatisfied with the quality and quantity of food provided and they were fearful of being seen at food banks due because they might be judged.

The experience of receiving nutrition assistance can be highly impacted by the community and the organizational structure of the food bank. Personal experiences, thoughts, and beliefs can impact the experience of going to a food bank. Feelings of dissatisfaction with SNAP services were also identified in a study conducted by Bradley, Vitous, Walsh-Fetz, and Hummelgreen (2018). Surveys were conducted while participants in this study waited in line at mobile food pantries. A two-phase approach was used in this study. During phase one, all participants waiting in line were surveyed. During phase two, every tenth person waiting in line was interviewed. Approximately one half of respondents reported that enrollment in nutrition assistance programs did not fully meet the need. Other respondents reported not being determined eligible to participate in such programs. The majority of respondents did not perceive SNAP as being an adequate strategy for meeting household food needs. Some respondents noted it was difficult to access SNAP even though they were income eligible due to assets such as vehicles or household holdings. It was perceived by some that the benefits offered by

SNAP did not outweigh the perceived cost. At the conclusion of the study, recommendations were provided that advocated for re-evaluation of the inclusion criteria pertaining to food assistance programs. This research concluded that the struggles linked to obtaining other services, inflation of food and housing prices, stagnant/low wages and inconsistent employment were specific areas the required more thorough re-evaluation. Advocating for policy changes that would make SNAP more beneficial for recipients is an important step to alleviating feelings of dissatisfaction among respondents.

Attitudes about foods, dietary health behaviors and food preferences are individual choices that are learned early in life and carry into adulthood (Matwiejczyk, Mehta, Scott, Tonkin, & Coveney, 2018). Participation in hands-on nutrition assistance programs that promoted active parental involvement was found to be beneficial because they are provided with written materials, newsletters, inclusion in workshops/educational sessions, and participation in hands on food preparation activities (Matwiejczyk et al., 2018). Participation was noted to improve self-efficacy and increase positive outcomes for children because inclusion in cooking and vegetable growing at home taught nutrition, menu planning skills, and provided healthy foods grown by the family (Matwiejczyk et al., 2018). The confidence of individuals who participated in these nutrition assistance programs was increased, which had a positive impact in the homes of those experiencing food insecurity. Additionally, the impact of nutrition education was studied by Burke, Martini, Blake, Younginer, Draper, Bell, Liese, and Jones (2018). Emphasis was placed on developing a better understanding of the interventions that parents implemented after participation in a nutrition education curriculum and how these

interventions decreased food insecurity in their homes. Parents who were able to incorporate taught interventions such as ingredient substitutions, using protein alternatives, and shopping for sales or coupons were able to decrease food insecurity in their homes. These practices were noted, however, to not be entirely effective in eliminating food insecurity in the home.

It is important to determine the effectiveness of said hands-on nutrition education programs. The Expanded Food and Nutrition Education Program (EFNEP) is a federally funded program designed to provide low-income adults with the knowledge, skills, attitudes, and practices that are necessary in order to provide a sound diet for themselves and their families (Crouch & Dickes, 2017). The skills taught in EFNEP are designed to improve participant food security through the teaching of skills that improve food resource management and nutritional choices (Crouch & Dickes, 2017). The Crouch and Dickes study sought to measure the effectiveness of EFNEP for increasing food security, food resource management, and food nutritional value. Through the use of self-report surveys, it was concluded that EFNEP participants experienced decreased levels of food insecurity and improved nutritional intake following participation in the program. Conversely, low participation in food and nutrition assistance programs has been shown to increase the probability of experiencing food insecurity in the home (Wight, Kaushal, Waldfogel, & Garkinkel, 2014).

Individual experiences, such as stress and eating habits that lead to childhood obesity, have been shown to be influenced by food insecurity (Ke & Ford-Jones, 2015). Ke and Ford-Jones also generated several proposed interventions to address toxic stress

and childhood obesity. These proposed interventions were examined within the community level of the SEM section.

Interpersonal Level of the SEM

The interpersonal level of the SEM, a person's close social circle, partner, and peers, can influence behavior and contribute to their life experiences (Sakai & Uhlmann, 2016). Parenting and family-focused interventions would be appropriate at the interpersonal level of the SEM to promote mentoring in order to encourage problem solving skills that would help to alleviate food insecurity. For this research, it was important to understand how friends, family, and peers can impact the experience of food insecurity.

Increasing social support has been found to have protective factors against food insecurity (King, 2017). An association between social support and food security has been identified via data from the Fragile Families and Child Well-being Study (King, 2017). Cohesive neighborhoods can reduce food insecurity. Increasing social participation, interactions between neighbors, and support from one another can help positively address food insecurity. Residents who are socially connected have better access to social support and live in cohesive communities, which leads to greater access to resources that can prevent or overcome food insecurity (King, 2017). Coincidentally, the family structure influences food insecurity (Miller, Nepomnyvaschy, Ibarra, & Garasky, 2014). Single moms or re-partnered families had higher rates of food insecurity than children living with biological parents (Miller et al., 2014). In order to provide information regarding nutrition assistance programs, community agencies should

form coalitions that focus on getting children enrolled in nutrition assistance programs such as SNAP and WIC (Miller et al., 2014). These community agencies could also offer space to offer nutrition assistance classes such as Cooking Matters. Children of single parents and those who reside in re-partnered families would benefit from inclusion in nutrition assistance programs.

Familial interactions have also been identified as an interpersonal influence that positively impact food security. Sharing meals together has been shown to be an important correlate to good health and nutrition (Fiese, Gunderson, Koester, & Jones, 2016). Data obtained from household surveys implemented by the Food and Family Project determined that family chaos disrupts the ability to make full use of available resources (Fiese et al., 2016). A household that can plan ahead for meals is at decreased risk to experience food insecurity (Fiese et al., 2016). Meal planning and shopping accordingly was seen by respondents as an effective way to stretch food dollars. Choosing to participate in nutrition assistance programs that provide a food planning and shopping curriculum was determined to be beneficial and the support received from fellow participants was also a benefit of enrolling in nutrition assistance programs. Structured meal planning and sharing meals together as a family unit can positively address food insecurity in the home.

Additionally, the inclusion of extended family can positively address interpersonal barriers to accessing adequate food. Creating social networks, including husbands and extended family to care for the nutritional needs of the child and support mothers, positively affects the ability to support the nutritional health of the family

(DeLorme et al., 2017). Family members and friends can trade foods to diversify diets. Providing food and financial support for nutrition assistance helps strengthen social networks and promotes engagement of the whole family. Promoting family engagement by including men, grandparents, and other members of the social network helps bolster confidence and provides support across the interpersonal level of the SEM.

Community Level of the SEM

At the community level of the SEM, settings such as schools, workplaces, and neighborhoods where social relationships occur, are explored to identify characteristics associated with food insecurity (Sakai & Uhlmann, 2016). Prevention strategies at the community level seek to make a positive impact on social and physical environments. At this level, improving economic and food shopping opportunities would be a focus. Exploration of the processes and policies within schools and workplace settings are a priority within the community level.

Community factors can influence mental health and impact food insecurity. A link between the connection to nature and one's physical and mental health has been identified as a deterrent to food insecurity (Uhlmann, Lin, & Ross, 2018). Humans are socially oriented beings who require healthy inter and intrapersonal connections in order to experience psychological wellbeing. Foodscapes have been identified as a connector to nature for individuals (Uhlmann et al., 2018). Foodscapes are the physical, organizational, and sociocultural space in which people encounter food and food-related issues. In order for individuals to make healthy food choices, individuals require a supportive environment with access to affordable and healthy foods.

In order to support healthy food choices and provide access to healthy foods, Uhlmann et al. (2018) advocated for food production in cities. Provision of education on the opportunities to participate in home gardens, community gardens, market gardens, gardens in vacant lots and parks, school gardens, and rooftop gardens was suggested. Farm to school education programs have been shown to improve a child's exposure to food, raise individual and community awareness, support local food production, incorporate healthy foods in schools, as well as integrate health and nutrition education opportunities. Children who learn about gardening in schools were more likely to request creating gardens at home, thereby increasing availability to healthy foods for the entire family (Uhlmann et al., 2018).

The availability of local farmer's markets can also impact food insecurity. The barriers to accessing local farmer's markets were studied by incorporating photovoice with SNAP Ed eligible mothers in Virginia (Misyak et al. (2015). The results of the study inferred that the inconvenience of market hours, uncertainty of acceptance of EBT benefits, and a desire not to draw attention to EBT use inhibited the use of farmer's markets. A community level focus that incorporated the creation of a farmer's market curriculum that teaches food preservation skills and tips to stretch the food budget dollar can positively address food insecurity (Ke & Ford-Jones, 2015; Misyak et al., 2015). This curriculum could also encourage direct contact with food growers and increase socialization, helping to diminish concerns regarding EBT usage. The support of local foods and curriculums that promote awareness can help alleviate food insecurity (Uhlmann et al., 2018).

Other community factors, such as public transportation and provision of nutrition assistance programs have an impact on food insecurity (Wiig Dammann & Smith, 2009) Focus groups, conducted with women who received SNAP benefits, found that store location was a key factor due to many of the respondents not owing a private vehicle. Having to walk or take the bus limited purchases. Many participants of the Wiig Dammann and Smith study noted that SNAP benefits lasted two to three weeks and left them without food the last week of the month. The mothers who responded felt that nutrition education classes that taught food budgeting skills and meal preparation tips that encouraged less meat and more fruits and vegetables would be beneficial. In relation to public transportation, residing in close proximity to only food convenience stores that offer unhealthy options, is associated with childhood obesity (Ohri-Vachaspati, DeLia, Deweese, Crespo, & Todd, 2015). Advocating for improvements in the community, specifically improving access to grocery stores that offer healthy food options is critical to positively addressing food security. Other community factors such as proximity of food stores, availability of social support, access to public or private transportation, and crime levels play an important role in linking neighborhood disadvantage with food insecurity (Morrissey, Oellerich, Meade, Simms, & Stock, 2016). Interventions proposed to address these community factors by Morrissey et al. can be found within the policy level of this literature review.

Public school districts can assist food insecure children with the provision of breakfast and lunch throughout the school year. King (2018) recommended that school districts have community resource staff contact parents and encourage them to participate

in the free NSLP. King described how the Healthy, Hunger Free Kids Act of 2010 includes a community eligibility provision (CEP) which enables schools and school districts located in low-income areas to provide free breakfast and lunch to all students. Participation rates in the CEP stand at 45% among eligible schools, which needs to be improved upon. It was suggested that community resource staff work with families who qualify for SNAP to ensure they apply for services. Using data from the FFCWS, Hobbs and King (2018) noted that participation in the SBP is lower than the NSLP. This may be due to difficulty arriving at school early. School districts should consider providing breakfast in the classroom. Incorporation of the CEP would allow school districts with high poverty rates to serve free meals to all enrolled students. Hobbs and King (2018) also noted a correlation between food insecurity and externalizing and internalizing behavioral concerns in children. Their study underscored the importance of screening children who exhibit behavior problems and are producing poor academic outcomes for food insecurity. The school district community can provide nutritional support to food insecure children by encouraging qualifying parents to apply for free meals through the NSLP and SBP. The school districts can also proactively screen children who display behavioral concerns and poor academic performance for food insecurity.

Toxic stress and childhood obesity are positively correlated with food insecurity. Ke and Ford-Jones (2015) suggested a community level focus approach that included local health and social service agencies working together to provide education on healthy food choices and health professionals address food insecurity at health check-ups. Finney-Rutten, Yaroch, Pinard, and Story (2013) also advocated for the identification and

establishment of partnerships across communities to build teams that supported those at risk for food insecurity. These partnerships should include stakeholders from public, private, and nonprofit sectors to ensure secure and lasting partnerships. Community agencies, working in tandem, can help positively address individual factors that impact food insecurity.

A policy statement issued by the American Academy of Pediatrics (AAP) in 2015 encouraged data to be obtained on community-based initiatives such as farmer's markets and food pantries. The AAP also advocated for the development of curriculum that was based upon community site visits which would expose medical students to successful federal programs such as WIC. The AAP also encouraged medical students to participate in community advocacy efforts. The AAP recognized that assistance programs that are supported by local non-profit community agencies can positively address food insecurity. The Academy of Nutrition and Dietetics (AND) also advocates for community-based approaches to positively address food insecurity. Holben and Berger Marshall (2017) authored the AND position statement, which advocated for collaborative initiatives between food and benefit outreach as well as encouraging the provision of assistance to local farmers in order to sell fresh produce to school meal programs and to implement food recovery programs at schools, restaurants, and within communities in order to rescue wholesome foods and distribute to those in need.

Organizational Level of the SEM

At the organizational level of the SEM, the emphasis is on organizations and social institutions and how they impact food insecurity. Researchers have sought to

understand how organizations, such as pediatric providers, can address food insecurity. Formal collaborations between organizational entities can impact food insecurity as can the organizational structure of entities, such as foodbanks.

The AAP has recognized how their organizational structure can address food insecurity by issuing a policy statement in 2015, noting the need for pediatricians to be aware of community resources and know how to refer eligible families to programs such as SNAP, WIC, NSLP, SBP, SFSP, food pantries, and soup kitchens (AAP, 2015). The USDA (2020) has revised an 18 item measure to access food insecurity in the home, known as the Household Food Security Scale. Rather than using this 18 item measuring tool, pediatric clinics could incorporate the two item screening tool that evaluates food security in the home. If parents respond that these statements are often true or sometimes true, pediatric clinics should offer referrals to community nutrition assistance programs. The AAP (2015) suggested pediatric office staff create a resource book that could aid pediatric providers in referring food insecure families to appropriate agencies who may positively address food insecurity concerns. In order to gauge the attitudes of these medical providers in regards to screening for food insecurity, a pilot study was completed to ascertain the attitudes of pediatric providers in reference to screening and provision of intervention programs (Adams et al., 2017). This pilot study was initiated due to the AAP recommendation to incorporate the two-question, validated screening tool to determine levels of food insecurity in the home. At the conclusion of the pilot study, medical providers who participated in the study noted that food insecurity is not listed as an international classification of diseases code (ICD), which should be included, per their

recommendations. Providers also suggested keeping resource lists to one page. Providers appreciated that the two-question food insecurity screener opened the doors to addressing additional determinants of health and suggested expansion of the screening tool to additional clinical settings such as subspecialties, prenatal and family practice clinics. A similar study was conducted by Bottino, Rhodes, Kreatsoulas, Cox, and Fleegler in 2016 and yielded results that supported the findings of the Adams et al. study.

Clinicians and public health officials are vital links to connecting families with supportive services (Johnson & Markowitz, 2018). Using data obtained from the Early Childhood Longitudinal Study-Birth Cohort, published in 2001, Johnson and Markowitz detailed that developing rapport and trust with families is critical to ensuring that families have identified medical homes, where pediatricians can identify families at risk for food insecurity and refer them to appropriate agencies for assistance. Maternal depression has been noted to have a direct correlation with child food insecurity and it is recommended as best practice to include a maternal depression screener when visiting pediatric providers with their child (Noonan, Corman, & Reichman, 2016). Linking parents to available community health resources would be a best practice to help reduce food insecurity (Jackson & Vaughn, 2017). Additionally, screening for needs based upon the social determinants of health may help medical providers positively address food insecurity (Nord, 2014). Food insecurity is often accompanied by other material hardships that may be triggered by parental stress and poor parenting practices. These parental hardships, in turn, place psychological stress on the child and are important factors that contribute to food security issues in the home (Nord, 2014). Organizations

that emphasize interventions that focus on parental needs such as education on stress reduction techniques and provision of parenting classes are necessary to positively address food insecurity (Nord, 2014).

Collaborations between organizational entities such as WIC and Head Start could positively impact food insecurity. WIC participation rates decline sharply after the child turns age two (Martin, Wolff, Lonczak, Chambers, & Cooke, 2014). Martin at al. (2014) administered online surveys to staff from participating WIC and Head Start programs while also conducting six focus groups with staff from both programs. It was concluded that a lack of space and resources, a lack of staff time, and poor parent turnout were barriers to creating formal collaborations. Head Start and WIC staff were also unsure of procedures for the sharing of data. However, Head Start and WIC staff employed at programs in Vermont and South Dakota have created effective collaborations. These agencies developed a memorandum of agreement (MOA), identified co-locations of practice, provided staff cross training, and determined formal data sharing protocol in order to share nutrition information. These programs have developed collaborations in order to strengthen services for families. Concerns these programs addressed were locations of practice in order to overcome parent transportation barriers and implementation of customer service best practices in order to make parents comfortable with receiving services, thereby diminishing parental pride as a barrier to accessing services.

In relation to WIC participation rates declining dramatically prior to reaching the age cut-off for participation, research has indicated that infants who were fully breastfed

from the ages of six to 12 months were three times more likely to recertify for WIC by the age of 14 months (Whaley, Au, Gurzo, Whaley, & Ritchie, 2017). In order to improve recertification rates, interventions should focus on women who choose not to breastfeed, miss their WIC appointments, or do not redeem all of their benefits. Implementing telephone calls or text messages about participant concerns may help WIC staff resolve barriers and promote continued participation. On-line educational resources were found to be positively associated with improved retention. Whaley et al. (2017) suggested that WIC agencies incorporate multiple technological strategies, such as on-line scheduling and educational opportunities, texting, and smart phone applications in order to best address the needs of participants.

Finally, there is little evidence indicating that food banks are an appropriate response for those facing food insecurity (Middleton et al., 2018). A re-orientation of the current food bank model was recommended in order to improve service delivery and address user dissatisfaction with the current model. A model that was set up similar to an actual grocery store, where participants could choose their own groceries rather than be provided with pre-packed items, was popular and aided in alleviating dissatisfaction. This type of model was only found to be in use in one of the 20 qualitative studies reviewed by Middleton et al. (2018). Allowing recipients to select their own foods can positively address food insecurity.

Policy Level of the SEM

Within the policy level of the SEM, health promotion professionals and researchers focus on how national, state, and local laws and regulations impact health

behavior. The policy of the SEM is the most difficult to affect as policy makers and elected officials control law and regulation development (Glanz et al., 2015). This level of the SEM was a focus for this literature review, as advocacy and grass roots efforts appear to be necessary if food insecurity is to be decreased.

This level of the SEM garnered the greatest attention of researchers in regard to possible interventions in the alleviation of food insecurity. For example, inadequate funding and participation barriers limit the ability of such programs as SNAP and WIC to diminish the impact of food insecurity and provide affective provisions to households with children (Children's Healthwatch, 2016). There is an urgent need to enact policy changes that focus on protecting families at risk during times of economic downturn. One suggestion was to increase SNAP benefits in order to reflect the real cost of healthy foods. Currently, SNAP benefits are provided under the direction of the Thrifty Food Plan but changing the provision of SNAP benefits as directed under the Low-Cost Food Plan would increase the benefits received by 8% (Children's Healthwatch, 2016).

Additional research has reviewed the adequacy of current SNAP benefits. SNAP benefits are currently distributed under the Thrifty Food Program design but recommendations have been made to replace this design with the Low-Cost Food Plan (Gunderson et al., 2018). SNAP benefits are currently calculated by subtracting 30% of household net income from the value of the Thrifty Food Plan (Gunderson et al., 2018). SNAP recipients' income cannot exceed 130% of the federal poverty guidelines. This current SNAP determination tool leads to what is called the Resource Gap, which is the amount of additional income a household reports as needing to become food secure.

Gunderson, et al. (2018) incorporated data from the Current Population Survey (CPS) to determine how much extra money is needed for a household to achieve food security. The CPS is a monthly survey of households conducted by the Census Bureau in order to provide comprehensive data on the labor force, unemployment, earnings, and labor force characteristics (United States Bureau of Labor Statistics, 2020). An increase in SNAP benefits of $42 a week would lead to a 62% decline in food insecurity at a cost of $27 billion. This increase in SNAP benefits would actually be a cost savings measure as the health care costs associated with food insecurity average $160 billion annually (Gunderson et al., 2018).

Another suggestion at the policy level was to raise the age of WIC eligibility to six due to the fact that not all children are enrolled in school at the age of five due to late birthdays. These children do not receive the benefits of school meals, making WIC benefits especially beneficial. It was also suggested to incorporate interventions that may help ensure high poverty school districts provide low income children with access to healthy meals (Children's Healthwatch, 2016). In reference to school policy, those districts with an enrollment rate of 40% or higher of children eligible for free meals, provision of breakfast, lunch, and afternoon meals is critical. To accomplish provision of meals in high poverty school districts, the Community Eligibility Provision (CEP) has been enacted. It is a non-pricing option for schools and school districts in low-income areas. CEP allows highly impoverished school districts to provide free meals to students without requiring the collection of applications from parents (Children's Healthwatch, 2016). Eliminating the collection of such applications helps to decrease administrative

costs and can reduce the stigma children perceive when not paying for meals (Children's Healthwatch, 2016).

There is a stigma attached to receiving benefits (Gunderson, 2015). Barriers to accessing SNAP benefits include fear of disapproval when receiving benefits, negative reactions from caseworkers, travel time to recertification appointments, gas costs for appointments, and the benefits received can be minimal. In order to overcome these barriers, Gunderson (2015) advocated for re-examination of how SNAP benefits are calculated, thereby providing assistance for families with higher incomes who may be excluded from receiving services. Gunderson also recommended revamping the application system, allowing for online enrollment rather than requiring face-to-face visits. Another suggestion was increased allotment of federal funds to provide for SBP and SFSP services.

In addition to perceived stigma, parental physical and mental health play a key role in the food security of a child (Gunderson & Ziliak, 2014). Single moms with limited education, a history of depression, and substance abuse concerns were more likely to be raising food insecure children. Moms who believed they possessed poor parenting skills were also more likely to face food security concerns. Gunderson and Ziliak (2014) advocated for improving access rates to nutrition assistance programs by allowing potential recipients to apply for services online rather than requiring face to face enrollment. Expansion of services provided by the SBP and SFSP and raising the minimum benefits offered by SNAP has also been recommended (Gunderson & Ziliak, 2014).

The relationship between financial strain, poor maternal health, family disruption, and parenting disruption and the measure of household food insecurity was reviewed using data from the Fragile Families and Child Well-Being Study (Hernandez, 2015). Financial strain, poor maternal health, family disruption, and parenting disruption were strong determinants in differentiating between food insecure and food secure households. The development of effective policies and programs to reduce varying levels of food insecurity, specifically in relation to SNAP is necessary (Hernandez, 2015). SNAP benefits help reduce levels of food insecurity and the role that SNAP plays in reducing food insecurity should be stressed when policymakers are evaluating the program.

Related to maternal health, there is a gap in the health status between the United States and other developed countries (Schroeder, 2016). Poverty and income inequality were determined to be factors associated with the United States' underperformance in health outcomes. It was also noted that the United States spends fewer federal dollars on social benefits such as social services and income transfers that are targeted at supplementing families in need. Policy revisions are needed that specifically supports the health of the poor in the United States as this is the population most at risk for food insecurity.

In the United States, total healthcare costs rose systemically with the increasing severity of household food insecurity (Tarasuk et al., 2015). Policy interventions at the state and federal levels that emphasizes the reduction of household food insecurity are necessary as such interventions could offset the public expenditures associated with healthcare related to the consequences of food insecurity (Tarasuk et al., 2015). For

example, the formulas used for calculating SNAP benefits have not changed in nearly 20 years (Pinard, Bertmann, Shanks, Schrober, Smith, & Carpenter, 2016). The ease of SNAP enrollment can be complicated by state-level processes that require stricter standards for verification and recertification. Policy changes that focused on simplifying enrollment, implementing broad-based categorical eligibility standards, increasing eligibility income, and lengthening recertification periods may attract eligible individuals for enrollment (Pinard et al., 2016). The perceived enrollment difficulty by those Americans who qualify for SNAP may also be compounded by under-recognition of said services. Social marketing of federally funded nutrition assistance programs would increase awareness (Finney-Rutten et al., 2013). The use of focus groups to identify effective messaging in order to engage target audiences could assist in the identification of barriers to accessing available nutrition assistance programs (Finney-Rutten et al., 2013). Identification of program restrictions, limitations, and policy issues that restrict access of at risk populations is necessary (Finney-Rutten et al., 2013).

The AAP has advocated for policy change that will positively address food insecurity. The AAP issued a policy statement in 2015 where it was noted that nearly 60% of food insecure households have incomes below the 185% federal poverty guideline threshold used to qualify individuals for enrollment in nutrition assistance programs. The AAP urged for continued advocacy at the federal level for the continuation of nutrition assistance programs. For households with incomes below the 185% federal poverty guideline, housing instability is common (King, 2016). When forced to frequently move due to inability to make rental payments regularly, families

may be forced to purchase less food in order to pay security deposits for new living accommodations. Policy revision that maintains and strengthens safety nets that reduce housing instability is necessary. Social marketing that makes families aware of agencies that assist with ensuring housing stability would be beneficial. The reduction of housing instability would, in turn, reduce food insecurity (King 2016). Accordingly, identifying neighborhood poverty rates would be a useful proxy for policymakers in order to identify children residing in food insecure households (Morrissey et al., 2016). These policymakers could create place-based initiatives for high poverty neighborhoods. These initiatives could increase proximity to food stores, improve access to public transportation, and seek to decrease crime rates.

What is Known about Food Insecurity

The United States Bureau of the Census conducted its first collection of comprehensive data pertaining to food security in 1995 (USDA, 2018c). In order to collect this data, an 18-question survey, known as the Household Food Insecurity Access Scale (HFIAS) was developed by the U.S. Food Security Measurement Project. The HFIAS incorporates a 30-day recall method and includes nine occurrence questions and nine frequency of occurrence questions. The total score of the HFIAS can range from zero to 27. Based upon the results, households are categorized as food secure, mildly food insecure, moderately food insecure, or severely food insecure (INDDEX Project, 2018). Data from 2017 indicated that 88.2% of United States homes were food secure, but 11.8% of American homes are food insecure (Coleman-Jensen, Rabbit, Gregory, & Singh, 2018). Of these food insecure homes, 4.5% are defined as severely food insecure,

with the remaining 7.3% being defined as mildly or moderately food insecure (Coleman-Jensen et al., 2018).

Recognizing that 11.8% (15 million) American homes are defined as food insecure in the United States (Coleman-Jensen, et al., 2018), Healthy People 2020 includes two objectives under social determinants of health related to food insecurity. Objective NWS-12 states "eliminate very low food insecurity among children" (Healthy People 2020, p. NWS-8). Healthy People 2020 has set a target of .2%. The target setting method is consistent with the Department of Agriculture's policy to end childhood hunger by 2015. Objective NWS-13 states "reduce household food insecurity and in doing so reduce hunger" (Healthy People 2020, p.NWS-8). This objective has a target of reducing household food insecurity from 14.6% to 6% (Healthy People 2020, p. NWS-8). As previously noted, the incidence of food insecurity is above the national average in homes with annual incomes at or below the federal poverty guidelines (USDA, 2018c).

Food insecurity is predominantly found within low-income households (King, 2018). This phenomenon is a complex issue with many overlapping concerns, such as low hourly work wages, health concerns, burdensome medical costs, social isolation, low education levels, underemployment or unemployment and difficulty procuring affordable, safe housing (King, 2018). For the low-income family, it is difficult to provide for basic daily needs of life. These difficulties increase the likelihood of becoming food insecure, potentially lowering the quality of life for those impacted (Fiese et al., 2016). If food insecurity is to be adequately and appropriately addressed, consideration needs to be paid

to all the overlapping concerns low-income families at risk for food insecurity face (Garg, Toy, Tripodis, Silverstein, & Freeman, 2015).

There are four levels of food insecurity as defined by the United States Department of Agriculture (USDA, 2018a). The food secure category includes homes with high or marginal food secure status. Homes with low or very low food security fall into the food insecure category. Food insecurity exists in every community in the United States (Feeding America, 2018b). It can affect people at any age and any ethnic background.

Effects of Food Insecurity on Children

Food insecurity not only negatively impacts the physical, cognitive, and emotional health of children, but the emotional health and self-esteem of their adult caregivers (Harvey, 2016). This section will begin with a discussion of the negative child health outcomes that stem from food insecurity and then offer a discussion of the adverse effects noted in the research as it pertains to the mental health and self-esteem of the adult caregiver. These outcomes emphasize the need to seek outcomes that promote food security.

In an early review of the impact of food insecurity on children, Ashiabi and O'Neal (2008) incorporated the use of the Children's Food Security Scale (CFSS) to evaluate the impact of food insecurity on a child's health, socioemotional, and cognitive as well as academic outcomes. Those children who lived in households that were defined as low or very low food secure were noted to have poorer health statuses than their peers who lived in food secure homes (Ashiabi & O'Neal, 2008). These food insecure children

were noted to have higher incidences of stomachaches, headaches, and higher stress levels. Chronic illnesses, such as anemia, was common which leads to poor attentiveness and memory problems. Episodes of aggression, destructive tendencies, and withdrawal from school activities were more common among these food insecure children. While this study did not disclose how many children participated, it has been included in the literature review as it is one of the early research pieces on the negative health and emotional impacts noted among food insecure children.

In order to better understand how food insecurity impacts the health and behavior of food insecure children a longitudinal study, similar to the research conducted by Ashiabi and O'Neal (2008), was conducted by Ke and Ford-Jones (2015) Ashiabi and O'Neal (2008) indicated that iron deficiency noted with anemia was positively associated with poor language comprehension skills and direction following. A child's fine motor skills were also determined to be negatively impacted by food insecurity. Attention deficit and hyperactivity disorder (ADHD) was found to be more prevalent among food insecure children. This may be due in part to the increased amount of refined sugar in the diet. The increased intakes of refined sugar also appeared to negatively impact memory skills and increase the likelihood of childhood obesity. Ke and Ford-Jones noted that food insecurity can weaken the infant attachment with parents which can negatively impact mental health status later in life. This weakened attachment was a predictor of depression and suicidal ideation in adolescence. This longitudinal study also indicated that exposure to toxic stress related to food insecurity is positively correlated with increased incidence of cardiovascular disease, chronic obstructive pulmonary disease, asthma, cancers, and

autoimmune diseases later in life. It is important to explore parent's knowledge regarding the physical, emotional, and cognitive impacts of food insecurity on their children.

There are additional research findings on the association of food insecurity with health and developmental risks of children. Food insecurity experienced by expecting mothers was positively associated with an increased risk of some birth defects. Increased incidences of anemia, lower nutrient intakes, cognitive problems, aggression, anxiety, poor oral health, asthma, behavioral problems, depression, and suicidal ideations were noted among children living with food insecurity (Gunderson & Seligman, 2017). Cook et al., (2013) noted that children who resided in food insecure homes were more likely to be diagnosed as anemic and/or asthmatic, display cognitive problems in the school setting, display aggression and anxiety that resulted in behavioral problems, have poor oral health, and express suicidal ideations as they grew older. Althoff et al. (2016) concluded children living in food insecure homes are significantly more likely to have fair or poor health compared to their food secure counterparts. These children are at increased risk for iron deficiency, anemia, tooth decay, headaches, asthma, mental health concerns, and impaired metabolic health. Food insecure children have an increased risk of experiencing a variety of emotional symptoms such as depression, irritability, and nervousness on a weekly basis (Althoff et al., 2016). These children also reported a higher incidence of life dissatisfaction based upon the Child Behavior Checklist (CBCL). This checklist is an instrument designed to obtain data on behavioral and emotional problems and competencies. The physical and emotional impacts of food insecurity were also studied and underscore the need for data that informs researchers of parental

awareness as to how food insecurity impacts their child. There is a need to explore parents' knowledge regarding the physical, emotional, and cognitive impact of food insecurity on their children.

Children facing food insecurity have poorer health outcomes and lag behind their peers in academic outcomes, which can lead to a growing inequality among food secure and food insecure children (King, 2018). Using longitudinal data obtained from the Fragile Families and Child Wellbeing Study (FFCWS), King reviewed the data obtained from FFCWS which studied children between the years of 1998-2000 in 20 large cities with populations of at least 200,000. King also found a correlation between child externalizing and internalizing behavior problems. In addition to poorer health and academic outcomes, childhood obesity has been positively associated with food insecurity (Cetateanu & Jones, 2014). Faced with the dilemma of feeding their child, parents will attempt to purchase the largest amount of food they can afford. The foods they oftentimes purchase are calorically dense while being low in nutrients that support optimal growth and development (Cetateanu & Jones, 2014). Obesity in childhood is concerning as it is can lead to the development of diabetes, asthma, cardiovascular and orthopedic concerns, and psychosocial morbidity (Cetateanu & Jones, 2014).

Children has reported feelings of anger, sadness, frustration, and worry due to a lack of food (Frongillo et al. 2016). In order to better understand the impact of food insecurity through child narratives, Harvey (2016), conducted mixed method, semi-structured interviews with children. Children who participated reported sometimes missing meals or eating meals made smaller by their parents in order to make the food

stretch. These children reported attempting to sneak food, going hungry, and being yelled at by a parent when asking for food when there was no more available. Additionally, in a study conducted by Frongillo et al., the participants reported alterations in activities and social interactions due to a lack of food and/or money. The children who received free lunch, food backpacks, or visited foodbanks reported feelings of shame for having to rely on assistance programs to eat. They did not want their peers to know of their food insecure statuses and would avoid social situations that might shed light on their food insecurity.

The negative physical, emotional, and cognitive impact of food insecurity on children include risk for iron deficiency, anemia, tooth decay, headaches, asthma, mental health concerns, impaired metabolic health, depression, irritability, nervousness, and feelings of shame. Children who are food insecure are also at higher risk to become obese. Obesity has been identified as a link to the development of diabetes mellitus, cardiovascular disease, and orthopedic concerns.

Effects of Food Insecurity on Parents and Adult Caregivers

Food insecurity also has a negative impact on the parents of food insecure children. Knowles, Rabinowich, Ettinger de Cuba, Cutts, and Chilton (2015) conducted focus group interviews with 51 parents of children under the age of four to discuss how tradeoffs with food insecurity impact their mental health. Parents discussed not having enough financial resources to cover the basic needs of rent, utilities and food. Participants described how trade-offs, such as paying rent one month and alternating by paying utilities the next month can compromise their health as well as that of their child.

Necessary asthma treatments for their child forced having to go without food. Feelings of depression and frustration were common themes among participants. Not being able to provide basic necessities for children negatively impacted their sense of self-worth. Being food insecure, along with the associated trade-offs, created a cluster of hardships that lead to toxic stress in the home. This research emphasizes the need for exploring parents' awareness of available nutrition assistance programs in their communities as well as perceived facilitators and barriers to accessing these programs.

Exposure to violence has been positively correlated with impaired mental health, inability to complete school, obtain work, and afford food (Chilton, Rabinowich, & Woolf, 2013). Chilton, et al. (2013) concluded that the more severe the exposure to violence, the more likely the home was to be very food insecure. Exposure to violence increases stress, negatively impacted social, emotional, and cognitive development of the mothers. These factors negatively impacted their ability to succeed in school, which impacted their earning potential and ability to provide food (Chilton at al., 2013). Chilton et al. (2014) conducted additional research on how adverse childhood experiences, including abuse, neglect, and household instability, affected the lifelong health and economic potential of mothers. The severity of these experiences was positively associated with very low food insecurity. Mothers who reported emotional and physical abuse were more likely to be food insecure. Negative childhood experiences, also identified as toxic stressors, negatively affected the lifelong physical and mental health as well as the economic potential of mothers who were raising food insecure children (Cook et al., 2013). These stressors are associated with adult diseases such as

diabetes, cardiovascular disease, depression, anxiety, and early mortality (Chilton et al., 2014). Adverse childhood experiences, such as food insecurity and hunger, are positively associated with depression, poor school and job performance, as well as drug addiction later in life (Cook et al., 2013).

Maternal depression and mental illness can impact food insecurity in the home. Noonan, Corman, and Reichman (2016) used data from the ECLS to estimate the effects of maternal depression on the measures of child health and family food insecurity. The ECLS incorporated data from the USDA Core Food Security module. The data indicated there is a positive correlation between maternal depression and food insecurity. Also using data from the ECLS, maternal depression was significantly associated with food insecurity (Garg et al., 2015). Maternal depression was found to negatively impact work force participation, lowered work productivity, and had an impact on a woman's spending patterns. Maternal depression was described as a health shock (Noonan et al., 2016). To better understand food insecurity and housing instability in vulnerable families, King (2016) reviewed data from the FFCWS study. Poor maternal mental health status, single parenthood, drug use and abuse, unstable family structures with a non-resident father, being an immigrant, paternal incarceration, and childcare in a non-center-based setting were factors associated with increased risk of childhood food insecurity. Economic hardships such as low income and negative economic events directly impact economic pressures within the family. Parents facing high economic pressure are at a higher level of emotional distress, which can lead to anxiety and depression. These

parents, also food insecure, were noted to be nutritionally deficient, specifically with vitamin B9 (folate). Folate deficiencies can lead to maternal depression (King, 2018).

Food purchasing decisions among low-income families can impact distress and mental well-being. The Evans et al. (2015) study emphasized the need for exploring the perceptions of parents in regard to the availability of stores that offer healthy food choices. The participants of this study identified how high prices of healthy foods, inadequate geographical access to healthy foods, poor quality of foods available, and a lack of overall quality of the proximate retail stores negatively impacted their ability to secure healthy and adequate foods for their families. Many families reported sometimes or always running out of food by the end of the month, which was emotionally stressful and damaged their pride (Evans et al., 2015).

The negative consequences of food insecurity associated with the adult care giver include emotional stress, damaged pride, depression, poor mental health status, and a decreased sense of self-worth. It is important to explore the barriers and deterrents that may inhibit parents from accessing available nutrition assistance programs in their communities. Understanding these barriers and deterrents may aid health educators in the development of interventions that encourage parents of food insecure families to seek assistance.

Available Public Nutrition Assistance Programs

The United States government has created several nutrition assistance programs aimed at providing nutritional support to infants and school aged children. This section

will provide an overview of what these programs offer, requirements for participation, and access rates across the country.

SNAP, created in 1939, is the largest nutrition assistance program in the United States today (USDA, 2018j). Families must apply within the state they reside, as each state has a different application form and process to determine eligibility. Households may have $2250 in countable resources with countable resources including money in a bank account or cash in hand. This amount can be increased to $3500 if one member of the household is over age 60 or disabled (USDA, 2018i). While homes and lots do not count as a resource, vehicles do as long as they are not used as a home or for income-producing purposes. To be determined eligible, families must meet the gross and net income limits which are adjusted from one fiscal year to another. For example, a family of 4 must be at or below a monthly gross income of $2270 and a monthly net income of $2092 (USDA, 2018i). Eligible families must be at 130% or below of the federal poverty guidelines as established by the United States government (DHHS, 2018b). The maximum allotment that a family of four can receive in monthly benefits is $642.

There are also work requirements attached to receiving SNAP benefits. SNAP participants must register for work, not voluntarily quit a job or reduce hours, participate in employment and training programs as assigned by the state and take a job if offered (USDA, 2018i). If deemed eligible to receive SNAP benefits, a letter will be sent by the state agency that informs participants how long their certification period is good for. Participants need to recertify when notified by the state agency. Participants receive their benefits via an Electronic Benefit Transfer (EBT) card, which works similar to a debit

card. Benefits are loaded on the EBT card each month and can be used at authorized grocery stores and retailers USDA, 2018i). Foods that can be purchased with SNAP benefits include breads, meats, milk, dairy products, soft drinks, candies, cookies, and energy drinks with a nutrition facts label. Disallowed items include alcoholic beverages, tobacco products, non-food items, vitamins and medicines, hot foods, and live animals (USDA, 2018i). It is estimated that 38,934,197 Americans receive SNAP benefits, which is approximately 83% of those who meet eligibility criteria (USDA, 2018a).

The WIC program, created in 1972, provides supplemental food and nutrition education to low-income pregnant, breastfeeding, non-breastfeeding post-partum women, and infants and children up to the age of five (USDA, 2018lk). Similar to SNAP, WIC programs are administered by each state and potential participants must apply at an agency within the state they reside. Participants must recertify when contacted by the state agency. Monetary resources are limited and not all who are eligible may receive benefits. Some who apply will be placed on a waitlist (USDA, 2018k). As with SNAP, participants must meet income guidelines. For example, a family of 4 can earn a gross maximum of $893 per week, $3870 per month, or $46,435 per year (USDA, 2018k). The income stipulations are less stringent to qualify for WIC. Families can be up to 185% of federal poverty guidelines (DHHS, 2018b). WIC is transitioning to an electronic benefit transfer card similar to that used in the SNAP program, but nor all states have made the transition as of 2018 (USDA, 2018k). The food packages provided by WIC vary based on the participant. Food packages provided to children include 128 ounces of juice, 16 quarts of milk, 36 ounces of breakfast cereal, a dozen eggs, $8 in cash value vouchers of

fruits and vegetables, two pounds of whole wheat bread, one pound of legumes or 18 ounces of peanut butter (USDA, 2018k). In 2013, it was estimated that 8,662,752 Americans participated in WIC. As of 2017, the participation rates have decreased to 7,286,161, which is a decrease of 15.9% (USDA, 2018a).

The NSLP is a federally funded program created in 1946 to provide nutritionally balanced, low-cost or free meals to children attending public or nonprofit private schools (USDA, 2018f). Parents must fill out an application to determine their eligibility. Families at 131 to 185% of federal poverty guidelines qualify for reduced lunches and families at 130% or below of federal poverty guidelines qualify for free lunches (USDA, 2018f). Children are determined to be categorically eligible for free meals if they receive SNAP benefits (USDA, 2018f). School districts are reimbursed for free and reduced meals provided to students under NSLP (USDA, 2018f). School districts must comply with established meal patterns in order to receive reimbursement. These meal patterns were revised in 2010 under the Healthy-Hunger Free Kids Act. The revisions were made to provide healthier meal options to children and include increased amounts of whole grains, low-fat milk options, an increased variety of fruits and vegetables, and decreased sodium and sugar content (USDA, 2018c). Over 30 million school aged children across the United States participate in the NSLP (USDA, 2018f).

The SBP, established in 1966, is a federally funded program that provides nutritionally balanced, low-cost or free breakfast to children attending public or nonprofit private schools (USDA, 2018g). As with NSLP, parents are required to fill out an application to determine eligibility and the same federal poverty guidelines are in place.

Children are categorically eligible if they receive SNAP benefits (USDA, 2018g). School districts receive reimbursement and must comply with meal pattern requirements (USDA, 2018g). Approximately 14.8 million children participate in the SBP across the United States (USDA, 2018g).

The SFSP, created in 1968, provide free lunchtime meals to children age 18 and under (USDA, 2018h). While the NSLP and SBP are run entirely by approved school districts, the SFSP can be run by other community entities (USDA, 2018h). These types of organizations can sponsor SFSP: public or private nonprofit schools, units of local, municipal, county, tribal or state government, private nonprofit organizations, public or private nonprofit camps, and public or private nonprofit universities or colleges (USDA, 2018h). The SFSP is the largest federally funded resource for sponsors who choose to combine a child nutrition program with a summer activity program (USDA, 2018h). The SFSP is not available in all communities across the United States. It is estimated that one in six of the children who participate in the NSLP program also participate in the SFSP program, which represents approximately five million children (USDA, 2018h).

School backpack programs have been created to help alleviate food insecurity over the weekends, when school is not in session (Feeding America, 2018a). The school backpack initiative was created in 2003 by the Feeding America Program (2018a). Currently, there are over 160 local food banks who assemble bags of nutritious and easy to prepare foods each week. These bags are provided to more than 450,000 children before they leave school at the end of the week (Feeding America, 2018a). School

officials help determine which children are most likely to be food insecure over the course of a weekend and distribute the supplies in classrooms (Feeding America, 2018a).

Cooking Matters, developed in 1993, as part of the No Kid Hungry Campaign, teaches participants how to shop on a budget, read nutrition facts labels, and prepare healthy, low-cost meals (Cooking Matters, 2018). The Cooking Matters classes are a series of six interactive classes, where topics such as meal preparation skills, food safety, food budgeting, nutrition, and grocery shopping are covered. At the end of each class, participants receive a bag of groceries so they can recreate the meal they prepared in class at home for their families. One week of the class is held entirely at a participating grocery store, where the instructor focuses on nutrition facts reading, understanding unit cost comparisons, and allowing participants to purchase foods that will feed a family of four a healthy meal for less than $10 (Cooking Matters, 2018). These classes are taught by community volunteers and variations of the classes have been created that focus on educating low income parents, mothers on WIC, children, and seniors. To date, over 265,000 participants have taken part in the Cooking Matters classes (Cooking Matters, 2018).

Eat Smart Idaho is a program funded in part by two USDA grants that provides nutrition and physical activity education to low income residents of Idaho (Eat Smart Idaho, 2018). Education focuses on learning the basics of healthy eating, smart shopping, food safety, quick meal preparation, management of limited food dollars, and increasing physical activity (Eat Smart Idaho, 2018). These classes are provided at emergency food sites, SNAP offices, public housing sites, and schools who have a high number of

students enrolled who qualify for free and reduced meals (Eat Smart Idaho, 2018). It is estimated that approximately 6000 adults and 13000 children in Idaho take part in Eat Smart Idaho classes each year (Eat Smart Idaho, 2018). Funding for this program is provided by the Supplemental Nutrition Assistance Program Education (SNAP-Ed) and the Expanded Food and Nutrition Education Program (EFNEP). Programs similar to Eat Smart Idaho are in place in other states, under different operating names (Eat Smart Idaho, 2018).

Food banks, mobile food pantries and school pantries are available to help provide food to people in need. Within the state of Idaho, the Idaho Foodbank is a donor supported nonprofit organization, which opened its doors in 1984 (The Idaho Foodbank, 2018). The Idaho Foodbank operates three main warehouses and maintains a network of over 400 community-based partners around the state (The Idaho Foodbank, 2018). In order to provide food and nutrition assistance to those facing food insecurity, the Idaho Foodbank supports mobile food pantries, school food pantries, school food backpacks, Cooking Matters classes, and the Emergency Food Assistance programs across the state (The Idaho Foodbank, 2018). It is estimated that 18.7 million pounds of food was distributed to people in need around the state during the last fiscal year (The Idaho Foodbank, 2018).

Qualitative Studies on Food Insecurity

Several studies have incorporated a basic interpretive qualitative approach to explore food insecurity. For example, Wilson and Rodriguez (2018) conducted semi-structured interviews with a sample of 8 caseworkers to explore food insecurity among

resettled refugees in the United States. Caseworkers were assigned to refugees who were newly arrived in the United States. Their role included accompanying their clients to the grocery store, teach them how to shop at American grocery store chains and assisting clients with applying for nutrition assistance services such as SNAP, WIC and food pantries. Caseworkers reported that participants expressed concerns with accessing government funded programs as they are difficult to understand, and the amount of benefits received are limited. Difficulty accessing culturally desired foods, finding transportation, and understanding the layout of American stores was also noted as difficult for the refugees. Caseworkers expressed understanding that food insecurity was an issue for their clients but did not believe it was the biggest concern. Caseworkers did not view availability to food as a problem. The study did illustrate that applying for government nutrition assistance programs was difficult, and emphasized the need for more specific protocols when training caseworkers as how to assist refugees with grocery shopping and accessing traditional foods. The use of a basic interpretive approach allowed case workers to better understand the experience of refugees in regards to applying for government nutrition assistance, accessing transportation, shopping at American stores, and locating culturally appropriate foods.

The use of a basic interpretive approach has allowed researchers to better understand the perceived stigma and difficulty associated with seeking nutrition assistance benefits such as SNAP. Whittle et al. (2017) incorporated a basic interpretive design to study the thoughts and beliefs of nutrition assistance recipients residing in San Francisco who were afflicted with HIV and/or Type II diabetes mellitus. Whittle et al.

conducted semi-structured interviews with 64 participants. Approximately 66% of participants were male and the majority were African-American. The major themes that emerged were the complexity and challenge of attempting to enroll in nutrition assistance programs and the stigma attached to receiving such benefits. The participants perceived a stigma associated with their health concerns that had led to disability as well as their need for public assistance as well as feeling that government employees at programs such as SNAP viewed them as lazy and seeking a handout. This perceived stigma dissuaded participants from seeking the nutrition assistance that they qualified for. The researchers concluded that perceived government bureaucracy and a punitive environment dissuaded those in need from seeking SNAP benefits. The Whittle et al. study promoted changes in current institutional policy that concentrated on reducing perceived stigma and removing the difficulty attached to applying for public assistance programs.

Additional qualitative studies have been conducted to explore and understand how participants view customer choice food pantries. Jones, Ksobiech, and Maclin (2017) conducted a basic interpretive study including interviews with 34 food pantry users and 20 volunteers to better understand how the experiences of the social supports provided impacted their shopping experience. The food pantry users felt they were part of a community of caring, as the volunteers expressed concern for their daily lives. The users perceived empathy from volunteers and also learned of other community resources from volunteers, such as utility aid, pharmacy services, and transportation vouchers. This environment helped users still feel as if they were useful members of their community. Volunteers reported that simply inquiring how a user was doing oftentimes lead to deeper

exchanges that helped to build trust and bonds. The authors concluded that offering choice pantries and provision of training to volunteers in regards to additional community resources made this setting more attractive to users. Using a basic interpretive approach, the researchers were able to better understand the experience of those who visited this particular foodbank in Wisconsin. The perceived social supports found within the foodbank, as well as the ability to choose their foods, encouraged those in need to visit the foodbank and receive the nutrition assistance they needed. Reorganizing other foodbanks in order to allow for personal choice was recommended. Training volunteers in foodbanks in regard to community resources and offering compassionate and caring services to recipients could encourage those in need to seek nutrition assistance.

Christaldi and Pazzaglia (2018) also conducted basic interpretive research with employees and recipients of nutrition assistance programs. A total of nine focus groups with 82 community members who received nutrition assistance and 21 food providers were conducted. Addressing transportation concerns, providing nutrition education, training social service employees on the concepts of dignity and equality, improving food quality, and listening to the suggestions of the recipients were determined to be focus areas that could positively address food insecurity. The implementation of a basic interpretive approach aided the researchers in developing a better understanding of the experiences of those facing food insecurity. The proposed solutions to positively address food insecurity were generated by those who were experiencing food insecurity. Incorporating suggestions from those facing food insecurity strengthens the potentiality that food insecurity can be positively addressed.

Each of the studies presented incorporated a basic interpretive approach in order to better understand the experiences of those facing food insecurity. With this increased understanding, the researchers were able to generate solutions that could positively address food insecurity within these specific populations. These solutions were generated through interviews with participants and based upon the views and suggestions of said participants. By seeking the insights of those experiencing food insecurity, the proposed solutions were more likely to address the concerns of the target population. By addressing their specific concerns and needs, the likelihood that the proposed solutions will positively address food insecurity grows.

Summary

I used findings from this literature review to underscore the threat childhood food insecurity poses based on the serious health consequences related to this social determinant of health. The section entitled what is known about food insecurity presented negative health and emotional consequences for the child facing food insecurity as well as their adult caregiver. I also included information about available nutrition assistance programs.

I reviewed several studies related to the prevalence of food insecurity based upon the individual, interpersonal, community, organizational and policy levels of the SEM. I also shared potential barriers to accessing nutrition assistance programs and presented examples of other research that incorporated a basic interpretive qualitative approach to study food insecurity in various populations. The literature review provided evidence that nutrition assistance programs are underused, and interventions are necessary to encourage

enrollment in such services. The literature review also provided evidence-based justification for including the experiences of those struggling with food insecurity, as they are best equipped to provide understanding of why they may choose not to participate in available nutrition assistance programs. The importance of learning more about their reasoning for accessing or not accessing nutrition assistance programs is paramount to the development of interventions that will focus on addressing childhood food insecurity among Idaho enrolled Head Start families. In Chapter 3, the research methodology that I used to explore experiences involving food insecurity is thoroughly discussed.

Chapter 3: Research Method

Introduction

I designed this study to explore the experiences of food insecure parents of Idaho Head Start enrolled children regarding whether or not to access available nutrition assistance programs. In this chapter, I discussed the research design, role of the researcher in the study, research methodology, and issues of trustworthiness in the study. I explained why a basic interpretive approach was selected. My role as the researcher was described and defined as well as the steps I took to ensure an environment of trust and sharing of thoughts and beliefs about food insecurity and available nutrition assistance programs. The methodology section includes the rationale for participant selection as well as an interviewing guide and how it aligns with the research questions that have been created based upon levels of the SEM. I described participant recruitment, the interview setting, and how data were collected and analyzed.

Research Design and Rationale

I conducted this study to gain an understanding of the experiences of food insecure parents of Idaho Head Start enrolled children when choosing whether or not to access available nutrition assistance programs. This qualitative study can serve as the starting point for future more in-depth studies related to experiences of qualifying participants. Future studies may be conducted to address any identified barriers and deterrents to accessing nutrition assistance programs among food insecure populations.

RQ1: How do Idaho Head Start enrolled families describe personal and intrapersonal barriers to accessing available nutrition assistance programs?

RQ2: How do Idaho Head Start enrolled families perceive their experiences, both positive and negative, when accessing nutrition assistance programs?

RQ3: How do Idaho Head Start enrolled families perceive the community factors that impact their decision to access nutrition assistance programs?

RQ4: How do Idaho Head Start enrolled families perceive the organizational structure of entities such as the Idaho Foodbank, specifically how food distributions are designed?

RQ5: How do Idaho Head Start enrolled families perceive policies in place with entities such as WIC and SNAP in regards to procurement of services?

RQ6: How can health educators incorporate feedback obtained from Idaho Head Start families to develop interventions that positively address food insecurity within this population?

There are several approaches to consider for inclusion in a qualitative study. These approaches include ethnography, grounded theory, narratives, and case studies (Creswell, 2017). Immersion in a participant's environment occurs with ethnography to better understand themes that emerge (Creswell, 2017). Researchers live among the people they are studying and participate as much as they can in the customs of that population. Such studies are beneficial when researching complex cultural and societal interactions (Patton, 2015). As part of ethnographical studies, the researcher describes cultures for those who reside outside of it and helps to provide understanding regarding

the actions of a group and why they choose to engage in these actions. There are weaknesses associated with conducting ethnographic studies to consider. The ethnographer must accumulate knowledge about the domain of interest, and it is imperative that they build trust within the culture they are studying. Such studies are costly and time consuming. Ethnographers must also be continually aware of their own biases and make efforts to not interject them into the research. Cultures being studied in ethnography may also be vulnerable populations, necessitating researchers be continually aware of not doing harm to participants (Patton, 2015).

Narrative research is used to weave together series of events (Creswell, 2017). Through narrative study, researchers collect stories as data, seeking to understand themes. Researchers who incorporate a narrative approach study the lives of individuals as the participants share stories of their experiences (Creswell, 2017). Narrative studies also have weaknesses to consider. Such studies are long and personal processes. There are also ethical implications to consider as close and personal relationships are often built through such studies (Patton, 2015).

The utilization of grounded theory as a research method seeks to provide an explanation or theory behind the events that occur (Creswell, 2017). Grounded theory helps to understand social phenomena and is suited for understanding social processes, especially those that have received little attention (Creswell, 2017). There are weaknesses associated with grounded theory. Such studies produce large amounts of data, which can be difficult to manage. Researchers need to be well versed in terms of grounded theory methods.

Researchers who choose to use case studies seek to gain a deep understanding via multiple types of data and employ this method in order to gather large amount of data (Patton, 2015). They often focus on unusual or rare topics where a large study group may not be available (Patton, 2015). There are also weaknesses involved with conducting case studies. Case studies are generally conducted on one person, and the results are not generalizable to a wider population (Patton, 2015). Determining a clear cause and effect from case studies is difficult to ascertain (Patton, 2015).

Phenomenological studies focus on perspectives of participants and provide detailed understanding of a single point of interest (Creswell, 2017). The data collected is rich and allows for unique approaches to gain understanding. Phenomenological studies "involve studying a small number of subjects through extensive and prolonged engagement to develop patterns and relationships of meaning" (Bloomberg & Volpe, 2018, p. 32). Phenomenological studies are descriptive and require the researcher to provide an interpretation of the lived experiences of participants (Bloomberg & Vole, 2018). As I was not trying to interpret the lived experience of participants in my research and was not studying participants for prolonged periods of time, a phenomenological approach was not utilized in this study.

With a basic interpretive approach, researchers strive to understand meanings people have constructed from their experiences and how they make sense of those experiences (Creswell, 2017). The research questions I developed were meant to better understand experiences that sway or deter eligible Idaho Head Start families who face food insecurity from accessing available nutrition assistance programs. The goal of the

study was to gain a better understanding of how participants in this study made sense of their experiences and how the individual, interpersonal, community, organizational, and policy factors, outlined in the SEM, impacted their decisions to access or not access available nutrition assistance programs. For these reasons, I chose a basic interpretive approach for this study.

By selecting a basic qualitative design, I incorporated a research approach that focuses on the exploration and understanding of the meaning of food insecurity according to those who are directly affected by this issue. With the use of qualitative research, I gained a better understanding of how food insecurity affects Idaho Head Start families by asking a series of interview questions. I developed these research questions to understand their thoughts and beliefs about food insecurity, perceived ability to purchase healthy foods on a budget, confidence in preparing meals at home, and past experiences with nutrition assistance programs. By seeking the insights of those who have experienced food insecurity, information can be shared with health professionals and community programs, such as food pantries, who seek to decrease food insecurity for those impacted by it. Qualitative research is typically conducted in a setting that the participant is familiar with, which increases the likelihood that they will be comfortable when answering interview questions (Creswell, 2017).

Qualitative research with a basic interpretive approach delves much deeper into the issue of food insecurity from the viewpoint of the individual experiencing it than a quantitative design possibly could. A quantitative study would provide figures that indicate the breadth of food insecurity, but I would not be able to describe how being

food insecure impacted the day to day life of the participants of the study. If effective strategies are to be developed that reduce the prevalence of food insecurities among this population, the strategies must take into account the reported barriers and deterrents and specifically address said barriers and deterrents. I shared findings from this study with viable partners who can use the findings to make adjustments to their protocols that specifically take into account the thoughts, beliefs, and experiences of the participants. Adapting to meet the needs of those who would benefit from nutrition assistance programs was a focus for this research. Sharing the findings with stakeholders who can incorporate the feedback in a manner that makes accessing these nutrition assistance programs more attractive was a key if positive social change is to be made.

Role of the Researcher

It is critical for researchers to acknowledge how their personal perspectives may impact the study (Creswell, 2017). I have experiences from the perspective of a former Head Start health and nutrition services manager. Knowing families who struggle with food insecurity piqued my interest on this topic. In order to avoid bias while processing data, researchers must maintain subjectivity (Creswell, 2017). My experiences working with Head Start families could have potentially been of benefit to me as I collected and analyzed data, but I remained mindful of not allowing personal beliefs to impact the research process. Researcher bias can be reduced by not coming into the data collection process with preconceived notions. Reporting findings by what the data indicates and not attempting to manipulate the results will also control for bias (Creswell, 2017). I controlled researcher bias by validating the interview questions, which will be explained

in more detail in the instrumentation section. Ensuring the data collection process is not faulty is another way I controlled for bias. This was done by ensuring participants were ready to be interviewed, maintaining patience throughout the interview process, stating the questions clearly, and conducting interviews in a private setting.

When stepping into the role of the interviewer, I created feelings of trust throughout the interview in order to aid participants in feeling at ease and to increase their comfort while sharing their personal experiences. In order to build trust with participants, I showed compassion to participants and provided explanations that underscored that their best interests were the focus of this research. As suggested by Dang, Westbrook, Njue, and Giordano (2017), I also provided reassurances to participants, avoided judgmental language and behaviors and let them know it was alright to ask questions. The creation of an environment, where the interviewer is not seen as more powerful than the participant, is necessary so as not to threaten the data collection process (Creswell, 2017). A perceived equality in power by the participant encourages a willingness to respond openly to the interview questions presented. I encouraged active participation during the data collection process. Throughout each interview, I displayed sincerity and let participants know that I cared about them and valued their thoughts and beliefs in order to build trust and create a warm and comfortable interview environment.

The participants in this study were parents of Idaho Head Start enrolled children. Participants were recruited from Head Start centers who meet the previously described criterion parameters through recruitment flyers. Head Start families I had previously worked with were not be included in the study, so as to avoid any potential bias.

Methodology

Participant Selection Rationale

Using purposeful sampling when conducting qualitative research ensures that only participants who have experienced the phenomena of interest are included in the study (Creswell, 2017). The commonality for this study was being the parent of a Head Start enrolled child residing in the state of Idaho. These parents, who reside in pre-selected Idaho counties and agreed to take part in the study, served as the participant pool.

For this basic qualitative research study, data was collected within a narrow geographical range. This allowed for the potentiality of identifying similar patterns that may later be tested in a wider population pool. This study was narrowed by only including counties in Idaho that house a Head Start program, have a population poverty rate of 14% or higher, have a population where at least 50% of the residents have been determined to be eligible for federal nutrition assistance programs, and potentiality of food insecurity impacts at least 1,000 people. I selected a purposeful sampling method as this type of sampling allows for the collection of data that is abundant in information (Patton, 2015).

I selected Idaho counties that met the purposeful sampling criterion. I sent recruitment flyers to these Head Start centers once written permission had been obtained from the program directors of those centers and IRB approval had been obtained. The goal was to recruit a total of 8-12 participants for this research study. A total of 11 parents chose to participate in this study.

There is no specific criterion for the sample size in a qualitative study, although it has been noted that the number of participants is usually small (Patton, 2015). For example, Jones, et al. (2017) interviewed 34 food pantry users and 20 food pantry workers in their study while Wilson and Rodriguez (2017) interviewed 8 caseworkers for newly arriving immigrants for their study. An adequate number of participants could be reached when data saturation has been achieved. Saturation is achieved when data offers similar themes and no new information has been revealed (Patton, 2015). It is critical to seek data saturation in order to ensure that enough data has been collected so as to capture the experiences of the participants (Patton, 2015). Best practice suggests that researchers include at least 6 to 10 participants (Creswell, 2017).

Instrumentation

I developed an interview guide (Appendix A) in order to maintain focus on the research questions. It is recommended that interview questions be open-ended and include a concluding question that encourages participants to share information that they feel is important and had not been captured through the previous questions asked (Patton, 2015). The interview guide was based on the research questions presented in Chapter 1. I included a final question that allows participants to share any additional experiences, thoughts, and beliefs in reference to food insecurity and available nutrition assistance programs. A standardized interview guide can limit participant responses so elaboration of participant responses could be encouraged (Patton, 2015). I designed the questions to gather insight into the experiences of food insecurity, accessing nutrition assistance

programs, and thoughts/beliefs about purchasing, preparing, and providing healthy foods for families.

In order to determine the face validity of the interview guide, I contacted several experts in the field of food insecurity via email on January 2, 2019 to gauge their interest in reviewing the interview guide. Dr. Craig Gunderson and Dr. Sarah Bradley agreed to provide feedback on the interview tool. These experts have published articles in reference to food insecurity and their articles have been included in the literature review. Upon receiving word that they were willing to review and provide feedback, I emailed them the research questions along with the interview guide. Dr. Gunderson provided his feedback on January 3, 2019 and suggested a review of previously used questions in order to note similarities.

Dr. Sarah Bradley provided feedback on January 7, 2019. Her feedback was very thorough and suggested that questions be asked that allow participants to describe what healthy food is and offered examples of rephrasing of the questions that had been developed in order for them to be more easily understandable to participants. Dr. John Cook responded on January 22, 2019 that he would be willing to review the interview guide. By this time, I had made revisions based upon the suggestions of Dr. Gunderson and Dr. Bradley. Dr. Cook provided feedback on January 27, 2019 and noted the interview guide aligned well with the research questions and felt face validity had been achieved. I developed a sociodemographic data questionnaire (Appendix B) and participants were asked to complete this. This data helped me to better describe

participants in the results section of this dissertation. Appendix C presents an alignment of the research questions with the interview questions planned for this study.

Procedures for Recruitment, Participation, and Data Collection

I conducted face-to-face interviews for data collection. While telephone interviews have been determined to be an acceptable means for interviewing participants who are not geographically accessible to the interviewer, it is preferred to conduct face-to-face method as body language and visual cues could enhance the quality of the data being collected (Creswell, 2017).

I contacted Head Start directors of programs that met the inclusion criteria for written permission to post recruitment flyers. The recruitment flyer that I created (see Appendix D) included IRB approval number 06-24-19-0523580. The recruitment flyers contained tear offs with my name, telephone number, and email address in order for interested potential participants to contact me. I emailed informed consent forms to participants and instructed them to read the terms of consent and return an email to me with their electronic signature provided to confirm their consent to participate in the study. Potential participants had the opportunity to ask any questions they had about the study prior to being interviewed and appointments for interviews were set up only after participants had reviewed the informed consent and indicated their willingness to be part of the participant pool. Interview reminders were sent by me via email or text message one day prior to the interview. I concluded recruitment efforts after 11 Idaho Head Start parents were interviewed for this study and data saturation had been reached. These

participants were recruited from five Idaho Head Start programs who met the purposeful sampling guidelines.

Conducting interviews in a comfortable setting that participants are familiar with helps to create a trusting environment for participants (Creswell, 2017). I conducted face-to-face interviews at the Head Start centers where participants had children enrolled and began all interviews with a self-introduction. Before beginning each interview, I reminded participants of their rights according to the informed consent they had previously received and explained that the interview was expected to take approximately 60 to 90 minutes. Also, I explained that their participation was completely voluntary, they could decide not to participate at any time, and that their personal information would be kept confidential. All the information that I obtained was only reported in an anecdotal manner. I requested permission to audio record the interviews via the informed consent participants received prior to the interviews.

I conducted member checking throughout the interview process in order to confirm that the data collected was reflective of the participant's experiences. Participants received two copies of the interview transcripts by mail once transcription was completed. They signed one copy of the transcript and returned it to me in order to ensure the transcript was truly reflective of their thoughts, beliefs, and opinions. I also provided a self-addressed, stamped envelope to make the return process an easier one. At the conclusion of the interview, I thanked participants for their time and provided them with a $10 gift card. I assured participants that their truthful responses were valued and made them aware that they would receive an executive summary of the findings.

Data Analysis Plan

Data analysis is a multi-faceted process that requires organization on the part of the researcher, continual data processing as the information is being collected, and analyzation of the data as critical themes begin to emerge (Creswell, 2017). Maintaining organization and focus during the data collection process was critical. I backed up my work in case of any computer problems via a zip drive and am the only person with access to this zip drive as it being kept in a lock box in my home. I processed the data as it was being collected in an effort to ensure consistency and identification of gaps in the data.

I used DeDoose computer software for this research. The recorded interviews were converted into text and I coded the data as it was being entered into the database. Coding during data entry allows for better identification of meanings, relationships, and groupings (Saldana, 2016). It has been noted in qualitative research that "Data are not coded, they're recoded" (Saldana, 2016, p. 68). First cycle coding occurs during the initial coding of data and is divided into sub-categorical methods that include grammatical, elemental, affective, literary, language, exploratory, procedural, and a final profile known as theming the data (Saldana, 2016).

Saldana (2016) notes that second cycle coding is a more challenging process because it requires analytical skills on the part of the researcher such as classifying, prioritizing, integrating, synthesizing, abstracting, conceptualizing, and theory building. Careful coding and recoding in the first cycle eases the transition to second cycle coding (Saldana, 2016). By remaining organized and diligent in coding, I was able to identify

relevant themes in regards to food insecurity. I used exploratory coding in the first cycle coding and sought to identify themes as to why participants chose not to access available nutrition assistance programs. I sought patterns and specific reasons for not accessing available nutrition assistance programs during the second coding cycle.

Issues of Trustworthiness

When conducting research, the trustworthiness of the data is imperative as it underscores the integrity of the findings. Ensuring trustworthiness may be challenging due to the personal involvement of the researcher and the subjective nature of the data being collected (Patton, 2015). It was critical for me to remain continually aware of researcher involvement as well as the subjective nature of the data being obtained if I was to maintain trustworthiness in this research study. My passion for the topic of food insecurity stems from my work with Head Start programs but I remained mindful of my personal opinions and monitored my involvement during data collection and analysis in order to be successful in minimizing potential bias.

Credibility

To ensure credibility, the researcher is asked to link the results of the study with reality in order to denote the truth of the findings (Patton, 2015). The technique of analyst triangulation was incorporated via the use of a second coder. I reached out to an undergraduate professor I had from Idaho State University. He graciously agreed to serve as my second coder. All participants who provided data were known by a number only to protect their privacy. No names were included with these transcripts. He was provided with the transcripts as they were completed. The data was shared with this second coder

via DeDoose. I contacted IRB at Walden University via e-mail on March 11, 2019 and feedback was requested for sharing data via this format. I received a response from IRB on March 13, 2019, indicating this would be acceptable as long as participant confidentiality was maintained at all times. I identified all participants by a number from the moment they sat down with me to conduct interviews, while the data was reviewed and coded, when it was passed along to the second coder, and when data was included in the results section of the dissertation.

As previously mentioned, I provided the second coder with the interview transcripts via Dedoose as they were completed. I met with the second coder in his office to review the transcripts after he had completed review of 2 transcripts. I printed 2 copies of the transcripts, one for him and one for myself. We reviewed the transcripts together and he reviewed the codes I had generated from the first cycle coding. He shared the codes he had generated from the first cycle coding and we discussed how we had reached our findings. We first looked for commonalities and then reviewed any differences. For example, some differences in codes were noted when we reviewed the individual and interpersonal barriers to accessing available nutrition assistance programs. We then re-read the transcripts, discussed the key points, and came to agreements on the second codes. This process was conducted until all transcripts were thoroughly reviewed, codes were discussed, and agreement for second coding was reached.

Member checking was a second technique that I employed to ensure credibility of the research findings. By incorporating member checking into the data collection process, I could confirm the thoughts and beliefs of participants. I sent a copy of the interview

transcript to each participant via mail so they could review the document. This allowed each participant to review their responses, add more information if they desired, and edit responses that they did not believe captured their thoughts and beliefs. All participants responded back to me and no one provided any edits to their original transcript. This process helped to eliminate personal biases on my part that might have influenced the responses of participants.

Transferability

Transferability is established by providing evidence that the research findings can be applicable to other populations, contexts, and situations (Patton, 2015). By conducting qualitative research, information can be gathered that is rich in detail. The richness of the detail in the data strengthens the study (Patton, 2015). In order to collect data that is reflective of the experiences of the participants, I asked open-ended questions that were developed to gather in-depth information from participants. I encouraged participants to elaborate on their responses and add additional information that they felt was important. The method I incorporated for purposeful sampling also helped to establish transferability. The method for purposeful sampling promoted participant recruitment in Head Start programs housed in counties that are significantly impacted by food insecurity. Recognizing that these potential participants reflect Idaho Head Start families who are more likely to face food insecurity than some of their counterparts in other Idaho Head Start programs helped me establish transferability.

Dependability

Dependability establishes the research findings as consistent and repeatable (Patton, 2015). Researchers should aim to verify their findings are consistent with the data that has been collected (Patton, 2015). As previously mentioned, I secured the services of a second coder. This individual also conducted an external audit. He examined the data collection and data analysis processes. He served as a second coder to confirm the accuracy of my initial findings. My interpretations and conclusions were examined by this individual to ensure they were supported by the data that has been collected. As previously stated, I valued the anonymity of all participants. I shared the data with this second coder via DeDoose. All participants were only known by a number to the second coder. At no time did I share any private information, including names, ages, income, etc., with the second coder.

Confirmability

Confirmability relates to the level of confidence that research findings are based on the narratives of the participant and not the potential biases of the researcher (Patton, 2015). Confirmability is used to ensure findings are shaped by the participant and not the researcher. To ensure confirmability, I incorporated the technique of reflexivity. Reflexivity required that my past background experiences with Head Start programs be examined to see how they influence the research process. I kept a reflexive journal throughout the research process, with focus being placed on my values and interests pertaining to the subject of food insecurity and rationale for using or not using nutrition assistance programs. For example, P8 reported that she felt having a cell phone was a

necessity that health and welfare should take into consideration when determining eligibility for SNAP. While I believe a cell phone is a luxury rather than a necessity, I did not voice this opinion. An example of a reflexive journal is included in Appendix P.

Intercoder Reliability

Inter-coder reliability describes the extent to which two coders evaluate the characteristics of a message and reach the same conclusion (Saldana, 2016). At the conclusion of data collection, I analyzed the data to seek out codes. I then placed these codes into categories and sought emergent themes. I turned over data, via DeDoose, to the second coder. All participants were only known by a number to this second coder. We met to review two transcripts at a time in his office. We reread the transcripts, reviewed the codes we generated from these transcripts, and discussed our conclusions until we came to agreement on the codes. This process was repeated until all transcripts were reviewed and coded. This helped to ensure reliability.

Ethical Procedures

Ethics are critical in qualitative research as they set the parameters for differentiating between conduct that is acceptable and unacceptable (Patton, 2015). The research findings rely upon ethical consideration if they are to be reliable and valid. The ethical procedures for this study are outlined below to ensure for acceptable conduct. No research was conducted prior to IRB approval through Walden University.

Agreements to Access Head Start Parents

The protection of human participants in research studies should be of the utmost concern to researchers. The agreement of human participants must be received prior to

the beginning of a study. In order to obtain agreement for participation, I contacted Head Start directors who managed programs that meet the purposeful sampling criteria via telephone and/or email to explain my proposed research. I provided an explanation as to why these specific centers were selected and also discussed how my experiences as a Head Start health manager guided my passion for this research. I answered all questions and/or concerns and requested permission to send recruitment flyers (Appendix D) to be hung in their centers. After receiving a written authorization letter from the Head Start director, I mailed recruitment flyers to these centers. My contact information was provided on the recruitment flyer. Once potential participants contacted me, I provided them with an informed consent form that outlined the purpose of the study, sample questions that were to be asked, and what was required of them. I made potential participants aware of their right to withdraw from the study at any time. When potential participants agreed to participate, I requested that they sign the informed consent form electronically and return to me.

Protection of Participants

Ensuring the privacy and confidentiality of participant identity is a critical component of ethical best practices. I made all participants aware of my efforts to ensure their privacy and confidentiality. The names of participants are known only to me. I have maintained a roster of participant's names and corresponding numbers in a locked file in my home. All notes and any other corresponding records of the interview and coding are identified by a number only. Participants were known by a number during the interview and transcription processes and I am protecting the data in password protected files on

my computer. I informed participants of any potential, albeit, minimal risks involved in participating in interviews, such as stress involved with the asking of questions pertaining to food in the home and access of nutrition assistance programs. If I noted any participant discomfort during the interview process, I asked the participants if they would like to take a break and reconvene or discontinue the interview. No participants felt the need to take a break or discontinue the interview.

Required Components of Informed Consent

Informed consent is a necessary ethical component of research as it allows conveys elements of the research to be conducted. The informed consent completed by participants included the purpose of the study, anticipated length of the interview, procedures, the right to withdraw/terminate the interview, potential consequences of participation, incentives to be provided for participation, confidentiality limits, as well as contact information about their rights.

Handling of Data

All data is maintained in password protected computer files that only I have access to. Audio recordings and transcribed interviews were identified by the participant's assigned number. I transcribed all audio recordings. The second coder participating in this research only knows the participant by the number assigned to them. I am maintaining all transcripts in password protected computer files. All files will be maintained by me for five years after the completion of the study. At the conclusion of this five year period, I will delete the computer files. I will conduct this process in order to ensure the privacy of participants and confidentiality of their recorded responses. I

requested that participants and myself identify any potential associations during this study.

Summary

This qualitative study employed a basic interpretive approach. Parents from Head Start programs who met the inclusion criteria participated in the study. I conducted face-to-face interviews to explore the experiences of Idaho Head Start parents pertaining to food insecurity and accessing available nutrition assistance programs. The interviews consisted of open-ended questions designed to answer the research questions based upon the individual, interpersonal, community, organizational, and policy levels of the SEM. After transcription completion, I coded and analyzed the data using the DeDoose software system. In order to strengthen the validity of the results, this chapter included a discussion of the concepts of credibility, transferability, dependability, confirmability, and inter-coder reliability. Likewise, I also discussed the measures I took to ensure the protection of participants and gain their informed consent.

Once IRB consent was granted to me, participant recruitment and data collection ensued. These concepts are thoroughly discussed in Chapter 4.

Chapter 4: Results

Introduction

The purpose of this qualitative study was to gain an understanding of the experiences of Idaho Head Start families facing food insecurity when choosing whether or not to access available nutrition assistance programs. Participants in this study participated in face-to-face interviews with me. These interviews were confidential and audio recorded. The interviews addressed the following research questions:

RQ1: How do Idaho Head Start enrolled families describe personal and intrapersonal barriers to accessing available nutrition assistance programs?

RQ2: How do Idaho Head Start enrolled families perceive their experiences, both positive and negative, when accessing nutrition assistance programs?

RQ3: How do Idaho Head Start enrolled families perceive the community factors that impact their decision to access nutrition assistance programs?

RQ4: How do Idaho Head Start enrolled families perceive the organizational structure of entities such as the Idaho Foodbank, specifically how food distributions are designed?

RQ5: How do Idaho Head Start enrolled families perceive policies in place with entities such as WIC and SNAP in regards to procurement of services?

RQ6: How can health educators incorporate feedback obtained from Idaho Head Start families to develop interventions that positively address food insecurity within this population?

Results of this study may help nutrition assistance program staff and health educators develop programs and interventions that make participation in nutrition assistance programs more inviting. The results may aid policymakers in realigning food assistance policies in a manner that would directly benefit Idaho Head Start enrolled families who face food insecurity. This chapter provides results of the study and is organized according to the research questions. This chapter describes the conditions of the study, including recruitment of parents and collection of interview data, as well as coding and analysis of the collected data in order to identify themes. Tables and figures are used to present data and themes in a succinct manner.

Setting

Participant recruitment followed stringent IRB guidelines. The Idaho Head Start enrolled parents who agreed to participate in the study were open and willing to describe their experiences with food insecurity as well as barriers and deterrents to accessing available nutrition assistance programs. I displayed recruitment flyers at Idaho Head Start centers that met purposeful sampling criteria. The data focused on the participants' reflections and communications regarding current or previous struggles with food insecurity, as well as their experiences with community nutrition assistance programs. The research setting for data collection was consistent throughout the entire process, and the interviews were held at Idaho Head Start centers where parents had their children enrolled. Interviews were conducted in classrooms or offices which were not in use, and the door to the room was kept closed to maintain privacy.

Participant Demographics

Map the Meal Gap is a resource that estimates the rate of food insecurity for both the general population, and separately, children. Map the Meal Gap is the only resource that reports food insecurity data at the county level (Feeding America, 2018d). This resource includes the population of each county in Idaho, food insecurity rates, estimated numbers of food insecure individuals, and percentages of the population that would likely be income eligible for federal nutrition assistance. Using the Map the Meal Gap resource, I determined that 11 of the 44 counties in Idaho met the purposeful sampling criteria. I contacted Head Start directors in these counties via email or phone calls and I explained the research purpose. I encountered some difficulty in contacting some programs as they were closed for summer break. Ultimately, five of the 11 program directors returned my phone messages or emails and agreed to sign letters of cooperation and display parent recruitment flyers.

Participants were parents whose children had just completed enrollment during the 2018-2019 Idaho Head Start program year or were enrolled for the 2019-2020 year. I conducted a total of 11 interviews. All participants had experienced food insecurity in the past or were currently experiencing food insecurity. Ten of the 11 participants were female, and one participant was male. I obtained demographics regarding age, annual income, ethnicity, and employment status. Five participants were between the ages of 20 and 29, three participants were between the ages of 30 and 39, and three participants were 40 and above. Two participants had an annual income of less than $5000, one participant had an income of $5,000-$9,999, one participant had an income of $10,000-$14,999, one

participant had an income of $15,000-$24,999, and six participants had an annual income of $25,000 or higher. One participant identified as black of African American, two participants identified as Hispanic or Latino, and the other eight participants identified as white. One participant is out of work, two participants are students, three participants are homemakers, and five participants are employed full-time. Participants were recruited from five Idaho Head Start programs and are identified as program A, B, C, D, or E. Table 1 displays the demographics of parents who participated in this study.

Table 1

Age, Annual Income, Employment, and Head Start Program Enrollment Status Data

Participant	Age Range	Income	Employment	Ethnicity	Head Start Program
P1	20-29	$15000-$24999	Employed full-time	Hispanic or Latino	Program A
P2	30-39	$5000-$9999	Student	White	Program A
P3	20-29	Less than $5000	Student	White	Program A
P4	30-39	$25000 or greater	Employed full-time	Black or African American	Program A
P5	40 and above	$25000 or greater	Homemaker	Hispanic or Latino	Program B
P6	20-29	$25000 or greater	Employed full-time	White	Program C
P7	20-29	$25000 or greater	Employed full-time	White	Program C
P8	40 and above	$25000 or greater	Homemaker	White	Program D
P9	30-39	$15000-$24999	Employed full-time	White	Program A
P10	20-29	$25000 or greater	Homemaker	White	Program E
P11	40 and above	Less than $5000	Out of work	White	Program E

Data Collection

Data collection occurred between July 18 and August 30, 2019. I conducted a total of 11 interviews with Idaho Head Start parents and recruited participants by displaying recruitment flyers at Idaho Head Start centers where their children attended. Parents contacted me via telephone to express their interest in participating. I requested their email addresses in order to send a copy of the informed consent form. Once the participants signed and returned the informed consent forms, I scheduled the interviews. These interviews lasted between 60 and 75 minutes, with an average of 68 minutes.

Rapport building and ensuring the comfort of the participant were the first steps for all interviews. I explained the nature of the study and reminded all participants that the interviews would be audio-recorded and prompted participants at this point to decline being audio-recorded if they were not comfortable with the process. I inquired if there were any questions in regard to the informed consent or the study and requested that all participants complete the sociodemographic data questionnaire. I asked preliminary questions in reference to the length of time the family had been involved with Head Start and family size before beginning to ask the interview questions and then proceeded to ask the interview questions in the order they are found in Appendix A. I rephrased questions as necessary to ensure comprehension on the part of the participants. Throughout the course of the interview, I rephrased the participant responses to ensure the accuracy of their comments through techniques such as rephrasing, summarizing, asking open-ended questions, and probing to gather meaning of the topics in greater detail. I provided the opportunity to the participants to add any additional thoughts or beliefs, and all of them

agreed to audio-recording their interviews. Interviews ranged between 60 and 75 minutes in length. I took interview notes during each interview, but the detailed responses were captured within the audio recordings.

I transcribed the interviews within 24 to 48 hours. Once I completed the transcription, I sent two copies to the participants via mail and asked participants to review their responses, correct anything they felt was not indicative of what they meant to say, and return a copy to me. The other copy was for their personal records. There were no incidences of not capturing their thoughts and beliefs during the initial transcription process.

At most, I scheduled two interviews per day in order to allow time for reflective journaling and completed reflective journaling at the end of each interview. Serving as the instrument for data collection, it was crucial for me to critique myself and the interview itself at its conclusion. I noted if the room was comfortable, including the room temperature and the lighting. I reviewed if the rapport building had been effective and if the participants seemed comfortable with the questions being asked as well as if the interview questions were well understood and if there was a need to rephrase the questions. I noted the prompting and probing that was included in an interview when a thought was brought up that could lead to increased understanding of an issue on my part. Also, I watched the body language, tone, and facial expressions of each participant during the interview process. My impressions for each of these factors were included in the reflective journal kept throughout the data collection process. Although I had practiced leading the interviews prior to beginning data collection, my comfort level and

confidence grew with each interview. Reflective journaling allowed me to better understand the non-verbal cues of participants and work to ensure the comfort and well-being of participants.

All participants provided detailed and honest responses to the interview questions. Participants provided answers that were tinged with feelings of frustration, concern, and gratitude. There was no sense of withdrawal or hesitancy to answer the questions asked. I interviewed all participants in person at the Head Start center their child had attended or would be attending in the upcoming school year. All participants arrived at the pre-scheduled time.

Recruitment concluded after I interviewed the eleventh participant. All participants openly shared their experiences. I assigned unique identifiers to all participants (P1, P2, and so forth), and used these identifiers throughout the interview, transcription, and analysis process. I did not include any identifying names or Head Start center locations in the dissertation manuscript.

Data Analysis

Ensuring the quality of this qualitative study was a high priority throughout the design and implementation process. I carefully reviewed the purpose of this study and the purposeful sampling criteria in order to reach Idaho Head Start families that were most susceptible to experiencing food insecurity. I implemented the purposeful sampling plan described in Chapter 3 for participant recruitment and conducted all interviews face-to-face. I transcribed all the audio recorded interviews into a Microsoft Word document, returned them to participants for review via mail, and reviewed them multiple times to

ensure the accuracy of the data collected. Each interview transcript is included in the appendices.

I completed the transcriptions in a Microsoft word document and then uploaded the documents into Dedoose for coding and analysis. This was done as I did not always have access to the internet when completing transcriptions. Using Dedoose software, I read each transcription multiple times and grouped the data into codes. With the research questions in mind, I generated 77 codes. I completed the coding in two documented cycles, created categories, and identified common themes. I then categorized the 77 codes into seven main emergent themes: individual and interpersonal deterrents, individual coping strategies, community factors, individual deterrents, organizational structure deterrents, federal assistance policy deterrents, and nutrition education needs. I sent these results to the second coder via Dedoose for review. The second coder reviewed the research questions and transcripts from each interview. He then generated his own codes and noted emerging themes. We met and reviewed the conclusions each of us had drawn. When I noted differences, we reviewed the transcripts together and discussed them in order to reach a common ground. Percent agreements were used to determine inter-coder reliability. We agreed on a 75% match to ensure inter-coder reliability.

Thematic saturation was noted with the coding and analysis of all 11 transcripts. The most common codes for the participants were SNAP eligibility, coping mechanisms, stigma, judgment, and lack of awareness. Not all categories were specifically discussed by every participant and some codes were not as commonly addressed as others. Examples included: poor nutrition habits, difficulty with WIC, and judgement from food

pantry volunteers. These codes were not consistently repeated throughout the data set, but they still provided insight into the larger categories. Tables 2 through 10, found later in this chapter, display the codes and emergent themes based upon the research questions.

Evidence of Trustworthiness

As is the case with all qualitative research, trustworthiness is paramount. In order to ensure the trustworthiness of this study, credibility, transferability, dependability, confirmability, and inter-coder reliability where incorporated into the study. I reviewed each of these components.

To ensure credibility, I incorporated analyst triangulation via the use of a second coder. Once I transcribed and coded the data, I entered the results into Dedoose and sent these results to the second coder for review and reviewed his conclusions while we met to discuss our mutual findings. After some conversation, we were able to come to an agreement on the major themes of the data.

I incorporated member checking throughout the interviewing process as another tactic to ensure credibility. I provided each participant the opportunity to verify the responses of their experiences and perceptions. After each interview, I sent two copies of the transcription to participants, along with a self-addressed envelope. I asked participants to review the transcription, correct, comment on, or add anything discussed during the interview and return that copy to me via mail. Coding did not occur until I received the copy of the transcription from the participant. There were no time restrictions placed on the interview. This allowed each participant to provide in-depth responses to the questions posed. To ensure transferability, I conducted purposeful

sampling as described in Chapter 3. The purposeful sampling criteria ensured that participant recruitment occurred in Head Start programs that were more likely to be significantly impacted by food insecurity. I determined that 11 Idaho counties met the purposeful sampling criteria. I contacted these Head Start directors via email or telephone. Ultimately, five of those Head Start directors agreed to display the parent recruitment flyer. The recruitment flyer explained the purpose of the study, the estimated length of time for the interviews, and the type of questions that would be asked. I also made potential participants aware that they would receive a $10 gift card.

Dependability establishes the research findings as consistent and repeatable (Patton, 2015). In order to ensure dependability, I secured a second coder to review the data and asked him to conduct an external audit. I shared all data with the second coder via Dedoose. Sharing the data via Dedoose also helped to ensure the privacy and anonymity of the participants. After I analyzed the data to seek out codes, the codes were placed into categories and emergent themes. I turned these results over to the second coder to ensure inter-coder reliability. I held meetings with the second coder to ensure agreement of the findings. Furthermore, I incorporated reflective journaling to ensure confirmability of the findings. I conducted reflective journaling after each interview. This allowed me to ensure the conclusions being reached were shaped by the participant and not by me, as the researcher.

Results

The purpose of this qualitative study was to gain a more in-depth understanding of the experiences of Idaho Head Start families facing food insecurity when choosing

whether or not to access available nutrition assistance programs. To directly address each research question, I analyzed the transcripts from each participants' open-ended responses to each interview question in order to identify major themes. The major emergent themes from the research study were: individual and interpersonal deterrents, individual coping strategies, community factors, organizational structure deterrents, federal assistance policy deterrents, and nutrition education needs. The detailed analysis, which is organized by each research question and emergent theme, follows.

RQ1

Food insecurity is a concern for children residing in Idaho as well as those across the country. The national data shows there has been a decline in those participating in nutrition assistance programs such as SNAP and WIC over the past decade, which leads one to wonder if food insecure families have other support systems and resources to turn to for accessing food. In order to understand the experiences of Idaho Head Start parents when choosing whether or not to access available nutrition assistance programs, I asked participants about barriers to accessing such programs based upon the tenets of the SEM. All 11 participants described past or current experiences of food insecurity. All participants agreed they do not have the healthy foods in their homes that they would like to have.

Emergent theme: Individual and interpersonal deterrents. Participants were asked about individual barriers to accessing nutrition assistance programs. Personal pride, embarrassment, transportation, lack of gasoline money, lack of childcare, and the perceived judgement of others are the main individual deterrents noted in regard to

accessing nutrition assistance programs. P1 shared, “it hurts my pride to have to ask for help. I had already been in trouble with child protective services and was afraid that I would get turned in again cause I couldn’t feed my kids.” P2 stated, “I would forget about my WIC appointments, but now they send me text message reminders.” P3 expressed concerns about feelings of judgement, “people are judging me and thinking I am not a good dad and sometimes, I don’t have the car to get to appointments.” Similarly, P7 expressed these concerns as well, she mentioned, “people think I am not a good parent and I can’t provide for my kids. That is embarrassing.**”** P8 also expressed, “I have been in arguments with people on Facebook who think I am abusing the system. They think I am using the system, People in the grocery store have lectured me about what is in my cart.” P9 shared,

> There is a special mark on the SNAP debit card. People see it and they know you use SNAP. People think you can’t provide for your kids and they look down on you. It makes you feel inadequate as a parent.

P11 explained, “it is humbling to have to ask for help. It hurts your pride.”

Lack of childcare and lack of gas money were mentioned as individual deterrents. P4 shared that she “was expected to try and work during the summer after her kids turned six.” She expressed reservations about this when she mentioned, “my son has cystic fibrosis and I did not want to leave him.” P6 reported, **“**I don’t always have the gas money to get to appointments. If I can’t find a sitter for my kids, I don’t always go to the foodbank.”

The main interpersonal deterrents to accessing nutrition assistance programs were the inability or lack of willingness of family, friends, and neighbors to assist with transportation or provision of resources. I asked participants about other support systems they may have, such as family and friends. Two participants reported support systems within their families, friends, and neighbors. These support systems could provide support and assistance. The other nine participants reported a lack of support systems. P1 explained, "My parents used to be able to help me take my kids to WIC appointments while I worked, but they moved 20 miles away and can't help. I didn't know about SNAP then." P2 shared, "my husband lost his job mid-shift. The state closed the agency down and we had just moved to a new apartment. There was nobody who could help us." P3 explained, "we used to have great neighbors who we could share food with but, since we moved, our neighbors aren't as friendly." P4 also reported, "I could not ask my family for help. I am the one they go to when they need help." P7 noted, "I can rely on my dad for help with food but I don't want to ask him because he is already giving us a place to stay." P8 mentioned, "I had a falling out with my sisters after my mom died and we don't speak." Similarly, P9 explained "I cannot rely on family, friends, or neighbors for help with food when I need it." P10 described, "We moved to a small town because we could afford a house there. We have no family living near us and haven't gotten to know the neighbors yet." P11 shared, "before my husband left, family used to come to me for help with food. It's hard to be on the other side now and so I don't want to ask for help from family and friends."

Emergent theme: Coping strategies. All participants were able to describe

coping strategies for shopping in order to get the most out of their money. These strategies included menu planning, making lists, using coupons, shopping sales, shopping weekly or bi-weekly, stocking up, and reusing leftovers. Nine of the 11 participants would like to have their own private garden but lacked the space or the physical ability to maintain a garden. When asked about coping strategies, such as maintaining a private garden and how to best shop on a budget, participants offered several responses. P1 explained, "I live in a small duplex and there is no space for a garden. I have an app on my phone for couponing. I use digital coupons and like the buy five, save five sales." P2 also shared,

> I would love to have my own garden. I had one growing up and am waiting until we can buy a house to start a garden. I shop sales and create meal plans based on what is on sale. We bought a freezer so when meat is on sale, we can stock up. Buying food in season helps. It's not expensive when you buy in season.

P4 described, "budgeting to buy one staple item each week. I don't garden." P5 shared,

> I make a list before I go grocery shopping. If I am running low on money, I buy the most important things on my list. I used to have a garden, but my back is bad and I can't maintain one. A big benefit of gardens is less chemicals on produce.

P6 explained,

> I maintain a tight budget. I plan out menus and only buy these foods along with snacks for the kids. I make sure leftovers don't go to waste. Having a garden is hard to do in an apartment. I tried planters but they aren't producing.

Table 2 details RQ1 and the organization of the generated codes into emergent themes of individual and interpersonal deterrents and coping strategies.

Table 2

Emergent themes related to RQ1

Research Question	Codes	Emergent Themes
RQ1: How do Idaho Head Start enrolled families describe personal and intrapersonal barriers to accessing available nutrition assistance program?	No gas money	Individual and interpersonal deterrents
	Didn't know of SNAP	
	No transportation	
	Stigma	
	No space for gardens	
	Healthy foods are	
	expensive	
	Lost job mid shift	
	Unfriendly neighbors	
	Family can't help	
	Husband left family	
	Being judged	
	Fear of CPS	
	Forgotten appointments	
	Couponing	Coping strategies
	Menu Planning	
	Making Lists	
	Healthy meal	
	understanding	
	Cooking Tools	
	Understanding child	
	impact	

RQ2

Participants echoed similar thoughts on the need for marketing, increasing awareness of the services available, and knowing who to ask for help makes it easier to access nutrition assistance programs. The sense of judgment and stigma attached to seeking out services made it more difficult for participants to access nutrition assistance programs. Two participants described trade-offs to provide food for their families. One participant described going without food to ensure her children received enough to eat.

Emergent theme: Individual deterrents. Participants were asked what makes it easier and what makes it harder to access nutrition assistance programs. P1 shared, "being aware of the available programs makes it easier to use nutrition assistance programs. Fear of being judged makes it harder." While P2 reported,"knowing what is in your community makes it easier and word of mouth. I heard about WIC from my sisters. Forgetting about appointments makes it harder." Similarly, P3 stated, "knowing what is available makes it easier. Lack of transportation and not knowing who can help makes it harder." P5 also mentioned, "knowing who to ask helps. Not knowing where to go makes it harder. Some people might be ashamed and won't ask for help." Additional facilitators and barriers were expressed by P6, she said,

> Having childcare available helps. Having friends to go with you and trade off on babysitting while receiving goods makes it easier. Grouchy staff and staff who appear to be judging you makes it harder. Not having gas money to get to services also makes it harder.

P7 lamented and added, “the extra money we would have by getting assistance would make it easier. We would have more money to buy healthy foods. Money makes it harder to get nutrition assistance. We are $100 over income for SNAP.” P8 shared,

> The advertising of programs makes it easier to use them. SNAP is better advertised than WIC. I did a Google search and was able to get information about the qualifications for SNAP and Medicaid. It was harder to find information about WIC. The stigma attached to receiving services makes it harder.

P9 noted, “knowing that I can get help makes it easier to use services. Not qualifying for services makes it harder. I only qualify for $10 a month from SNAP. It isn’t worth the gas money to drive over and certify.” Involvement in Head Start was reported by P10 as a facilitator to receiving services, “Being around other people who need help makes it easier. They understand. Being a part of Head Start makes me not feel like such an outcast.” P10 also added, “Dealing with rude people makes it harder. Somebody at the store asked me once why I have so many kids if I need help feeding them. It makes you feel judged.” P11 reported, “being educated about what resources are available makes it easier. Pride makes it harder. It is humbling but you have to put that aside to get the help you need.”

Participants were asked to share any other thoughts, beliefs, or experiences about getting the food they wanted and accessing nutrition assistance programs. P1 expressed, “marketing programs would be good. I heard about WIC and SNAP from friends. Billboards and Facebook would be good.” P3 said, “marketing for programs available in the community would be good.” Then, he added, “it would be good to get nutrition

education with SNAP." P4 shared, "I wish it was easier for families to use services. Education to tax payers on how their money is used would be great. Maybe they would stop judging moms who are trying to feed their kids." Additionally, P6 noted, "more education is needed. The more educated people are, the more healthy they want to be. Pamphlets would be good. How to get education to people is the problem." P9 shared,

> Sometimes I have to skip paying a bill to buy groceries. I trade off a bill for groceries. It's stressful. Sometimes, I sell things in my house I am not using to pay a bill or buy groceries. It's hard to keep my head above water. Costs keep going up but help doesn't.

Similarly, P10 shared,

> Sometimes, me and my husband don't eat so the kids get enough food. Sometimes, we switch off paying bills and buying food. But then there are late fees and we get even further behind. I would rather feed my kids healthy foods but ramen noodles or mac and cheese is better than nothing. There are flaws in our system that we can't control. We makes $44000 a year as a family of eight are considered middle class. We are scraping to get by. It seems like you get punished for trying to work and do your best. You would be better off not to work. It's hard to be considered middle class. I have to choose food or power every month.

Table 3 displays RQ2 and the organization of the generated codes into the emergent theme of individual deterrents.

Table 3

Emergent themes related to RQ2

Research Question	Codes	Emergent theme
RQ2: How do Idaho Head Start enrolled families perceive their experiences, both positive and negative, when accessing nutrition assistance programs?	Fear of judgement	Individual deterrents
	Awareness of programs	
	Word of mouth	
	Lack of transportation	
	Lack of awareness	
	Hard to use services	
	Knowing who to ask	
	Poor nutrition habits	
	Lack of childcare	
	Lack of gas money	
	Over income	
	Advertising needed	
	System flaws	
	Unhealthy alternatives	
	Trade-offs	

RQ3

Community resources, or lack thereof, can reduce or promote food insecurity among Idaho Head Start families. In order to understand the community factors that impact the decision to access available nutrition assistance programs, questions were asked about resources available in the community and access to these resources. Parents

provided common responses for available nutrition assistance programs, such as WIC, SNAP, food distribution sites, and food boxes. There are several other nutrition assistance programs such as NSLP, SBP, SFSP, school backpack programs, Cooking Matters, and Eat Smart Idaho that were mentioned by one or two participants or not at all. Only two participants reported taking part in the SFSP. Work requirements or lack of transportation limited participation in SFSP by the other participants. Only two participants had even heard of Eat Smart Idaho. Two participants had completed the Cooking Matters program. Other participants had not heard of this resource or were unsure how to take part in the program. All participants noted that facilitators to accessing community nutrition assistance programs were awareness of the resources available to them. It appears that increased marketing of available programs is necessary in order to promote awareness among the target population.

All participants reported community gardens did not exist where they lived, but all parents expressed interest in such a resource if it was well organized and fair to everyone who took part. While every participant reported there were stores in their communities that sold the foods they wanted; all agreed the healthy foods were not affordable.

All parents reported the support and information they received from their Head Start program was invaluable. Four parents were not familiar with the WIC program prior to enrolling in Head Start. The Head Start family advocates assisted these families with the WIC enrollment process. All participants expressed gratitude for the information and support they received from Head Start. For those participants who had older children

enrolled in public schools, none reported receiving nutrition assistance information from community resource workers. One participant reported a food pantry being available at an elementary school in their community. Two participants reported their children receiving weekend food backpacks at the end of each school week.

Emergent theme: Community factors. Participants were asked to share their knowledge of community resources available to them. P1 responded, "WIC, SNAP, food distribution sites, the Salvation Army, and Eat Smart Idaho are programs available." P2 added,

> WIC is a nutrition assistance program. We go to the summer feed, depending on the weather. My sister lives in an area where summer feed only runs for six weeks. There is a weekend food backpack program for my son in kindergarten, but not for my daughter in Head Start.

P3 identified these programs as resources when he mentioned, "SNAP, WIC, and Head Start as nutrition assistance programs I know of." P4 added, "there is so much food scarcity here. Food boxes are not available every day. EFNEP is an amazing resource." P5 responded, "WIC is an available nutrition assistance program. I look at the magazines at the WIC office for healthy recipes." P6 noted similar resources, such as, "food boxes, WIC, and SNAP are available here. I can glean food from the fields. Some schools have food pantries during the school year." P7 noted, "WIC and SNAP are available if you qualify for them. There is also the food bank and SEICAA." Additional food assistance programs were noted by P8 when she mentioned, "WIC and SNAP. There is also the Bishop's Storehouse." P9 shared, "WIC is a nutrition assistance program. Oh wait, I

guess SNAP is too, but I don't qualify for that." P10 reported, "SNAP and WIC are available. I did not know about WIC until my first child started going to Head Start." P11 explained, "nutrition assistance programs in my community are food banks, food pantries, and the LDS church."

Table 4 displays RQ3 and the organization of the generated codes into the emergent theme of community factors.

Table 4

Emergent themes related to RQ3

Research Question	Codes	Emergent Themes
RQ3: How do Idaho Head Start enrolled families perceive the community factors that impact their decision to access nutrition assistance programs?	SNAP	Community factors
	WIC	
	Summer Feed	
	Foodbanks	
	Food pantries	
	Bishop's Storehouse	
	School community resource workers	
	No community gardens	
	Healthy foods expensive	
	Healthy foods available	
	Head Start staff	

RQ4

Food distribution sites such as food banks and food pantries provide much needed food supplies to families who seek out these services. For many families, the foods they receive from foodbanks and pantries are the difference between going hungry and keeping their children fed. However, the quality of the foods provided at food pantries was worrisome to those who had sought out such services. Concerns about long waits in line with young children was also noted as bothersome. The food and customer provided through the Bishop's Storehouse was spoken of positively by those who had sought out their services. The foods were noted to be of high quality and the volunteers

were friendly and did not appear to judge those who needed nutrition assistance. The Bishop's Storehouse is a food pantry operated by the Church of Jesus Christ of Latter Day Saints, known by many as the LDS Church.

All participants echoed similar sentiments when asked what types of foods they would want to offer if they were managers of a food pantry. All participants would like to see more fresh produce, fresh baked goods, lean meats, and dairy products such as yogurt, cheese, and low-fat milk. All participants would prefer not to provide boxed meal products, canned meats, and dried out bread products.

Emergent theme: Organizational structure deterrents. Participants were asked to describe the organizational structure of entities such as the Idaho Food Bank, specifically how food distributions are designed. All participants had accessed services through some type of food pantry and provided insights into the quality of the food that was provided, the food distribution process, and how they were treated by the staff and volunteers. P1 reported about the food quality, she stated,

> The food was pre-boxed and I had no choice in what I received. Fruits and vegetables are hard to get and they aren't always good quality. Sometimes, produce has to be eaten right way and sometimes it has to be thrown out because it is rotten. There is no selection and no substitutions for food allergies. The volunteers are nice and want to help. They will help you carry your food out to your car.

P2 had visited the Bishop's Storehouse and described it as,

> being set up like a grocery store. The bishop gives you a list of the food available

> and you pick what you want. A church volunteer walks with you and puts the food you choose into your cart. The church volunteers were really nice.

Likewise, P3 added,

> The food distribution at the Bishop's Storehouse is organized. Your bishop gives you the list of food and you select what you want. A relief society member walks with you and puts the food in your cart. It is set up like a grocery store. The volunteers are nice and want to help you. It was not a degrading experience.

P4 had also utilized the Bishop's Storehouse and shared,

> The people at the Bishop's Storehouse were welcoming. They help you get what you need. The food was healthy and they gave me a cookbook. The food pantries just have rice, bread, and boxed food. The volunteers had smiling faces and were happy to help.

P5 had visited a food pantry and explained,

> Some of the food I got was healthy. I got eggs, tuna, and canned vegetables. The food was pre-boxed and I received two items from each food group. I did not get to pick the foods I wanted because it was pre-boxed. There were cultural foods available."

P6 described her experiences at the food pantry, she stated,

> The wait times for food boxes are long. Going to the food pantries is not child friendly. One volunteer asked me why I have so many kids. She asked me if I was trying to start my own baseball team. I didn't go back to that pantry for a long time. Some volunteers act like you shouldn't have kids if you need food boxes.

> The foods are processed. Sometimes, the food provided is super healthy, like organic guava. It is about to spoil and no one is buying it at the grocery store, so it gets donated to the boxes.

Similarly, P7 noted,

> The food provided at the pantries are boxed. They contain no vegetables and are not healthy. The foods provided help you live but they are not healthy. I received two loaves of bread, juice, macaroni and cheese, and no meats."

P8 also noted the lack of food quality,

> The food I got from the pantry looked old and not healthy. The meat looked like it had been thawed and refrozen. I didn't accept it because I worried it wasn't safe to eat. The fruits and vegetables were rotten or close to rotten. It isn't much help if you can't eat it before it expires. It was not the kind of food I would serve my family. There were no fresh fruits or vegetables, no meats. It wasn't real cheese and it was pre-packaged meals.

Conversely, P8 shared that "at the Bishop's Storehouse, they provide ingredients so you can prepare fresh meals. They prepare you to make your own meals. A volunteer accompanies you and helps you choose the food items you need."

P9 had experiences with both food pantries and the Bishop's Storehouse, and she shared,

> The food provided at the pantry offered just a few fruits and vegetables. The pantry only had apples, oranges, carrots, and potatoes. The meats were okay. They did have rice, noodles, and rolled oats if I needed it. At the Bishop's Storehouse, you fill out a list and give it to the volunteer. They walk you through

the storehouse and put the foods in that you selected. It's very well organized.

P10 explained,

> When we have used the food bank, it was organized and the people were nice. It takes a certain person to want to help. The foods provided are expired a lot of the time. One time, I got canned foods that were a year and a half past the use by date. I was afraid it would make my kids sick.

P11 was also able to describe experiences with a food pantry and the Bishop's Storehouse. She noted,

> At the food pantry, the food was not the greatest. Some of the canned foods were out of date and the fruits and vegetables were moldy. I didn't think the foods were healthy. You have to stand in line for a long time. It's hard to stand in line that long with my health problems and with kids there. The Bishop's Storehouse gives me extra food when they get donations. They are very kind and always ask if I have enough food.

Table 5 details RQ4 and the organization of the generated codes into the emergent theme of organizational structure deterrents.

Table 5

Emergent themes related to RQ4

Research Question	Codes	Emergent Themes
Research Question 4: How do Idaho Head Start families perceive the structure of entities such as the Idaho Foodbank, specifically how food distributions are designed?	Outdated food Poor food quality Lack of choice Bishop's Storehouse Food allergy concerns Boxed foods Little variety Long lines Not child friendly Canned, not fresh	Organizational structure deterrents

RQ5

Federally funded nutrition assistance programs can serve as a security net for those Idaho Head Start families who are struggling with food insecurity. The United States government created programs such as WIC and SNAP to provide supplemental food for those in need. Not all parents who participated in the study are utilizing these programs. For two of the parents who participated in the study, their income or personal assets prevented them from receiving SNAP assistance. Two of the participants were receiving partial SNAP benefits. Participants were asked to share their thoughts about the application process for WIC and SNAP services. All participants have applied for WIC and SNAP services. All participants had been determined eligible for WIC

services and spoke positively of the application process and the treatment they received from WIC staff. While there was an occasional problem reported with WIC, all parents reported gratitude for the services they received and would recommend WIC to friends and family. At the time interviews were conducted, seven of the 11 participants were receiving WIC. The four families not receiving WIC benefits were raising children who had surpassed the five year old age limit for enrollment in the program.

Emergent theme: Federal policy deterrents. Five of the eleven participants were determined ineligible or eligible at a reduced amount for SNAP benefits. Nine of the parents described their frustration and detailed negative experiences when applying or recertifying for SNAP benefits. P1 reported, "sometimes there is a long wait at health and welfare to recertify for SNAP. A friend of mine was denied SNAP because she owned a newer car." P2 shared,

> The health and welfare employees have no heart or soul. They are stone faced and it is a very long meeting. You have to provide proof of income, bank statements, proof of student loans, proof of vehicle ownership, rent and utility statements. You have to go in every six months to recertify. There is no education provided with SNAP and the staff are not personable. Health and welfare staff need training on how to be personable and provide good customer service. Maybe these employees have seen awful things and need to disconnect.

P4 shared a similar sentiment by saying,

> I stopped using SNAP about four years ago. The SNAP program is very prying and intrusive. They are not willing to help guide you. They act like here is what

you get, get out door. I am eligible for assistance but I don't want the headache.

P5 applied for SNAP but was determined ineligible. She shared,

> I am taking care of my granddaughter because my daughter is a drug addict. I do not qualify for SNAP because we own our own home and have two vehicles. There is no partial help even though we are spending a lot more money on food.

Another incidence of not qualifying for services was shared by P7. She reported being told,

> I was $100 over income, sorry you don't qualify for anything. They did not offer information on other forms of assistance. I had to ask and pry for information about other forms of assistance. They don't seem to care. SNAP staff are not nice.

Similar feelings were expressed by P8. She noted,

> SNAP staff are straight forward and black and white. They do not try to be helpful; and don't seem to care. I think they need to take your bills into account more. Insurance costs should be taken into account when determining assistance. Cell phones are necessary, and they don't take that into account either. The criteria to determine benefits is very black and white.

P9 responded,

> Applying for SNAP benefits was a fight. I used to get $200 a month when we were a two parent family and both of us were working. I wasn't working full-time then. As a single parent, I only qualify for $10 a month. There hasn't

> been any increases in SSI benefits or child support payments, but SNAP help went down. It isn't worth my gas money to recertify for $10 a month, so I don't bother. The staff there doesn't care. You are just a number to them.

P10 responded in a similar manner, noting that,

> The SNAP people don't give off a friendly vibe. They are more judgmental than WIC. I have seen Spanish parents at WIC, scared to death they are going to get turned in. The WIC staff are like, no, let's get you some food. The SNAP people would turn them in. There are flaws in our system that we can't control. We make $44000 a year as a family of eight and are considered middle class. We are scraping to get by. SNAP should not consider us middle class. We are a big family and we qualify for $50 a month. That barely makes a meal or two for us. It seems like you get punished for trying to work and do your best. Sometimes, it seems like you would be better off not to work.

P11 also shared,

> At health and welfare, there is only one nice lady and I try to request her. The people there are short and impatient. They are just doing a job and I feel like I am just a number to them. I got penalized because my daughter got a job to help out. Since my second recertification, I went from getting $600 a month from SNAP to $60. It's like a catch 22. You get penalized for trying to help yourself.

Being approved for federal assistance is just the first step in the process of receiving needed food. SNAP provides recipients with an EBT card to use at needed food. SNAP grocery stores. Within the state of Idaho, WIC recipients were

provided with checks to use at participating grocery stores. Recipients received three checks per child. One check was designated for fruits and vegetables, while the second check paid for dairy products and the third check paid for grain products. This protocol was updated in October 2019, when WIC switched to an EBT card similar to the one SNAP has in place. Six participants described using nutrition benefits at the store as embarrassing and difficult. Using WIC benefits was described as more difficult than using SNAP benefits. Participants reported looking forward to the change to EBT cards with WIC in the fall of 2019.

Participants were asked questions about accessing nutrition assistance programs. They shared their experiences regarding the usage of SNAP and WIC benefits at the grocery store**.** P1 shared this shopping experience,

> SNAP provide a debit card and there are minimal restrictions on what you can buy. At first, it was hard to use WIC. The approved foods weren't clearly marked until stores started putting the WIC approved signs on the shelves. It would be embarrassing to get in line and not have the right kind of juice. Walmart is the hardest place to shop for WIC. The scanner goes off if you have an item that isn't approved.

P2 shared this experience about using benefits at the store,

> Using SNAP and WIC at the grocery store can be intimidating. I try to shop late at night when it's not as busy. I try to line up food on the conveyor belt based on what check is being used. I try not to use all the checks at the same shopping trip. I am looking forward to the EBT card in the fall.

Similarly, P3 felt, “it is easier to use SNAP with the EBT card than the WIC vouchers.” Comparably to P2, P4 shared,

> I go to the store late at night to use the WIC checks. If the cashier is untrained, it slows done the line. I try to use just one WIC check at a time. Sometimes, cashiers complain about people being on food stamps. I felt like I was being judged. When food stamps were distributed to everyone on the first of the month, the cashiers were mean. There was no compassion. I don’t use SNAP anymore, which makes it hard. Food prices keep going up while work pay doesn’t.

According to P5,

> Employees at the grocery store will correct you if you pick an item not approved by WIC. She also reported, you have to go back and get the right item. The WIC approved signs on the shelves make using it a lot easier.

P6 also noted,

> Using WIC at the grocery store is a pain. I am grateful but sometimes the WIC approved items change. I’m trying to follow my grocery list and select the approved items. Sometimes, I have to go to different stores to the approved foods my kids will eat. It will be interesting when they switch to the debit card in the fall.

Conversely, P7 described using WIC at the grocery store as “wonderful.” She said, “I had no problems as long as I had my checks. The labels telling you what is WIC approved helps a lot”. P8 shared,

> Using WIC and SNAP at the grocery store is embarrassing. I try to only use one

> or two checks at a time. I will be getting the WIC debit card in October and have been told you don't have to separate the food out at the register by the check that pays for it. I have been told you will receive a print out at the grocery store when you use the debit card that tells you what benefits you have remaining on your card.

As previously noted by parents, P9 reported,

> Using WIC at the grocery was a pain. You have to put your food on the belt by the way the check pays for it. Dairy in one section, fruits and vegetables in another, grains in another. It has to be rung up all separate and it took a long time to get checked out.

P10 also shared her experiences,

> Using WIC and SNAP at the grocery store is embarrassing. You get a bad attitude from the clerks and the people behind you. The clerks get mad because it takes a while to ring up WIC foods. It will be better when they go to the EBT cards. One lady behind me commented on the size of my family. Sometimes, I go shopping late at night so people won't judge me so much.

P11 described her experience when she noted,

> Using WIC and SNAP at the stores has gotten easier. I am sorry I had to use the vouchers for WIC. Using the SNAP card is easier. If the clerks at the store are rude, I give a positive to counteract the negative. I will say thank you for being patient. I try not to give them a chance to be negative.

Table 6 details RQ5 and the organization of the generated codes into the emergent theme of federal policy deterrents.

Table 6

Emergent themes related to RQ5

Research Question	Codes	Emergent Theme
Research Question5: How do Head Start enrolled families perceive the policies in place with entities such as WIC and SNAP in regards to procurement of services?	Judgement SNAP staff rude SNAP staff don't care Embarrassment WIC staff great Denial of services Punishment Assumptions Poor customer service Long waits Late night shopping	Federal policy deterrents

RQ6

The main responsibility of health educators is to promote, maintain, and improve the health of those they serve. While providing health education, the rights, dignity, confidentiality, and worth of all people should be respected to meet their needs. The nutrition education interests shared by parents in this study can be used to help promote food security within this population group.

The majority of the responses provided by participants indicated that teaching budgeting skills, preparing healthy meals, and meal planning would be most beneficial

for families facing food insecurity. As a health educator, it would be paramount to develop programs that encompass these key concepts and/or be aware of programs available in the community that are already teaching these topics. Health educators can also serve as a liaison for the development of community coalitions that support one another in providing services to those in need.

Emergent theme: Nutrition education needs. In order to better understand the health education needs of Idaho Head Start parents, the interview questions were specific to what nutrition education topics would be of most benefit to them. Their responses could help guide health educators in developing interventions that would positively address food insecurity within this specific population. For instance, P1 expressed interest in "education on couponing, food preparation, budgeting, and meal planning." P2 said, "breast feeding classes and Cooking Matters classed through WIC would be good. Having education booths for WIC and stores and books on what is WIC approved would be helpful." P3 also shared, "the nutrition education I got from Head Start and WIC was good for my family. Getting education from SNAP should be mandatory. They don't provide any education."

P4 would like more education on budgeting and planning healthier meals, she expressed,

> Teach families how to budget money and make healthier choices at the store. Some people I know go to the store every day and buy food for one meal at a time. Teaching families to plan meals and shop for 2 weeks at a time would be smart.

P5 believes that “teaching families about what resources are available is important.” P6 noted, “teaching people how to live on a budget would be helpful. How to get the most food for your money and how to use leftovers is important.” Similarly, P7 responded, “planning meals in a budget so one meal doesn’t cost $40 would be good. Meals that are fast and easy to cook would be good to know about.” P8 would like more education resources as well, she noted that she needed “more nutrition education on specific health concerns for my family.” She also added, “My metabolism is very different from the rest of my family. I have prediabetes and need to worry more about carbohydrate counting.” P9 shared her experience with Head Start when she noted, “nutrition education like Head Start uses. The small classes they offer to teach you how to make healthier meals would be good. I got good teaching from Head Start.” P10 would appreciate more cooking classes. She said, “classes on cooking with limited resources. I was a teen mom and didn’t know how to cook when I got out on my own. I had to teach myself how to cook.” Similarly, P11 explained, “classes that teach you how to cook would help families. The Cooking Matters class is great.”

Table 7 displays RQ6 and the organization of the generated codes into the emergent theme of nutrition education needs.

Table 7

Emergent themes related to RQ6

Research Question	Codes	Emergent Theme
Research Question 6: How can health educators incorporate the feedback obtained from Idaho Head Start families to develop interventions that will positively address food insecurity within this population?	Budget shopping Couponing Healthy meals Menu planning Using leftovers Awareness of resources Breastfeeding How to cook	Nutrition Education Needs

Summary

The findings of this research support the premise that Idaho Head Start families face food insecurity. Barriers were noted that deter families from being able to consistently provide nutritious meals for their family. The data and research gleaned from this study can provide in-depth understanding and insights into the barriers that deter these Idaho Head Start families from accessing the nutrition assistance programs that could help them become food secure.

Research participants provided first-hand knowledge of the experiences of food insecurity as well as the individual, interpersonal, community, organizational, and policy factors that deter Idaho Head Start families from accessing nutrition assistance programs that could aide in ending food insecurity. Individual barriers included feelings of stigma and fear as well as transportation concerns. Additional barriers and deterrents to food security identified by the participants included lack of support systems, lack of awareness

of programs available in communities, concerns with food quality at food pantries and food banks, dissatisfaction with customer services and difficulty using program resources. Parents were able to identify individual coping mechanisms they incorporated to address food insecurity as well as nutrition education topics that were of interest to them. In order to promote food security among this population, attention must be given to the barriers and deterrents they described that keep them from accessing available nutrition assistance programs. All 11 participants described past and/or current experiences with food insecurity. These experiences will continue if appropriate interventions are not developed.

This study showed that food insecurity is a significant problem within Idaho Head Start families. The findings also showed there are deterrents and barriers to accessing available nutrition assistance programs. Chapter 5 will include analytic categories based upon the SEM and an overview of the potential social change impact of the current research.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

This study was intended to help me better understand how the individual, interpersonal, community, organizational, and policy factors of the SEM play a role in decision making process of Idaho Head Start families when choosing whether or not to access available nutrition assistance programs. Using the SEM as the theoretical framework, this study sought to answer the six research questions previously presented in this study.

Barriers and deterrents that Idaho Head Start families may encounter when deciding whether or not to access available nutrition assistance programs were evaluated through face-to-face interviews with Idaho Head Start families. Through an examination of how individual, interpersonal, community, organizational, and policy levels of the SEM may impact participants' decision making, I sought to broaden stakeholders' understanding of possible interventions that may decrease food insecurity within this population. This basic interpretive study was conducted within five Idaho Head Start programs that met the purposeful sampling criteria. Data for this study were collected through interviews with 11 Idaho Head Start parents who agreed to participate in the study. Key findings gleaned from this study included feelings of stigma and fear, transportation barriers, lack of support systems, lack of awareness of available programs, coping mechanisms, difficulty using resources, concerns with food quality, dissatisfaction with customer service, and nutrition education needs.

Interpretation of the Findings

An iterative process of data reduction started with the coding process. Subsequently, I grouped the codes in six emergent themes aligned with the research questions. The themes that emerged were individual and interpersonal deterrents, individual coping strategies, community factors, organizational structure deterrents, federal assistance policy deterrents, and nutrition education needs.

Through a thematic analysis, I continued the data reduction process by creating categories. These categories help to classify the emergent themes based on the constructs of the SEM, which are individual and interpersonal factors, community factors, organizational factors, policy factors, and education. Table 8 displays the alignment of emergent themes and the analytic categories with the research questions. The purpose of the table is to show how the analytic categories connect back with the research questions. I have used these categories to discuss the findings in this chapter.

Table 8

Emergent Themes and Categories Aligned with the Research Questions

Research Question	Emergent Themes	Analytic Categories
RQ1: How do Idaho Head Start enrolled families describe personal and interpersonal barriers to accessing available nutrition assistance programs?	Individual and Interpersonal Deterrents Coping strategies	Individual factors and Interpersonal factors
RQ2: How do Idaho Head Start enrolled families perceive their experiences, both positive and negative, when accessing nutrition assistance programs?	Individual deterrents	
RQ3: How do Idaho Head Start enrolled families perceive the community factors that impact their decision to access available nutrition assistance programs?	Community factors	Community factors
RQ4: How do Idaho Head Start enrolled families perceive the organizational structure of entities, such as the Idaho Foodbank, specifically how food distributions are designed?	Organizational structure deterrents	Organizational factors
RQ5: How do Idaho Head Start enrolled families perceive the policies in place with entities such as WIC and SNAP in regards to procurement of services?	Federal policy deterrents	Policy factors
RQ6: How can health educators incorporate the feedback obtained from Idaho Head Start families to develop interventions that positively address food insecurity within this population?	Nutrition education needs	Education

Analytic Category 1: Individual Factors

Individual influences on health behaviors include knowledge, beliefs, attitudes, self-efficacy, developmental history, age, gender, religious identity, racial identity, economic status, financial resources, values, goals, literacy, and stigma (Sakai & Umetsu, 2016). The main individual influences that perpetuated food insecurity among participants in this study included a lack of financial resources, perceived stigma from others and the knowledge participants implemented in the form of coping strategies to obtain more food at the grocery store. For example, P1 expressed feelings of damaged pride when having to ask for help and feared that she would be turned into Child Protective Services as she needed assistance feeding her children. P3 expressed concerns that he is perceived as not being a good dad. P7 voiced feelings of being judged as a bad parent and not being able to provide for her children. This was embarrassing for her. Similarly, other researchers have also found that feelings of humiliation, guilt, and powerlessness among respondents, and a sense of perceived judgement, represent individual factors that could constitute a barrier to improved food security (Middleton et al., 2018). This perceived stigma may inhibit those in need of nutrition assistance from seeking out services, which supports continued food insecurity.

A second individual factor noted by parents in this study was a lack of financial resources, primarily a lack of gas money or transportation to get to nutrition assistance programs. For instance, P1 relied on her parents for transportation to appointments before they moved to another town. P3 reported he did not always have a car to get to appointments while P6 did not always have the gas money to get to appointments. A lack

of transportation among those in need of nutrition assistance services could reinforce food insecurity (Wiig Dammann & Smith, 2009).

Knowledge and coping strategies to save money are individual factors discussed by participants. For example, P1 described couponing strategies she employed to save money at the grocery store while P2 shopped sales and created meal plans based on what was on sale. She also purchased a freezer in order to stock up on meats when they were on sale. P5 created a list before she went shopping and would buy the most important items on her list if she started to run low on money. P6 described maintaining a tight food budget and creating menus, purchasing only the items she needed for her menus along with snacks for kids. Employing coping tools increased self-efficacy among participants and aided them in purchasing more food with the financial resources available to them. Possessing the knowledge to employ coping strategies that positively address food insecurity can increase a sense of self-efficacy among those who experience food insecurity (Matwiejckz et al., 2018).

Analytic Category 2: Interpersonal Factors

Formal and informal social networks as well as social support systems are a part of the interpersonal level of the SEM and can influence individual health behaviors. These networks can include family, friends, coworkers, and religious networks (Sakai & Umetsu, 2016). The main interpersonal factors noted in this research study was lack of support and a lack of networks between family and friends.

Only two of the 11 participants in this study reported having supports they could rely on in times of need. P3 reported that he used to share food with neighbors but, after a

recent move, his new neighbors were not as friendly and helpful. Additionally, P4, P8, and P9 responded they could not ask family for help. P10 and her family had just moved to a new town in order to purchase an affordable home and had not formed relationships with her new neighbors. These findings are congruent with the recommendations of creating social networks among extended family in order to care for the nutritional needs of children (DeLorme et al., 2017). Such social supports and networks can provide for assistance when needs arise and would be beneficial for all who face food insecurity.

A support system helps those facing food insecurity to develop a sense of belongingness. For example, P10 identified the importance of peer support .She shared that the connections and support she forged with other Head Start parents were helpful. She reported that others in need of help have a better understanding of the struggles she faces and it helps her feel like she is not such an outcast. These findings are congruent with the Fiese et al. study (2016), who found that participation in nutrition assistance programs that incorporated education activities on how to stretch food dollars also helped participants to connect with other peers.

Also, support systems are necessary to help those in need find the resources they need. Participants in this research reported hearing about programs such as WIC and SNAP from family, friends, or the Head Start family advocate. P1 heard about WIC and SNAP from friends while P2 heard about WIC from her sisters. P7 heard about WIC from her Head Start family advocate. Therefore, similar to what other studies have found, it is important to advocate for support systems that focus on getting eligible families enrolled in nutrition assistance programs (Miller et al., 2014).

Analytic Category 3: Community Factors

Relationships among organizations, institutions, and informational networks within defined boundaries can impact health choices, as noted within the community level of the SEM. Collaborations, community leaders, businesses, and transportation options may influence health (Sakai & Umetsu, 2016). The main community factors promoting food insecurity that were noted in this study included a lack of community supports, a need for improved informational networks, and a lack of community collaborations.

A community support that could be an asset for those facing food insecurity are community gardens (Uhlmann et al., 2018).. When participants in this research study were asked about supports such as community gardens, none reported access to such a resource. P2 felt having access to a community garden would be a blessing if it were run correctly. P5 reported having previous experiences with community gardens where you could pay $10 and pick the produce you wanted. She would like to see the start-up of a new community garden. P7 described the garden at her son's charter school. The garden was popular and parents helped tend it and were able to take the produce they wanted. P8 discussed the importance placed on community gardens when she was employed with USDA. She felt a community garden would be a great help for communities with a high population of low-income individuals. These findings resonate with previous research which advocated for the creation of community and school gardens to help alleviate food insecurity (Uhlmann et al., 2018).

A second community factor noted in this research that perpetuated food insecurity is related to informational networks. Participants identified a lack of awareness of available resources and a lack of awareness of who to ask about available resources. Three parents in this research study noted that being aware of the resources available in their communities made it easier to participate in nutrition assistance programs. Increased awareness of available resources can positively address food insecurity. P5 noted that knowing who to ask for help makes accessing services easier. P11 reported that being educated about what resources are available makes it easier to seek out help. In 2015, the AAP recommended that medical schools incorporate curriculum that educated medical students about community resources, specifically those that promoted food security. Additionally, Head Start family advocates share information with families in regard to community resources. The sharing of information about available resources in multiple environments helps increase awareness.

The creations of coalitions and partnerships would help increase awareness of all community programs that are available (Ke & Fords Jones, 2015). For example, food pantries could distribute flyers that provides information about Eat Smart Idaho and Cooking Matters classes. Conversely, Eat Smart Idaho and Cooking Matters could share information about locations of food pantries available in the community. Head Start programs could partner with community agencies and offer a space in their centers to hold community resource tables. These community resource tables could be led by staff of the community agencies and would educate Head Start families on the services they

provide. Holding a community resource table each week at Head Start centers could educate families on the wide variety of community resources available to them.

Analytic Category 4: Organizational Factors

Within the organizational level of the SEM, organizations or social institutions with rules and regulations for operations affect how, or how well, services are provided to individuals and groups (Sakai & Umetsu, 2016). In this research, the Head Start program, the lack of organizational collaborations between Head Start and WIC programs, technological needs, and the structure of food pantries/food banks were the main organizational factors identified by participants.

The mission of Head Start programs is to "promote the school readiness of young children from low-income families by enhancing their cognitive, social, and emotional development" (Administration for Children and Families, 2020, para. 1). All participants in this research study expressed gratitude for the information and assistance they obtained from Head Start staff in regard to available nutrition assistance programs. P3 described Head Start staff as "awesome". P4 described how Head Start staff would help parents in need get to appointments by providing transportation. P6 described her family advocate as "amazing" and told her about a community food pantry at a local school. All participants in this study described benefitting from the services they received from the Head Start programs their children were enrolled in.

None of the 11 participants in this research study were involved in Head Start programs where a collaboration was in place with WIC to provide on-site services at their Head Start centers. Collaborations between WIC programs and Head Start programs were

advocated for in other research studies (Martin, et al., 2014). Such collaborations can promote enrollment in organizations that positively address food insecurity. Creating reciprocal collaborations where information about available resources can be provided would be beneficial to the individual organizations as well.

Another organizational factor noted in this study was technological needs in the form of reminders for appointments. P2 reported that she sometimes forgot her WIC appointments but is now receiving text message reminders. This aligns with previous research that advocated for WIC programs to start sending out text message reminders for appointments (Whaley, et al., 2017). Courtesy reminders for appointments is not only beneficial for WIC recipients, but also WIC agencies. The amount of funding dollars received by WIC agencies is contingent on the number of participants they serve (USDA, 2018k).

A third organizational factor is the organizational structure of food pantries and foodbanks. Parents in this research described food pantries as lacking individual choice, as food boxes were all stocked with the same foods. P1 described food received at pantries as pre-boxed and did not allow for choices. P5 reported she did not get to select the foods she wanted as it was all pre-boxed. Those participants who had accessed the Bishop's Storehouse described a very different experience than those who had visited a food pantry. The Bishop's Storehouse is a food pantry operated by the Jesus Christ of Latter Day Saints (LDS) Church throughout Idaho. P2 described the Bishop's Storehouse as being set up similar to a grocery store where the church bishop provides you with a list of items available and you choose what you want. P8 explained that the Bishop's

Storehouse provided ingredients so you could prepare fresh meals. She explained a volunteer accompanies you through the storehouse and helps you choose the foods you need. Setting up food pantries like grocery stores was determined to be more effective in reducing food insecurity (Middleton, et al., 2018). Participants in other food insecurity studies noted less food insecurity when they allowed to choose the foods that were desired in their homes (Middleton, et al., 2018). Participants in this study noted that when they received foods of their personal choice, it helped to alleviate food insecurity in their homes.

In addition to the lack of choice, participants in this research also noted dissatisfaction with the quality of the foods received at food pantries. P8 voiced concerns that the food looked old and not healthy. The meat appeared to be thawed and refrozen. The fruits and vegetables were noted to be rotten or close to rotten. P10 voiced concerns that the canned foods were often expired and received canned goods that were a year and a half past the use by date while P11 expressed concerns that the fruits and vegetables offered at the food pantries were moldy. Respondents in other research studies also noted dissatisfaction with the quality of the foods received (Middleton, 2018). Foods provided that are not edible do nothing to positively address food insecurity.

Analytic Category 5: Policy Factors

Within the policy level of the SEM, local, state, national and global laws and policies impact health behavior and options (Sakai & Umetsu, 2016). Within this study, I reviewed policies specific to SNAP and marketing of federal programs.

Parents in this research expressed frustration and concern with the SNAP benefits they received or reported they did not qualify for any benefits. P5 described being determined ineligible for benefits due to owning a home and a vehicle. P7 described being told by health and welfare staff that she was $100 over-income and did not qualify for any benefits. P9 shared that, before her divorce, her family qualified for $200 per month in SNAP benefits. As a divorced single mom, her benefits had declined to $10 per month and it wasn't worth the gas money to drive to the health and welfare office for certification. P10 described frustration that as a family of 8, they only qualified for $50 a month in benefits. She reported that $50 per month only provided a meal or 2 for her family. P11 reported that her monthly SNAP benefits decreased from $600 per month to $60 per month when her daughter found employment to help the family. She described feeling as if her family was being punished for trying to help themselves. These findings align with previous research and past recommendations to alleviate food insecurity (Gunderson et al., 2018; Treatment Plan for Hunger, 2016). Advocating for a change from the Thrifty Food Plan to the Low-Cost Food Plan was advocated for by Gunderson et al. The Thrifty Food Plan is the current basis for SNAP allotments. A transition to the Low-Cost Food Plan as the basis for SNAP allotments would increase benefits by 8% (Children's Healthwatch, 2016; Gunderson et al. 2018). Increasing SNAP benefits by $42 a week would lead to a 62% decline in food insecurity at a cost of $27 billion, which would actually be a cost savings measure, as healthcare costs associated with food insecurity average $160 billion annually (Gunderson et al., 2018). Providing adequate benefits to those enrolled in SNAP is critical to positively addressing food insecurity.

Another policy factor discussed by participants was SNAP requirements for enrollment. P4 reported having ceased using SNAP services because it was too hard to provide all the necessary information. Although she was eligible for SNAP assistance, she did not feel the headache of applying for services outweighed the benefits received. P9 noted that the gas money necessary to drive to health and welfare was not worth the $10 a month she would receive in services. She did not feel like the employees at health and welfare cared and that she was just a number to them. P5 reported that she does not qualify for SNAP due to owning a home and two vehicles. She is now raising her grandchild and spending more money on food, but does not qualify for any benefits. These sentiments were similar to those who in other research studies. Research conducted in Tampa Bay, Florida among those waiting in line at a food pantry concluded that some respondents were determined to be ineligible for SNAP benefits and that applying for and receiving SNAP benefits did not outweigh the perceived cost of the application and recertification process (Bradley et al., 2018) The respondents included in this study also reported that their assets impacted SNAP access and that SNAP was not adequate to meet household food needs. The policy guidelines in place for SNAP enrollment were seen as a barrier and a deterrent to enrolling for assistance. The USDA (2018c) has estimated that only 83% of those who meet eligibility criteria are using SNAP services, indicating that 17% of those eligible are choosing not to seek services, which may be increasing their risk of food insecurity.

Another policy factor discussed by participants was the marketing of federal programs. Parents in this research study reported a lack of awareness of available federal

nutrition assistance programs and believed marketing would be an appropriate way to raise awareness. P1 felt marketing nutrition assistance programs via Facebook and billboards would be helpful while P3 also reported a need for increased marketing of nutrition assistance programs. P8 described performing a Google search for nutrition assistance programs and encountering difficulty finding information on WIC. She noted that advertising programs would make it easier to use them. These findings reinforce past research that advocated for social marketing of nutrition assistance programs as a way to decrease food insecurity (King, 2017). Knowledge and awareness of federal nutrition assistance programs is crucial to positively addressing food insecurity.

Analytic Category 6: Education

In order to elicit positive social change, it is critical for health educators to use the data obtained from this research to develop interventions and education curriculum that will positively address food insecurity. Parents who participated in this study were asked about nutrition education topics that were pertinent to them. Key nutrition education topics that were mentioned by parents included: food preparation and cooking classes, menu planning, budgeting skills, breastfeeding, making healthier choices at the grocery store, how to eat healthy on a budget, how to get the most for your food dollars, using leftovers, and education that was relevant to specific health topics, such as diabetes mellitus. These education interventions can be provided within the individual or community level of the SEM.

Past research related to food insecurity has advocated for nutrition education in order to positively address food insecurity, while also reviewing the effectiveness of such

nutrition education interventions (Matwiejczyk et al., 2018). Participation in hands-on nutrition education courses could improve self-efficacy and improve nutrition outcomes in the homes of participants (Matwiejczyk et al., 2018). Nutrition education classes have been effective in reducing household food insecurity among participants, while also increasing their self-confidence when selecting healthier options at the grocery store (Burke et al., 2018; Crouch & Dickes, 2017). In the present study, three parents expressed interest in food preparation and cooking classes and two parents were interested in learning how to eat healthier on a budget. Four parents in this study expressed interest in learning more about budgeting food dollars, while two parents were interested in learning more about menu planning.

Advocacy is a fundamental community mobilization strategy of health education and promotion. Advocacy is defined as "any action that speaks in favor of, recommends, argues for a cause, supports or defends, or pleads on behalf of others" (Alliance for Justice, 2008, para.1). Community health advocacy "entails advocacy by a community around issues related to health" (Loue, 2006, p. 459). Therefore, advocating for agencies uniting and working together to provide nutrition education programs is a necessary step to promote food security (Ke & Ford-Jones, 2015). The establishment of partnerships between agencies and organizations is another strategy to promote food security (Finney-Rutton et al., 2013).

With the use of the SEM as the theoretical framework for this research, it corroborates that food insecurity is impacted by a variety of factors. Each level of the SEM needs to be taken into consideration when creating interventions that seek to

diminish or eliminate food insecurity. Food insecurity is a growing epidemic in this country (Gunderson et al., 2018). The current interventions in place are not entirely effective, as people still find themselves food insecure. The findings of this study suggest a multi-level approach to address food insecurity.

Summary of Key Findings

The SEM framework was used to identify how the five levels of the model can impact Idaho Head Start families' decision to participate in available nutrition assistance programs. This study was intended to answer the six research questions that have been previously presented. By examining the levels within the SEM, the findings revealed that each of the five levels can play a role in deterring Idaho Head Start parents from participating in nutrition assistance programs. The participants in this study all shared stories of facing food insecurity.

Idaho Head Start parents shared individual and interpersonal deterrents to food security. First, healthy foods are available in their communities, but are expensive. Second, lack of transportation is an important barrier noted by parents in this study. Only participants from Program A reported access to regional bussing but noted the busses did not drop off at food pantries and the walk to a bus stop with food pantry boxes was difficult, especially if children were accompanying them. Participants from Programs B, C, D, and E did not have access to regional bussing. Third, respondents expressed concerns about the stigma attached to seeking assistance, fear of being judged, and fear of repercussions when seeking assistance. However, parents had implemented coping mechanisms to help make their dollars and resources stretch at the grocery store.

Participants shared stories of coping strategies such as using coupons, planning menus, and making lists before shopping. All participants had the necessary tools to prepare meals in their homes and all parents expressed understanding that their children would be negatively impacted by not having access to healthy foods on a daily basis. In terms of interpersonal barriers, parents reported lacking support systems to help offset food insecurity.

Parents were able to name community resources that were available to them. These resources included WIC, SNAP, food pantries and foodbanks, Bishop's Storehouse, and summer feeding programs. Respondents expressed appreciation for the assistance they received from Head Start staff, but were less impressed with assistance from school district community resource workers. Participants expressed interest in community gardens, but no one noted having access to one. These community factors impacted food insecurity among participants.

When accessing foodbanks and food pantries, concerns were reported about the quality of the food provided. The food pantries did not offer individual choices in the foods provided and some of the foods were outdated. The lines at food distribution sites were long and they were not child friendly experiences. These organizational structure deterrents impacted participants. Those who had accessed the Bishop's Storehouse spoke positively of their experiences. They were able to choose the foods they received and the food quality was excellent.

Examples of federal assistance policy deterrents were shared. Applying for SNAP benefits was a trying experience for respondents. They reported incidences of poor

customer service, a lack of compassion and concern from health and welfare workers, and an intrusive interview process. The WIC application process was described as a positive experience, with staff there being compassionate and caring. However, using WIC benefits at the grocery store was described as much more difficult than using SNAP benefits. Using both benefits at the grocery store was described as embarrassing by participants, due to the responses they received from cashiers and other shoppers in the store.

Parents expressed interest in several topics that could positively address nutrition education needs. These nutrition education programs included how to shop on a budget, menu planning, how to use leftovers, how to prepare healthy meals, and how to cook. Providing education on these topics could help parents stretch food dollars as well as SNAP and WIC benefits. Possessing positive coping tools has been shown to improve self-efficacy and decrease the level of food insecurity experienced in the home (Matwiejczk et al., 2018). Parents also noted a need for increasing awareness of available resources. Knowing who to ask for assistance and where to go to seek services was noted as important by parents. Without this key knowledge, they were more likely to remain food insecure.

It is critical to align the key findings of this research with previous research. Table 9 illustrates how the key findings in this study align with previous research.

Table 9

Alignment of Key Findings with Previous Research

Key Findings	Previous Research
Individual Level: Transportation barriers Fear of stigma and judgement Coping strategies	Middleton et al. (2018): Feelings of humiliation, guilt, and powerlessness, and perceived judgement of others Matwiejczk et al. (2018): Coping tools increase self-efficacy Wiig Dammann and Smith (2009): Transportation barriers reinforced food insecurity
Interpersonal Level: Lack of support systems	Fiese et al. (2016): Participation in nutrition education programs is beneficial Miller et al. (2014): Focus on enrolling eligible families in programs such as WIC and SNAP DeLorme et al. (2017): Creating social networks to care for nutritional needs
Community Level: Lack of awareness of available services Lack of resources such as community gardens Lack of school system supports	Uhlmann et al. (2018): Advocated for community gardens King (2018): School staff encourage participation in NSLP Ke and Ford-Jones (2015): Community agencies working together to provide nutrition education Misyak et al. (2015): Farmer's market curriculum American Academy of Nutrition and Dietetics (2017): Encouraged community collaborative initiatives
Organizational Level: Food quality concerns at food pantries Long wait lines at food pantries Lack of individual choice	Martin et al. (2014): Formal collaborations between WIC and Head Start programs Middleton et al. (2018): Dissatisfaction with food quality Whaley et al. (2017): Inclusion of technology in WIC to increase enrollment and retention rates
Policy Level: SNAP application process Limited SNAP benefits Use of assistance at participating grocery stores	Children's Healthwatch (2016) and Gunderson et al. (2018): Increased SNAP benefits Bradley et al. (2018): Benefits offered by SNAP do not outweigh perceived cost Hernandez (2015): Stress importance of SNAP to policymakers when evaluating the program
Education Shopping on a budget Menu Planning Using leftovers How to prepare healthy meals How to cook	Crouch & Dickes (2017): Participation in nutrition education improves food security and nutrition intake Burke et al. (2017): Nutrition education teaches parents how to stretch food dollars

Limitations of the Study

There were limitations to this study that may have impacted the results. Despite reaching out to all 11 Head Start programs that met the purposeful sampling criteria, only five programs agreed to display recruitment flyers. My recruitment attempts took place primarily in July, when center-based Head Start classrooms are closed for summer and only Early Head Start services are offered. Six of the Head Start directors I left voice messages and sent emails to did not respond at all. The northern portion of Idaho was not represented in the data collection process. It is also important to emphasize that the results of this study can only describe the experiences of participants and cannot be generalized to the greater population of Head Start parents.

Recommendations for Future Research

Food insecurity remains a concern across the nation, not just among Idaho Head Start families. This study focused on increasing understanding as to the barriers and deterrents that may sway Idaho Head Start enrolled families from accessing available nutrition assistance programs. With the incorporation of the SEM, the findings from this study can be used to aid health educators in developing a multi-level approach to positively addressing food insecurity. Families enrolled in Head Start programs represent those who are living at or below federal poverty guidelines.

The data from this study identified barriers and deterrents to accessing available nutrition assistance programs. As families continue to live at or below federal poverty guidelines and experience food insecurity, it is critical to conduct additional research that will shed light on how to encourage participation in programs that focus on eliminating

food insecurity. It is important to explore how children who are food insecure will continue to struggle with health concerns, socio-emotional concerns, and achieving cognitive and academic outcomes. It is also important to explore how parents of food insecure children will continue to struggle with feelings of inadequacy as a provider, guilt, and anger with themselves and their situation. Additional qualitative studies that incorporate a basic interpretive approach will shed light on the thoughts and feelings of children and their parents who are experiencing food insecurity. This type of research can aid health educators in developing interventions that positively impact food insecurity.

Qualitative research that reaches out to families who are dealing with food insecurity is paramount to creating effective interventions that reduce or eliminate food insecurity. This research should also focus on reaching out to individuals that have accessed nutrition education programs such as Cooking Matters and Eat Smart Idaho to determine how effective they have been in reducing food insecurity. Quantitative research that seeks to determine if these programs have had an impact in reducing the number of those living with food insecurity would also be beneficial.

Social Implications and Recommendations for Future Initiatives

My research focused on how the individual, interpersonal, community, organizational, and policy factors impacted food insecurity among Idaho Head Start enrolled families. My research has identified deterrents and barriers to accessing available nutrition assistance programs. The data I have gathered has identified changes that can be made that could improve participation rates and positively address food insecurity among this population. I will present this data based on the levels of the SEM.

At the individual level, transportation barriers were noted by many participants. At the interpersonal level, many participants reported not having a support system. Creating an office where food insecure families can access multiple services would help alleviate this deterrent. The Family Center, located in Findlay, Ohio, offers a wide array of services for low income families. This center houses services for low-income families that include clothing, food, dental, medical, legal, financial, housing, immunizations, transportation, medical prescriptions, and utility assistance (The Family Center, 2019). Such an entity would positively address individual and interpersonal barriers. Families could trade off on childcare and transportation with one another, thereby creating support for one another. Such an entity may diminish concerns of judgement and fear of repercussions, as local citizens work together to meet community needs.

At the community level, I advocate for the creation of partnerships and coalitions that would help community agencies support one another and spread the word of resources that are available to those in need. For example, Eat Smart Idaho is a community program that provides education on topics such as healthy eating, smart shopping, food safety, quick meal preparation, management of limited grocery dollars, and increasing physical activity (Eat Smart Idaho, 2019). Providing information on this program at food pantries and other assistance provision entities would help increase visibility for Eat Smart Idaho. My research indicated that only two participants were aware of Eat Smart Idaho. Representatives of Eat Smart Idaho could also schedule visits to food distribution sites and provide mini-lessons as people waited in line to receive food supplies. For my work as a care coordinator, I have accompanied individuals to food

pantries and it takes approximately two hours from the time you sign in and the time you receive your supplies. That would allow for ample time to provide mini-sessions. Such collaborations could be created with other community agencies, such as Cooking Matters.

Participants in my research indicated interest in community gardens. The Hunger Coalition has created the Hope Garden in Bellevue, Idaho. In 2019, the Hope Garden produced nearly 9,800 pounds of fresh fruits and vegetables. This food went to pantries, sold at farm stands, or went home with families who worked in the garden. Community members who are interested in creating community gardens could reach out to those in charge of the Hope Garden for guidance and support as they endeavor to develop community gardens where they reside.

At the organizational level, creating partnerships between WIC and Head Start programs would be an excellent way to coordinate services. WIC staff could set up at Head Start centers once a month and provide services to parents as they drop off their children for class. Such a partnership has been supported by previous research as it was found to be beneficial for Head Start families in Vermont and South Dakota (Martin et al., 2014)

At the policy level, it is imperative to advocate for policy change that positively addresses food insecurity. A change in the provision of SNAP benefits from the Thrifty Food Plan to the Low-Cost Food Plan would decrease food insecurity by 62% and save money by decreasing healthcare costs associated with hunger (Gunderson et al., 2018).

The CEP is a federal program that provides free breakfast and lunch for all students (King, 2018). Currently, only four school districts and 63 individual schools in

Idaho are determined eligible to participate in the CEP (Idaho State Department of Education, 2020). Thirteen school districts and 90 individual schools are determined nearly eligible to participate in the CEP (Idaho State Department of Education, 2020). In order to qualify for CEP benefits, a school district must have 40% or greater of their enrolled students meet federal poverty guidelines (Idaho State Department of Education, 2020). Individual schools within a school district may participate in the program if they meet that requirement (Idaho State Department of Education, 2020). Those schools determined nearly eligible have 30 to 39% of enrolled students who meet federal poverty guidelines. Advocating for changes that allow states to directly certify students based on Medicaid participation who help provide meals to students who might otherwise go hungry (Gordon & Ruffini, 2018). This system is only a demonstration program being conducted in 22 states.

Advocating for increased social marketing of federally funded programs aimed at reducing food insecurity is necessary to increase awareness. Social media outlets such as Facebook, Twitter, and Instagram would be a simple way to make people in need of food assistance aware of programs such as WIC, SNAP, NSLP, summer feed, and the SBP. Programs are in place that provide the educational tools that Idaho Head Start enrolled parents identified as needed and beneficial to them. Eat Smart Idaho and Cooking Matters are programs in place that provide education on the topics that have been identified as potentially beneficial. Health educators must work together to raise awareness of these programs and work together collaboratively to ensure the nutrition education needs of those facing food insecurity are met. As a health educator, I would advocate for the

creation of community collaborations that raise awareness of programs that are currently available, as well as increased social marketing of these programs. This could be accomplished by the creation of memorandums of agreement between nutrition education entities, Head Start programs, WIC agencies, pediatrician offices, and food pantries. These collaborative agencies could distribute handouts and pamphlets that showcase what each program is offering and advocate for one another as providers to those experiencing food insecurity. Table 10 illustrates topics that should be included in health education interventions and the programs that currently provide these education resources.

Table 10

Health Education Topics and Programs Offering These Topics

Health Education Topic	Programs That Offer These Topics
Food preparation skills	Eat Smart Idaho, Cooking Matters
Budgeting	Eat Smart Idaho
Meal planning	Eat Smart Idaho, Cooking Matters
How to shop healthier at the grocery store	Eat Smart Idaho, Cooking Matters
Eating healthy on a budget	Eat Smart Idaho, Cooking Matters
Healthy cooking	Eat Smart Idaho, Cooking Matters
Breastfeeding	WIC
Specific health needs, such as diabetes mellitus	WIC

Engaging in such initiatives can promote positive social change by decreasing food insecurity among children and families. Children who receive adequate nutrition face fewer illnesses and are more prepared to succeed in school and in their communities.

Parents who can provide their children with good nutrition feel less guilty, shamed, and lacking as a parent and a provider.

Conclusion

My research identified barriers and deterrents to accessing available nutrition assistance programs relative to families enrolled in Idaho Head Start programs. These identified barriers include: feelings of stigma and fear, transportation barriers, lack of support systems, lack of awareness of available community programs, concerns with the quality of foods received from food pantries, dissatisfaction with customer service, and difficulty using resources at grocery stores. Parents also identified nutrition education topics of interest to them. All participants shared experiences of facing food insecurity. They also shared experiences, both positive and negative, when reaching out to agencies who are in place to alleviate food insecurity.

With the inclusion of the SEM model, data were generated that can aid health educators in creating multiple interventions that address each level of the SEM in regard to decreasing or eliminating food insecurity. The data generated from this study clearly illustrates that multiple issues interplay with one another to promote food insecurity and multiple levels on intervention are necessary.

Additional research is necessary in order to gain deeper understanding of how to positively address food insecurity. Endeavors in future research should focus on how to encourage participation in programs that positively address food insecurity. More research is required to determine the correlation between participating in classes such as Cooking Matters and Eat Smart Idaho and reducing food insecurity among participants.

Finally, future research should also seek to understand the impact food insecurity has on children and their adult caregivers. Children who are food insecure could continue to struggle with health issues, have difficulty forming socio-emotional bonds with peers, struggle with cognitive development, and underperform academically. Adult caregivers could continue to struggle with feelings of inadequacy, anger, and guilt due to their inability to adequately provide food for their families.

Sharing the data from this research with stakeholders and community partners is necessary in order to help develop interventions that promote food security for Idaho Head Start families. The information and recommendations generated from this research will be shared with the Idaho Head Start Association, community agencies, and area health educators. The intent of this research was to help positively identify and address food insecurity initiatives in Idaho.

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Appendix A: Interview Guide

A. How would you define healthy food/meals?
B. Are the healthy foods you want affordable?
C. Do you have stores in your area that carry healthy foods?
D. Do you feel like the stores in your area carry the healthy foods you want?
E. Please share your thoughts and beliefs about how to best shop for foods on a budget.
F. Do you feel you can prepare healthy meals in your home?
G. Do you have the tools you need to prepare healthy meals in your home? Please include availability of cooking tools, such as ovens, pot/pans, microwave ovens.
H. How do you think children are affected when they can't eat a healthy diet?
I. What nutrition assistance services are available in your community?
J. Beside nutrition assistance services, are there other ways you can get food? Can you rely on family, friends, neighbors for help with getting food when needed?
K. Please share your thoughts and experiences about having your own private garden.
L. Please share your thoughts about participating in a community garden.
M. How would you describe your interactions with school community resource workers who can refer you to school related nutrition assistance programs?
N. Can you tell me about a time when it was difficult for you to get the food you needed?
O. Do you ever feel like you do not have the kinds of food in your home that you would like to have?
P. Can you describe deterrents and barriers as you see them personally when choosing to not use an available nutrition service?
Q. Can you describe facilitators as you see them personally when choosing to use an available nutrition service?
R. What things make it easier to access nutrition assistance programs?
S. What things make it harder to access nutrition assistance programs?
T. If you have accessed a food bank or pantry, how would you describe the food items provided to you? Do you feel the food was healthy? Was the kinds of food available the kind of food you usually make for yourself and your family?
U. If you have accessed a food bank, how would you describe the way food was distributed?

V. If you were the manager of a food pantry, what foods would you want available?
W. Do you think there is a stigma around using a food bank? How so?
X. How do you feel about the customer service of staff and volunteers at food banks/pantries?
Y. How would you describe your experiences when applying for services such as WIC and SNAP?
Z. How would you describe your feelings about using SNAP or WIC vouchers at participating grocery stores?
AA. What nutrition education services would be most beneficial to you and your family?
BB. Are there any other experiences, thoughts, or beliefs about getting the foods you want and accessing nutrition assistance programs that you would like to share?

Appendix B: Sociodemographic Data Questionnaire

Please circle the most appropriate response

1. What is your gender?

Male Female

2. What is your age? _____

3. What is your ethnicity?

White Hispanic or Latino Black or African American Native American or American Indian
Asian/Pacific Islander Other

4. What is the highest degree or level of school you have completed?

Some high school, no diploma
High school graduate, diploma or the equivalent (for example: GED)
Some college credit, no degree
Trade/technical/vocational training
Associate degree
Bachelor's degree
Master's degree

5. What is your marital status?

Single, never married Married or domestic partnership Widowed Divorced Separated

6. What is your employment status?

Employed Out of work and looking for work Out of work but not currently looking for work
Homemaker Student Military Retired Unable to work

7. What is your annual income, approximately? _____

Thank you for answering these questions.

Appendix C: Alignment of Research Questions with Interview Questions

Research Questions	Interview Questions
RQ1 How do Idaho Head Start enrolled families describe personal and intrapersonal barriers to accessing available nutrition assistance programs?	Can you tell me about a time it was difficult for you to get the food you needed? Do you ever feel like you do not have the kinds of food in your home that you would like to have? Do you think there is a stigma around using a food bank? How so? Can you describe deterrents and barriers as you see them personally when choosing to use available nutrition services? Can you describe facilitators as you see them personally when choosing to use an available nutrition service? Besides nutrition assistance services, are there other ways you can get food? Can you rely on family, friends, or neighbors for help when getting food when needed? How would you define healthy foods? Do you feel you can prepare healthy foods in your home? Do you have the tools you need to prepare healthy meals in your home? Please include availability of cooking tools, such as ovens, pots/pans, microwave ovens. Please share your thoughts and experiences about having your own private garden. Please share your thoughts and beliefs about how to best shop for food on a budget. How do you think children are affected when they cannot eat a healthy diet?
RQ2 How do Idaho Head Start enrolled families perceive their experiences, both negative and positive, when accessing nutrition assistance programs?	What makes it easier to access nutrition assistance programs? What makes it harder to access nutrition assistance programs? Are there any experiences, thoughts, or beliefs about getting the food you want and accessing nutrition assistance programs that you would like to share?
RQ3 How do Idaho Head Start enrolled families perceive the community factors that impact their decision to access available nutrition assistance programs?	What nutrition assistance services are available in your community? Please share your thoughts about participating in a community garden. How would you describe your interactions with school community resource workers who can refer you to school related nutrition assistance programs? Do you have stores in your area that carry healthy food? Do you feel like the stores in your area carry the healthy foods you want? Are the healthy foods you want affordable?
RQ4 How do Idaho Head Start enrolled families perceive the organizational structure of entities such as the Idaho Foodbank, specifically how food distributions are designed?	If you have accessed a food bank or pantry, how would you describe the food items provided to you? Do you feel the food was healthy? Was the kind of foods available the kind you usually make for yourself and your family? If you have accessed a food bank, how would you describe the way the food was distributed? If you were the manager of a food pantry, what kinds of foods would you want to distribute?
RQ5 How do Idaho Head Start enrolled families perceive the policies in place with entities such as WIC and SNAP in regards to procurement of services?	How would you describe your experiences when applying for services such as SNAP and WIC? How would you describe your feelings about using SNAP and WIC vouchers at participating grocery stores?
RQ6 How can health educators incorporate the feedback obtained from Idaho Head Start families to develop interventions that positively address food insecurity within this population?	What nutrition education services would be most beneficial to you and your family?

Appendix D: Recruitment Flyer

Participants needed for a food and nutrition assistance study.

Who: Parents of Head Start enrolled children
What: A study of Idaho Head Start families about food in your home and using nutrition assistance programs where you live
Where: Interviews will be held at your child's Head Start center
Time: About an hour of your time is needed to complete the interview
You will be asked questions about food in your home, food resources, and your feelings about using these resources.

All participants will receive a $10 gift card

Dissertation research study will be conducted by Walden University student Sherry Deiter
IRB Approval 06-24-19-0523580

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Appendix E: Transcript 1

P1 Transcript

A. “Healthy foods include the 3 basic food groups. Lean meats, breads, and vegetables”.

B. “The healthy foods I want for my kids are not affordable”.

C. “Yes. There are stores in my area that carry healthy foods”.

D. “Yes. Stores carry the healthy foods I want to buy”.

E. “I use coupons to shop on a budget. I have an app on my phone for couponing. I use digital coupons and like the buy five, save five sales”.

F. “I can cook healthy foods in my home. My grandma taught me how to cook”.

G. “Yes. I have the tools I need to cook meals”.

H. “Children who can't eat a healthy diet are tired and they can’t focus. I have personal experiences with being hungry. We didn’t always have enough to eat in my house when I was a kid”.

I. “Well, there is WIC and SNAP, food distribution sites, the Salvation Army, and Eat Smart Idaho are programs available. O, yeah, my kids get free lunches, I didn’t even think about that”.

J. “I can rely on family and friends for food. My parents used to be able to help me take my kids to WIC appointments while I worked but they moved 20 miles away and can’t help. I didn’t know about SNAP then”.

K. “It would be nice to have a private garden but I live in a small duplex and there is no space for a garden. I share a garden with my parents at their house”.

L. “I never have used a community garden but would like to. I haven’t heard of any around here”.

M. “I had good relationships with my Head Start family advocate. They have told me about programs and I have told them about programs that they didn’t know about”.

N. “There was one time I ran out of money. I didn’t know about SNAP and had no gas money to get to food pantries. My mom drove me around to get food boxes”.

O. “Yeah. There are times I don’t have the foods I want in my house”.

P. “It hurts my pride to have to ask for help. I had already been in trouble once with CPS and was afraid I would get turned in again cause I couldn’t feed my kids”.

Q. “Knowing what’s out there helps”.

R. “Being aware of the available programs makes it easier and not worrying about what you look like to others”.

S. “Fear of being judged makes it harder to use programs. I have seen some people in line at pantries wearing hats, glasses, and clothing so people wouldn’t know who they are”.

T. “The foods were pre-boxed and I had no choice in what I received. Fruits and vegetables are hard to get and they aren’t always good quality. Sometimes, the produce has to be eaten right away and sometimes it has to be thrown out because it is rotten. There is no selection and no substitutions for food allergies”.

U. “The food is all the same. You don’t get to pick what you want and you can’t trade for something else”.

V. “I would make sure there were staples, fresh/high quality produce, leaner meats, lunch meats, and eggs”.

W. “For sure there is a stigma attached for people who need help. People think you are lazy and looking for a handout”.

X. “Customer service at food banks is good. You may feel like volunteers are judging you, but they aren't. The volunteers are nice and they want to help. They will help you carry food out to your car”.

Y. “SNAP is easy to apply for if you bring all the needed paperwork. Sometimes, there is a long wait at health and welfare to apply or recertify. I work and it is hard to schedule and make WIC appointments. The WIC office is way over on the other side of town and it’s a pain to get to. I had a friend who tried to get SNAP but she got denied cause she had a newer car and a house. After she got divorced and no longer had a home, she got help. You can’t apply online for SNAP”.

Z. “SNAP provides a debit card and there are minimal restrictions on what you can buy. At first, it was hard to use WIC. The approved foods weren’t clearly marked until stores starting putting the WIC approved signs on the shelves. It would be embarrassing to get in line and not have the right kind of juice. Walmart is the

hardest place to shop for WIC. The scanner goes off if you have an item that isn't approved".

AA. "Education on couponing, food preparation, budgeting, and meal planning would be good. Some people I know don't know how to plan a meal"

BB. "I had a friend who dressed down when she went to health and welfare. She was scared that the people there wouldn't think she needed it. Walmart is the worst for couponing. Marketing for programs would be good. I heard about WIC and SNAP from friends. Billboards and Facebook would be good".

Appendix F: Transcript 2

P2 Transcript

A. “Healthy meals include all the food groups. Protein, grains, vegetables, dairy. I don’t think fruit at every meal is necessary because of the sugar they have in them”.

B. “Healthy foods are affordable. I enjoy cooking and trying new recipes for my family. My kids eat them better than my husband does”.

C. “Yes there are”.

D. “I can find the healthy foods I want in my house”.

E. “I shop sales and create meal plans around what is on sale. I set money aside for meat and buy when there is a good sale. We bought a freezer so when meat is on sale, we can stock up. Buying food in season helps. It’s not that expensive when you buy in season”.

F. “I can make healthy meals. I like to cook”.

G. “I have what I need to make healthy meals. I ask my family for pots and pans at Christmas”.

H. “Children don't grow as well and don't learn as well when they can't eat a healthy diet”.

I. “WIC is a nutrition assistance program. We go to the summer feed, depending on the weather. My sister lives in n area where summer feed only runs for 6 weeks. There is a weekend backpack program for my son in kindergarten but not for my daughter in Head Start”.

J. “I can rely on family and my LDS ward for help with food when I need it”.

K. “I would love to have my own garden. I had one growing up and am waiting until we can buy a house to start a garden. There is no room for a garden here at our apartment complex”.

L. “A community garden could be a blessing if it is run correctly. I think it could be a positive experience. There are more apartment complexes being built and it would help those without space for their own garden”.

M. “The Head Start family advocates we have had have been helpful. We have built positive relationships with them. They told me about the school fruit and veggie program the schools have. It lets kids try a different fruit or veggie each week. It has been good for my son”.

N. “My husband lost his job mid-shift. The state closed the agency down and we had just moved to a new apartment. There was no one who could help us”.

O. “I don’t always feel like they I have the food I want. SNAP provides enough benefits to get us through the month and it helps to know your way around the kitchen”.

P. “Sometimes my car breaks down and I can’t get to appointments. I have seen some people who can’t speak English and they don’t have people at health and welfare who can understand them”.

Q. “Knowing what is in your community makes it easier and word of mouth. I heard about WIC from my sisters.

R. “Knowing what is out there makes it easier for me to get help”.

S. “Forgetting about appointments makes it harder”.

T. “The church relief society lady went through the pantry with me. There wasn’t a lot of produce options. I just remember bananas and oranges. Most of the food was canned and I like to get fresh and frozen stuff”.

U. “The Bishop’s Storehouse is set up like a grocery store. The bishop gives you a list of the food available and you pick what you want. A church volunteer walks with you and puts the food you choose into your cart. The church volunteers were really nice”.

V. “If I worked in a food pantry, I would provide more staples and fresher, high quality produce”.

W. “Yeah, there is a stigma attached to using a food bank. There is shame and you lose your sense of pride. You feel like you can't provide for your family”.

X. “The customer service was good through the LDS church. That is the only pantry I have ever used. We called our bishop up and he gave us a list of foods to pick from. The relief society lady went through the pantry with us and put the foods we wanted into our cart”.

Y. “Applying for WIC and SNAP is easy and not a big deal as long as you have all the paperwork. Justin’s sister lives in St. Louis did not feel safe to apply for WIC cause to the neighborhood was bad. You shouldn’t be afraid to ask questions.

Z. Using SNAP and WIC at the grocery store can be intimidating. I try to shop late at night when it’s not as busy. I try not to use all the checks at the same shopping trip. I am looking forward to the EBT card in the fall”.

AA. “Breastfeeding classes and Cooking Matters through WIC would be good. Having education booths for WIC at stores and books on what is WIC approved would be helpful”.

BB. “I am using WIC and SNAP as a hand up while going to school, not a hand out. Don’t be afraid to use the resources when you have kids”.

Appendix G: Transcript 3

P3 Transcript

A. “This really isn’t a fair question. I’m going to school for this and know more than other parents will. Healthy foods promote good overall health. Good in fats, being non-saturated, high in fiber, decent in protein”.

B. “Not at all. Healthy foods are expensive”.

C. “Yes. There are a lot of stores here that carry healthy foods”.

D. “Yes”.

E. “You have educate yourself and know what you are looking for. Choose foods that are low in fat. You have to budget to buy fruits and vegetables”.

F. “No, I don’t cook anything. My wife does all the cooking”.

G. “Yeah, my wife has all the things she needs to cook”.

H. “Children who can't eat a healthy diet have stunted growth and it sets back their development”.

I. “SNAP, WIC, and Head Start are the only nutrition assistance programs I know of. SNAP does not provide education. WIC has an agenda. They push certain foods and they do not individualize. They would not work for a child with allergies”.

J. “I can rely on church, family, and friends for assistance with food. We used to have great neighbors who we could share food with but, since we moved, our neighbors aren’t as friendly. There are druggies living above us”.

K. “Having a private garden would be a great extra. Tending one to save money would not work. The time spent preparing, planting, and tending would not be cheaper in the end”.

L. “A community garden would be a cool idea”.

M. “Head Start staff have been awesome. They offer classes that are great. WIC does try to educate”.

N. “It was way more difficult to get food when I was single. Sometimes, it was pay the rent or buy food. I did not qualify for any benefits and used student loan money to get by. I don’t even wanna look at how much I own in student loans”.

O. “We do have the kind of foods I want. There is never enough Mountain Dew between me and my wife”.

P. “Being judged is tough. You have to ignore it”.

Q. “Knowing we are bettering our lives. It's temporary and we are not living off of the system forever”.

R. “Knowing what is available makes it easier”.

S. “I feel like people are judging me and thinking I am not a good dad. Lack of transportation and not knowing who can help makes it harder”.

T. “The food given at the food bank is cheap. It’s not name brand. It was easy to prepare”.

U. “The food distribution at the Bishop’s Storehouse is organized. Your bishop gives you the list of food and you select what you want. A relief society member walks with you and puts the food in your cart. It is set up like a grocery store. The volunteers are nice and want to help you. It was not a degrading experience”.

V. “I would want more fruits and vegetables. They need to offer recipes for inexpensive, and easy to make meals”.

W. “There is totally a stigma when you use a food bank. I felt more judged by the church bishop than I did when I applied for SNAP. When you go to a food pantry, people know what you are lined up for”.

X. “The volunteers at the church foodbank were friendly and wanted to help. It was not a degrading experience”.

Y. “The health and welfare employees have no heart or soul. They are stone faced and it is a very long meeting. You have to provide proof of income, bank statements, proof of student loans, proof of vehicle ownership, rent and utility statements. You have to go in every 6 months to recertify. You can feel the tension when applying and recertifying. There is no education provided with SNAP and the staff are not personable. Health and welfare staff need training on how to be personable and provide good customer service. Maybe these employees have seen awful things and need to disconnect. I didn’t feel any judgement with WIC but I have a love/hate relationship with them. There are limitations with

what you can buy. It is easier to use SNAP with the EBT card than the WIC vouchers".

Z. "For the most part, using SNAP at stores is fine. If you have junk in cart, you wonder who is watching and judging. You have to justify it in your head. You can't buy premade foods, but pretty much everything else is allowed. My wife does the WIC shopping late at night and I stay home with the kids, so I don't know much about using the checks. My wife is excited that WIC is going to a debit card like SNAP has soon. She says it is easier to use SNAP with the EBT card than the WIC vouchers".

AA. "The nutrition education I got from Head Start and WIC was good for my family. Getting education from SNAP should be mandatory. They don't provide any education".

BB. "Marketing for programs available in the community would be good. I'm not sure what other programs are available in the community. I learned about WIC and SNAP through the grapevine".

Appendix H: Transcript 4

P4 Transcript

A. “Healthy foods are proteins, veggies, fruit, dairy and grain”.

B. “Healthy foods are affordable now that I work full-time. I am a picky eater. I don’t even like it when my foods touch on the plate. My boyfriend’s preferences are not always affordable. He likes zucchini and squash. I like grapes and other simple foods. He doesn’t always get what he wants”.

C. “Yes. I live right by Fred Meyer and they carry lots of healthy foods”.

D. “Yes. Fred Meyer carries the healthy foods I want”.

E. “You should buy staples so you always have them. I budget to buy one staple item each week. You need to have sugar, salt, flour and I get what else we need to go with them”.

F. “I can cook in my home.

G. “I have everything I need in the kitchen”.

H. “Kids are affected in all areas when they can’t eat a healthy meal. Cognitively, with movement and motor skills. They need to have 5 servings of fruit and vegetables per day but is lacking. Children are used to eating one kind of food and they have to be introduced to them often. WIC offers fruits and veggies now but it does not stretch long. It might last a day or two in my house with 6 kids”.

I. “WIC is here and it’s easy to apply for. I still qualify for WIC and they don’t pry like health and welfare does for SNAP. SNAP is available. There are food box places but they aren’t available every day. There is so much food scarcity here. Oh, and there is EFNEP. They are an amazing resource. They used to come right to my house when I was a kid and they brought these amazing color sheets. I still remember that. I was on WIC as a child but not on food stamps. We did not qualify for food stamps but my dad bought them illegally”.

J. “I could not ask my family for help. I am the one they go to when they need help. There are food boxes and food pantries. The LDS church has a food place, but that is a process. It is all good food. I think it is called the Bishop’s Pantry. You meet with them and do forms. You can go 2 times per month. They ask you to

donate time as a way to give back. You can help them make peanut butter or pasta sauce".

K. "I don't garden. I had a garden in the past but it was not my favorite thing to do. I don't want to maintain it, weed it, or touch the dirt".

L. "There should be community gardens. If people want to take part, they should have a chance. Who would maintain it and who would pay for water? I have heard about community gardens in Washington and they are huge there. It would be great to have them here if you could work out all the logistics".

M. "School resource workers don't get involved with food. If a family is struggling, they can set you up with a food backpack program. We used to have food backpacks at Head Start but the need was too great and they cut Head Start out. Head Start will even help you get to appointments, but the school resource workers don't do anything with food".

N. In 2000, I had no job, I wasn't on SNAP and I had 3 kids. I depended on my mom. When she got paid, she would take us grocery shopping. We ate at mom's house a lot too. In 2001, I got hooked up with Head Start. They helped me learn how to be more self-sufficient. I have been working for Head Start since 2004 and my son will be going there this year".

O. "I don't feel like we don't have the foods we want in the house but the kids might feel that way. We eat out a lot too".

P. "I stopped using SNAP about 4 years ago. It was way too hard to provide all the things they wanted. You have to recertify even though you are approved for 1 year at a time. That makes no sense. After my kids turned 6, I was expected to try and work during the summer. My son has cystic fibrosis and I did not want to leave him. I am making more money but food costs keep going up".

Q. "Knowing people want to help you makes it better when you go ask for help".

R. "WIC educates but parents don't want to hear their child is fat. My daughter was a preemie and she was tiny. One month, WIC told me to put sour cream on all her food. The next month, they told me she had gained too much weight and said no one would tell me to put sour cream on everything. Preparing yourself for anything they might tell you makes it easier to get services but some people don't want to bother with WIC".

S. "The SNAP staff weren't rude but they are all brisk and firm. They aren't willing to help guide you. Here is what you get, get out the door is what it seems like to me. There is no education through SNAP".

T. "The people at the Bishop's Storehouse were welcoming. They help you get what you need. The food was healthy and they gave me a cookbook. The food pantries just have rice, bread, and boxed foods. The volunteers had smiling faces and were happy to help".

U. "Smiling faces. Volunteers are happy to help. They will load your car. I take a family to the pantry every month. They are happy to help."

V. "I would want more kid friendly foods. Food they like to eat. Fruit, gogurt, not what they always get at home. More fruits and vegetables. Kid friendly but healthy".

W. "Yeah, there is stigma. People go in disguise. They wear scarves and want to hide their identity. They don't want to be seen going in or out. I didn't know why so many people were lined up til I asked and someone told me it was a soup kitchen. The lines are huge there. People look down on you and think you are lazy and don't want to work. There needs to be education for taxpayers on where their money goes. It's such a small amount that goes for food assistance. It's a lot less than people think it is".

X. "Staff at food banks are welcoming".

Y. "WIC is welcoming and helpful but they can be cross about weight. The SNAP program is very prying an intrusive. They are not willing to help guide you. They act like, here is what you get, get out the door. I am eligible for assistance but don't want the headache. It's too much hassle to apply for SNAP. WIC is easy to apply for".

Z. "You get the debit card from SNAP and it's pretty easy to use. WIC used to be really hard until they put the WIC approved labels on the shelves. I go to the store late at night to use the WIC checks. I try to use just one WIC check at a time. Sometimes, cashiers complain about people being on food stamps. I felt like I was being judged. When food stamps were distributed on the first of the month, the cashiers were mean. There was no compassion. They would bash you right to your face for using benefits. It was humiliating. I don't use SNAP anymore, which makes it hard. Food prices keep going up while my work pay doesn't".

AA. “Teaching families how to budget money and make healthier choices at the store. Some people I know go to the grocery store every day and buy food for one meal at a time. Teaching families to plan meals and shop for 2 weeks at a time would be smart”.

BB. “Parents have no idea how to grocery shop. It’s like, components, what are they? The education piece is missing. I wish it was easier for families to use services. Education to taxpayers on how their tax money is used would be great. Maybe they would stop judging moms who are trying to feed their kids”.

Appendix I: Transcript 5

P5 Transcript

A. “Healthy foods include a protein, vegetables, juice and water”.

B. “Healthy foods are expensive but budgeting makes them affordable”.

C. “There are stores in the area that carry healthy foods. Walmart, Ridleys. Winco is the cheapest”.

D. “I can find the foods I want in the stores I shop”.

E. “I make a list before I go grocery shopping. If I am running low on money, I buy the most important things on my list”.

F. “I can prepare healthy meals. I like to grill and boil. I avoid frying”.

G. “Yes. I have what I need to cook”.

H. “They will not have enough iron. They are weak and have a decreased immune system and get sick often”.

I. “WIC is an available nutrition assistance program. I look at the magazines at the WIC office for healthy recipes. All my kids are grown, but they did get the free lunch program”.

J. “I can rely on family for help. I am raising my granddaughter and her mom provides groceries. My neighbors have gardens and they share. If I get too much food from the gardens, I freeze them until winter and use them when they would be more expensive in the grocery store”.

K. “I used to have a garden but my back is bad and I can’t maintain one. I grew carrots and radishes. It’s a big benefit to have your own garden. A big benefit is less chemicals on produce”.

L. “There used to be a community garden here. You payed $10 and picked which fruits and vegetables you wanted. I would like to see a community garden start again”.

M. “All my children are raised. I am now caring for my 3 year old granddaughter. She will begin Head Start in August. My children did receive free meals when they were in school”.

N. “In the winter, food is more expensive and it can be hard to get good food”.

O. “I don’t feel like I can’t get the foods I want. I make food a priority”.

P. “Not knowing where to go, not being informed”.

Q. “Knowing who to ask helps”.

R. “Not being afraid to ask for help when you need it”.

S. “Not knowing where to go makes it harder. Some people might be ashamed and won’t ask for help”.

T. “The boxes were made up. Some of it was healthy. I got eggs, tuna, and canned vegetables. I would feed most of it to my family”.

U. “The food was pre-boxed and I received 2 items from each food group. I did not get to pick the foods I wanted because it was pre-boxed. There were cultural foods available”.

V. “I would want to be able to provide fish, chicken, and fresh foods”.

W. “There is a stigma. Some people think if you have a house or a car, you don’t need food. People don’t know what is going on in a family. Hospital bills and other debts make it hard to provide enough food for your family”.

X. “The customer service was good. Volunteers helped take boxes to the car. They were nice and courteous. I was grateful”.

Y. “I am taking care of my granddaughter because my daughter is a drug addict. I do not qualify for SNAP because we own our house and 2 cars. There is no partial help for us even though we are spending a lot more money on food. WIC has nice people who help take care of my granddaughter”.

Z. “Employees at the grocery store will correct you if you pick an item not approved by WIC. You have to go back and get the right item. The WIC approved signs on the shelves make using it a lot easier”.

AA. “WIC has been good for my family. They helped me get a car seat for $20. The summer feeding program is good. Only adults have to pay for lunch. Teaching families about what resources are available is important”,

BB. “The thrift stores now carry milk and bread and it is a lot cheaper there”.

Appendix J: Transcript 6

P6 Transcript

A. “Healthy meals are well rounded. They contain proteins whole grains, fruits and vegetables. Healthy meals are balanced and colorful”.

B. “The healthy foods I want are not affordable. I would like to be able to purchase organic products and healthier food choices”.

C. “The stores I shop carry healthy foods”.

D. Stores in the area carry the healthy foods I want in my home”.

E. “I maintain a tight budget. I plan out menus and only buy those foods along with snacks for the kids. I make sure leftovers don’t go to waste”.

F. “I can prepare healthy foods in my home”.

G. “I have everything I need to prepare meals in the home”.

H. “If children cannot eat a healthy diet their bodies don’t get what they need. The body can adapt but it can lead to illness and disease”.

I. “Food boxes, WIC, and SNAP are available here. I can glean foods from the fields. Some schools have food pantries during the school year. My older kids all get the free lunches”.

J. “I have family in town that I can rely on for help if we need it”.

K. “Having a garden is to do in an apartment. I tried to do planters but it did not work out and they are not producing. If you have a garden, you would also have to consider the cost of the water and who would care for the garden if you went out of town”.

L. “When I lived in Washington, there was a community garden. You had your own lot to tend and the city watered it. Having a lot required that you put in service hours. That was hard to do with kids. Paying for a babysitter was expensive and transportation was an issue. If you could find someone to trade childcare with someone else, it made it easier to participate”.

M. “The family advocate at Head Start was amazing. My child did not get into Head Start until there was about 3 months left in the school year. My daughter was on the wait list. Leslie let me know about a community food pantry at a local school.

She also told me about diaper distributions at WIC and the Salvation Army. The free diapers helped free up some money for more food".

N. "Sometimes, I have to use a credit card but that puts you further in debt. If you stick to what Food Stamps offer, you can make it work. It is important to plan ahead. It can be tempting to buy quick meals, like corn dogs but that isn't budget friendly".

O. "I would like to have more fresh fruits and vegetables. There is never enough produce. WIC has the fruit and vegetable check, but the kids eat it in a day or two".

P. "Grouchy staff and staff who appears to be judging you makes it harder. Not having gas money to get to services also makes it harder".

Q. "Having childcare available helps. Having friends to go with you and trade off on babysitting while receiving services makes it easier".

R. "I don't always have the gas money to get to appointments. If I can't find a sitter for my kids, I don't always go to the foodbank".

S. "Not having anyone to watch your kids makes it harder. Going to a food pantry is not child friendly".

T. "The foods I have received from food boxes are processed. Rice is provided. Sometime, the food you get is super healthy, like organic guava. It is about to spoil and no one is buying it at the store, so it gets donated to the boxes".

U. "The wait times for food boxes are long. Going to the food pantries is not child friendly. One volunteer asked me why I have so many kids. She asked me if I was trying to start my own baseball team. I didn't go back to that pantry for a long time. Some volunteers act like you shouldn't have kids if you need food boxes. The foods are processed. Sometimes the food is super healthy, like organic guava. It is about to spoil and no one is buying it at the grocery store, so it gets donated to the boxes".

V. "If I managed a food pantry, I would want to offer more fresh fruits and vegetables. I would give out more frozen and canned meats. I would also want gluten free options and would accommodate for food allergies. There are no accommodations for food allergies".

W. "Yes. People think you are poor".

X. “The staff is very kind and understanding. They try to be helpful. One volunteer asked me why I have so many kids. Are you trying to start your own baseball team? I did not go back to that food distribution site for a long time. Going to food pantries is not child friendly. There are long wait times. They act like you shouldn’t have kids if you need food boxes”.

Y. “SNAP is easy to apply for if you keep track of your documents. It is easier now than it was at first. WIC is easy to apply for. If your child gains too much weight in between appointments, they want you to go to a class for weight management. There is no play area for the kids and it’s hard to take all 5 kids there. There are a few toys in the corner but it is difficult to go there as often as they want you to”.

Z. “Using WIC at the grocery store is a pain. I’m grateful but sometimes the WIC approved items change. I’m trying to follow my grocery list and also select the approved items. Only Smiths carries the yogurt that my kids will eat and is WIC approved. Sometimes, I have to go to different stores to get the approved foods my kids will eat. One time at WIC, they placed my paperwork in a new folder and the check got thrown away. They would not replace the check that was thrown out. Another time, I had all my kids at the store, did my WIC shopping, and went to check out. The check wasn’t accepted because WIC staff had forgotten to put the check number on it. I make sure to check all these things now before I go to the store. I have to go to different stores to use the different checks. They are going to a debit card in the fall. That will be interesting”.

AA. “Teaching people how to live on a budget and eat healthy would be helpful. How to get the most food for your money and how to use leftovers is important”.

BB. “More education is needed. The more educated people are, the more healthy they want to be. Pamphlets would be good. How to get education to people is the problem. What is the best way to educate them”?

Appendix K: Transcript 7

P7 Transcript

A. “Healthy foods and meals are rounded. They contain dairy, protein, grain, fruits, and vegetables”

B. The healthy foods I want are not always affordable”.

C. “Yes. Stores in the area do carry healthy foods”.

D. Yes. Stores in the area do carry healthy foods I want”.

E. “It is difficult to shop for food on a budget. Grocery store markets food in the wrong way. No healthy foods are displayed in the front of the store. Donuts are in the front of the store and priced at $2. My kids love fruit but they are more expensive than $2. My kids always go to the free fruit stand at Fred Meyer”.

F. “I do not feel that I can prepare healthy meals in my home. I don't always have the ingredients that are needed and don't have the money to buy these ingredients when I need them. I have $100 to last me the next 2 weeks until I get paid again. We live with my dad and he has a credit card I can use that is in his name but I don't like to use it since he is letting us live with him at a reduced rental fee. I don't want to go into credit card debt for food”.

G. “I do have the tools needed in my home to prepare healthy meals”.

H. “Children who can't eat a healthy meal have anxiety. They gain or lose weight. Their stomach hurts. They are cranky and upset”.

I. “WIC and SNAP are available if you qualify for them. There is also the food bank and SEICAA”.

J. “I can rely on my dad for help with food, but I don’t want to ask him because he is already giving us a place to stay”.

K. “I planted my own garden this year. I thought the cabbage died, so I didn't water it for 2 weeks, but it wasn't dead. I have been watering like crazy. I planted tomatoes but didn't know they needed to be propped up, so one sagged over and got smooshed. I propped it up with some outdoor lights and it is budding. I have been watering like crazy. My basil is growing really good. I will plant a garden again next year. I didn't know anything about planting a garden but have learned”.

L. “I have never participated in a community garden. My son goes to the charter school and they have a garden for families. Parents help take care of it and take what they need. It is popular”.

M. “My family advocate at Head Start helped me get my daughter back on WIC. She was great. She told me my daughter would qualify for WIC because she was on Medicaid”.

N. “Last month it was difficult to get food. I had to have eye surgery and it cost $1800. My kids lived on bagels. There was no money for food. I went and got a food box. There were no vegetables. It was just boxed food, like macaroni and cheese. It wasn't really healthy food”.

O. “I do feel like I don't have the healthy food I want in my home”.

P. “Money makes it harder to get nutrition assistance. We are $100 over income for SNAP”.

Q. “The extra money we would have by getting assistance would make it easier. We would have the money to buy healthy foods”.

R. “Knowing that there are people who care and want to help you.”

S. “People think I am not a good parent and I can’t provide for my kids. That is embarrassing”.

T. “The food provided at the pantries are boxed. They contain no vegetables and are not healthy. The foods provided help you live but they are not healthy. I received 2 loaves of bread, juice, macaroni and cheese, and no meats”.

U. “The boxes are pre-made and you get what you get. The volunteers told me to come back if I needed anything else and they did tell me about other resources that were available”.

V. “If I were the manager of a food bank, I would want to provide canned meats, fresh and canned vegetables, and whole grain breads”.

W. “There is a stigma attached to using a foodbank. Others see you as not being a good parent and that you are not providing for your kids”.

X. “The customer service at the food pantry was great. The staff and volunteers were very nice and welcoming”.

Y. “When applying for WIC, the staff was nice. I have temporary custody of my niece, who is 3, and the staff helped me get her signed up along with my daughter. They were upbeat and welcoming. SNAP staff are not nice. They told me I was $100 over income, sorry you don't qualify for anything. They did not offer information for other forms of assistance. I had to ask and pry for information about other forms of assistance. They don't seem to care”.

Z. “Using WIC at stores was wonderful. I have had no problems as long as I had my check. The labels telling you what is WIC approved helps a lot”.

AA. “Nutrition education about meal planning on a budget so a meal doesn't cost $40 to prepare would be good. Meals that are fast and easy would be good to know about. I work all day. My husband works graveyard and sleeps during the day. The kids are pretty much on their own and sometimes don't eat lunch until 4:00. When I get home at 5:00, they aren't hungry, so there is no point in trying to cook a healthy meal. They won't be hungry again until 9 and it isn't healthy to eat that late at night. Getting back to school will help with routine”.

BB. “Nutrition assistance programs are so important. I didn't know about WIC. I found out about them from my family advocate at Head Start. I am a Head Start teacher this year as well as a Head Start parent. At the Head Start center where I teach, parents did not know about WIC even though the WIC office is located right next door to the Head Start center. That tells me some people are not doing their jobs very well. I tell parents about applying for nutrition assistance services”.

Appendix L: Participant 8

P8 Transcript

A. “Healthy foods are low in carbohydrate, high in protein and well rounded”.

B. “Some of the healthy foods I want are affordable. Fruits and vegetables are getting more affordable. Eggs are affordable. Meats are expensive.”

C. “The stores in my area carry healthy foods”.

D. “The stores in my area carry the healthy foods I want”.

E. “I do best by planning my meals. I make a 2 week menu and shop for those items”.

F. “I can prepare healthy meals in my home”.

G. “I have the tools needed to prepare healthy meals”.

H. “Children who can’t eat a healthy diet do not look healthy. They have less energy and bad teeth. Some children can be obese”.

I. “WIC and SNAP are available. There is also the Bishop’s Storehouse”.

J. “I had a falling out with my sisters after my mom died and we don’t speak. I can count on my church for help getting food”.

K. “I wish I had a private garden. The fruits and vegetables just taste better from your own garden. Tending a garden keeps you more active. It is more cost effective, especially if you have an irrigation source. I do not have space for a garden where I live now”.

L. “Community gardens were big when I worked for USDA. It is a major help for communities with a lot of poor people. It is good if people are willing to help take care of it”.

M. “At the high school level, school resource workers don’t really talk about it. I received help from WIC staff who let me know about other nutrition assistance programs”.

N. “My step-son turns 18 at the end of this month. We will have to start counting his income and won’t qualify for SNAP. He doesn’t help pay for any food but his income will count against us. I don’t know what we are going to do then”.

O. "It has been okay this summer but we had to ask the bishop for help every 2 weeks this spring. The bishop was not rude about us needing help but it is hard to admit you need help. Our current bishop is good but other bishops haven't been so understanding".

P. "The stigma attached to receiving nutrition assistance is a deterrent".

Q. "The advertising of programs makes it easier to use them. SNAP is better advertised than WIC. I did a Google search and was able to get information about the qualifications for SNAP and Medicaid. It was harder to find information about WIC. The stigma attached to receiving services makes it harder".

R. "Knowing what is available and what the requirements are to qualify makes it easier".

S. "I have been in arguments with people on Facebook who think I am abusing the system. They think I am using the system. People in the grocery store have lectured me about what is in my cart".

T. "The food I got from the pantry looked old and not healthy. The meat looked like it had been thawed and refrozen. I didn't accept it because I worried it wasn't safe to eat. The fruits and vegetables were rotten or close to rotten. It isn't much help if you can't eat it before it expires. It was not the kind of food I would serve my family. There were no fresh fruits or vegetables, no meats. It wasn't real cheese and it was pre-packaged meals. At the Bishop's Storehouse, they provide ingredients so you can prepare fresh meals. They prepare you to make your own meals".

U. "The food distribution at the pantry was really odd. It was like the food was placed in the center of the room and you just took what you wanted. At the Bishop's Storehouse, a volunteer accompanies you and helps you choose the food items you need".

V. "If I were a food pantry manager, I would want to offer fresher produce and fresher baked goods. Most of the baked goods are dry and almost at the expiration date".

W. "There is a stigma attached to using nutrition services. People think you are abusing your privileges. People think you get an endless supply of money. If you spend stupidly, you won't make it through the month. Others pay attention to what you are buying and what is in your cart. Some lecture you on what you are buying. I have been in arguments with people on Facebook about it. I have tried to explain who you qualify for SNAP, but people feel like I am using the system".

X. “The staff and volunteers of food pantries seem fairly nice”.

Y. “The WIC staff seem to be more understanding and helpful. SNAP staff are straight forward and black and white. They do not try to be helpful and don’t seem to care. I think they need to take your bills into account more. Insurance costs should be taken into account when determining assistance. Cell phones are necessary needs and they don’t take that into account either. The criteria to determine benefits is very black and white”.

Z. “Using WIC and SNAP at the grocery store is embarrassing. I try to only use 1 or 2 checks at a time. I receive 3 checks per child per month for a total of 6 WIC checks. One check covers peanut butter, bread, eggs. A second check covers dairy products. The third check covers fruits and vegetables. I receive $9 per month per child for fruits and vegetables. This lasts me about 2 weeks. WIC staff tell you to buy smart. Use WIC first, then SNAP, and then your personal debit card. I will be getting the debit card in October and have been told you don’t have to separate the food out at the register by the check that pays for it. I have been told you will receive a print out at the grocery store when you use the debit card that tells you what benefits you have remaining on your card”.

AA. “More nutrition education on specific health concerns would be best for my family. My metabolism is very different from the rest of my family. I have pre-diabetes and need to worry more about carbohydrate counting”.

BB. “The LDS church has their own gardens and cattle farms. They ship foods to the Bishop’s Storehouse and it is good quality food. The beef roast they have is the best I have ever tasted. You don’t have to be LDS to receive assistance. If you find the bishop for the area you live in, you can contact him and they will help you out”.

Appendix M: Transcript 9

P9 Transcript

A. “Healthy meals provide a variety of foods that include a fruit, vegetable, dairy, and meat”.

B. “The healthy foods I want are not affordable. Fruits and vegetables are expensive. I prefer fresh foods rather than canned. It is cheaper to buy microwavable foods but I would like to offer fresh, healthier options”.

C. “The stores in my area do carry healthy foods”.

D. “The stores in my area do carry the healthy foods I want if I shop at several stores instead of just one. My son has a gluten intolerance and I have to shop several stores to accommodate for that”.

E. “I try to plan meals, but that is hard to do between work and raising 3 kids. I only buy exactly what I need and buy a couple weeks worth of food at one time. I try to never go grocery shopping when I am hungry”.

F. “Yes, I can prepare healthy meals in my home”.

G. “I have what I need”.

H. “Their brains don’t function. They can’t concentrate and get agitated. Being hungry is not a good feeling. When your belly hurts, you can’t focus on anything and can’t learn”.

I. “WIC is a nutrition assistance program. That is all I know of. Oh, wait I guess SNAP is too, but I don’t qualify for that”.

J. I cannot rely on family, friends, or neighbors for help with food when I need it. The church helped me once but said I couldn’t receive any more help from them”.

K. “I want my own private garden. It’s really hard to grow anything in my backyard. The soil is bad in the backyard and it’s hard to even get grass to grow. All that grows back there are weeds. I have some planter buckets but they aren’t growing very well”.

L. “If I had time, I would love to participate in a community garden. Twin Falls has a pick garden. You can go there, pick what fruits and vegetables you want. You have to pay for them, but they are cheap”.

M. “Interactions with school community resource workers are non-existent. I have 2 older kids and no one has ever told me about assistance programs. Head Start is the only program that has provided help to me”.

N. “A few months, ago, I needed help getting food for my kids. I’m a single mom, working full time. My ex-husband just went back to jail for a DUI. I was struggling, and behind on my mortgage payment. I asked the church for help. The bishop told me the church could only offer 2 weeks worth of food and they would not be able to help again. The church called me a couple weeks later and asked me to feed the missionaries. I don’t have the time, the money, or the food to feed anyone but my kids”.

O. “I do feel like I don’t have the kinds of food I would like to have in my home. I would love to provide my kids healthier foods. I want to give them healthy snacks, like grapes instead of chips. It’s just hard to afford those. Sometimes, I have to skip paying a bill to buy groceries. I trade off a bill for groceries. It’s stressful. Sometimes, I sell things in my house I am not using to help pay a bill or buy groceries”.

P. “Not qualifying for services. The amount I qualify for from SNAP is $10 a month. I own a home and my son gets SSI for a disability. They count that as income and the little bit of child support I get counts too. It isn’t worth the gas money to drive over to apply for SNAP”.

Q. “WIC was easy to apply for. Knowing that I could get help from them made encouraged me to use their program”.

R. “Knowing that I can get help makes it easier to use services”.

S. “Not qualifying for services makes it harder. I only qualify for $10 a month from SNAP. It isn’t worth the gas money to drive over and certify”.

T. “The food provided at the pantry offered just a few fruits and vegetables. The pantry only had apples, oranges, carrots, and potatoes. The meats were okay. They did have rice, noodles, and rolled oats if I needed it. The food they had wasn’t the kind I usually make for my family. We had grilled chicken and broccoli and potatoes last night. It was thrown together but it was healthy and tasted good”.

U. “At the Bishop’s Storehouse, you fill out a list and give it to the volunteer. They walk you through the storehouse and put the foods in that you selected. It’s very well organized”.

V. ’If I were the manager of a food pantry, I would want healthier foods and more variety. I would want a big selection of fruits and vegetables, not a small selection”.

W. “There is a stigma around using a food pantry. It makes you feel inadequate as a parent. People see your food stamp card when they are in line with you at the grocery store and know you are on food stamps. There is a special mark on the SNAP debit card. People think you can’t provide for your kids and they look down on you. It makes you feel inadequate as a parent”.

X. “The staff and volunteers at the food pantry were kind”.

Y. “WIC was easy to apply for. Applying for SNAP benefits was a fight. I used to get $200 a month when we were a 2 parent family and both of us were working. I wasn’t working full time. As a single parent, I only qualify for $10 a month, so I don’t bother. There haven’t been any increases in SSI benefits or child support payments but SNAP help went down. The staff there doesn’t care. You are just a number to them”.

Z. “Using WIC at the grocery store was a pain. You have to put your foods on the belt by the way the check pays for them. Dairy in one section, fruits, and vegetables in another, grains in another. It has to be rung up all separate and it takes a long time to get checked out”.

AA. “I would provide nutrition education like Head Start uses. The small classes they offer to teach you how to make healthier foods are good. I got good teaching from Head Start”.

BB. “I wish it was easier you know. I am barely scraping by and they need to take other factors into account. It’s hard to keep my head above water. Costs keep going up but the help doesn’t”.

Appendix N: Transcript 10

P10 Transcript

A. “Healthy meals are a vegetable and a meat. We have what we can do”.

B. “The healthy foods I want are sometimes affordable. We try to limit grocery shopping to once a month since we have to drive 30 miles. There are 2 stores here but we try not to shop there due to cost. WIC helps us a lot”.

C. “There are stores in my area that carry healthy foods but they are very expensive”.

D. “Yeah, the stores in my area carry the healthy foods I want. There is a wide variety”.

E. “Uh, I make a menu. I am strict with the menu but it is still so expensive to grocery shop. I have to be honest and say healthier foods get cut for processed foods. I would rather feed my kids healthy foods but something to eat like ramen noodles or mac and cheese is better than nothing. Sad to say”.

F. “I can prepare healthy meals in my home”.

G. “Yes, I have the tools I need to prepare healthy meals in my home”.

H. “Eating a lot of processed foods can make children gain weight. Kids are mean and pick on other kids who are chunky. It affects their learning. I feel better when I eat healthy foods. I can think more clearly and I think kids feel way more better when they eat good food”.

I. “Oh, let’s see, there is SNAP and WIC. I did not know about WIC until my first child started going to Head Start. We were on SNAP when we first got involved with Head Start”.

J. “We moved to a small town because we could afford a house there. We have no family living near us and haven’t gotten to know the neighbors yet”.

K. “My family had a garden but it is not doable for me and my family. We are busy all the time. The kids are in soccer and my 4 year old is in Head Start 2 days a week plus I am pregnant. I wouldn’t have time to water it and watch it”.

L. “A community garden sounds interesting. I have never done it before”.

M. “Interactions with school resource workers varies from school to school. Before we moved school districts, there were lots of resources but in the new school district, there is not much help or talk about help. They did give us a back to school food box, but the canned foods were outdated and I was afraid it would make my kids sick. The cans were like one and a half years past the use by date. We did get a honeydew that the kids really enjoyed and there were some pistachios, but the rest if it I had to throw away. Head Start helped a lot. Head Start had a huge positive impact on our family”.

N. “There are lots of times when it is hard for us to get the food we need. As the kids get older, they eat more. It’s really hard in the summer time. It gets better when the kids go back to school. I haven’t heard about school backpack programs here in our new school. We try to pick up odd jobs and just do the best we can to get by. Sometimes, me and my husband don’t eat so the kids get enough food. Sometimes, we switch off on paying bills and buying food. But then there are late fees and we get even further behind. Sometimes, the kids don’t get to eat as healthy. Sometimes, we live off Ramen noodles or mac and cheese”.

O. “I would like to have healthier stuff. I end up buying a lot of processed stuff, but it’s food, you know”.

P. “Being ashamed of needing help keeps people from going to get help”.

Q. “Knowing where to go and who to ask for help is really important”.

R. “Being involved in Head Start makes it easier to use services. Being around other people who need help too makes it easier. They understand. Being a part of Head Start makes me not feel like such an outcast”.

S. “Dealing with rude people makes it harder. Somebody at the store asked me once why I have so many kids if I need help to feed them. It makes you feel judged”.

T. “The foods provided are expired a lot of the time. One time, I got canned goods that were a year and a half past the use by date. I was afraid it would make my kids sick. Some things are useful. We got some Captain Crunch that the kids liked”.

U. “When we have used the food bank, it was organized and the people were nice. It takes a certain person to want to help”.

V. “I would want healthier options. I would not want expired foods. I would want more fruits and vegetables. I would want more variety and less processed foods”.

W. For sure, there is a stigma attached to using a food pantry. You don’t want people to know you use it because they will think bad about you”.

X. “The staff and volunteers at the food pantry were helpful and nice”.

Y. “Applying for WIC was a good experience. Head Start encouraged me to apply for WIC. They help a lot with buying fruits and vegetables. The SNAP people don’t give off a friendly vibe. They are more judgmental than WIC. I have seen Spanish parents at WIC, scared to death they are going to get turned in. The WIC staff were like, mo, let’s get you some food. The SNAP people would turn them in”.

Z. “Using WIC and SNAP at the grocery store is embarrassing. You get a bad attitude from the clerks and the people behind you. The clerks get mad because it takes a while to ring up WIC foods. It will be better when they go to the EBT cards. I heard that was supposed

to happen next month. One lady behind me commented about the size of my family. Sometimes, I go shopping late at night, so people won't judge me so much".

AA. "A class on cooking with limited resources would be good for my family. We never cooked at home when I was a kid. It was cheaper to go get a dollar hamburger. I was a teen mom and didn't know how to cook when I got out on my own. I had to teach myself".

BB. "There are flaws in our system that we can't control. We make $44000 a year as a family of 8 and are considered middle class. We are scraping to get by. Food pantries should have better foods to give to people. SNAP should not consider us middle class. We are a big family and qualify for $50 a month with SNAP. That barely makes meals for us. It seems like you get punished for trying to work and do your best. You would be better off to not work. It's hard to be considered middle class. I have to choose food or power every month".

Appendix O: Transcript 11

P11 Transcript

A. “Healthy meals are a protein, dairy, fruit, vegetable, and grain. These items are proportioned appropriately. You should try to stay away from sweets”.

B. “The healthy foods I want are sometimes affordable. It depends on sales and what foods are in season. Eating healthy is expensive”.

C. “Yes, there are stores in my area that carry healthy foods”.

D. “Yes, the stores in my area carry the healthy foods that I want”.

E. “You have to search for ads and get word of mouth from friends and family”.

F. “Yes, I can prepare healthy foods in my home”.

G. “Yes, I have what I need in my home to cook”.

H. “It affects their learning and stunts their growth”.

I. “Nutrition assistance programs in my community are food banks, food pantries, and the LDS church. My daughter in kindergarten doesn’t get lunch because they say there isn’t time for lunch only going a half day. I am really upset about that one”.

J. “I can rely on family and the church to help with food assistance. Before my husband left, family used to come to me for help with food. It’s hard to be on the other side now and so I don’t want to ask for help from family and friends. Without a decent car, it is horrible to try and get the food you need”.

K. “I would love to have my own private garden, but I would forget to water. You should see my grass. I need to buy a sprinkler”.

L. “I would like to participate in a community garden. I see postings about them on Facebook. They put fruits and vegetables on trees for those in need to take. I took Home Ec classes in 8th grade and learned how to cook there. They don't have that in schools anymore and they need to put home ec back in schools”.

M. “It needs better control by the district. Meeting with parents once a year is not enough. The family advocates at Head Start are really good. They are excellent with keeping in contact with parents. They come to the classrooms once a week to

check in. You need to have communication so that you are comfortable to share your needs with the advocates".

N. "My husband left 2 years ago. He left me with all the bills. It was really hard for me and my kids. Friends, family, and church helped me a lot. My daughter got a job to help pay the bills. I am trying to get SSI. My hearing is next month. I have lots of health concerns. I had a stroke and have poor eye control. I get migraine headaches. My kids have been wonderful".

O. "I sometimes don't feel like I have the kinds of food I want in my home. I have diabetes and it is very hard to pay for healthy foods. Whole wheat is pricier".

P. "Education is so important. Cooking Matters was an amazing class".

Q. "It is humbling to have to ask for help. It hurts your pride".

R. "Being educated about what resources are available makes it easier".

S. "Pride makes it harder. It is humbling but you have to put that aside to get the help you need".

T. "At the food pantry, the food was not the greatest. Some of the canned foods were out of date and the fruits and vegetables were moldy. I didn't think the foods were healthy and it wasn't the kinds of food I would make for my family. Everyone has different taste buds".

U. "The food pantry food was in a prefilled box. I didn't get to choose what I got. You have to stand in line for a long time. It's hard to stand in line that long with my health problems and with the kids there. The Bishop's Storehouse gives me extra food when they get donations. They are very kind and always ask if I have enough food".

V. "If I were the manager of the food pantry, I would want lots of fruits and vegetables and bread. Flour and sugar and ingredients so you can make other things with it".

W. "There is a stigma attached to using a food bank. You aren't always treated like a human being. People label you".

X. "The staff and volunteers at food pantries are usually nice but it depends on the day".

Y. "When I applied for WIC, it was easy. It was 1 to 1 and personal. At health and welfare, there is only 1 nice lady so I try to request her. The people there are short

and impatient. They are just doing a job and I feel like I am just a number to them. I got penalized because my daughter got a job to help out. Since my second recertification, I went from getting $600 a month to $60 a month. It's like a catch 22. You get punished for trying to help yourself. The Bishops give me extra food when they donations. They are very kind and ask about my kids. They always ask if you have enough".

Z. "Using WIC and SNAP at the stores has gotten better. I am sorry I had to use vouchers for WIC. Using the SNAP card is easier. I think SNAP should screen for drugs. If the clerks at the store were rude, I give a positive to counteract the negative. I would say thank you for being patient. I tried not to give them a chance to be negative".

AA. "Classes that teach you how to cook would help families. The Cooking Matters class is great".

BB. You need to learn what resources are available in the community. Don't be afraid to ask questions and don't be afraid to ask for help if you need it".

Appendix P: Reflective Journal for P4

Participant 4 arrived at the pre-determined time. We did have to reschedule her first appointment. She cancelled the first meeting due to nausea and vomiting related to pregnancy. Having met at the center with previous participants, I realized the room was somewhat warm as the air conditioning had not been turned on yet and I was told this was controlled at the school district offices. I brought a fan to help keep the room cooler. The lighting was adequate.

I introduced myself and explained the purpose of this study. I asked if she had any questions about the informed consent, the purpose of the study, and if she was comfortable with audio recording the interview. No questions were voiced about the informed consent or the purpose of the interview and the participant was agreeable to being recorded.

In order to build rapport, I asked if she was feeling better today. She reported this was her sixth pregnancy and it had been the hardest one in terms of nausea and morning sickness. I offered a bottle of water and she accepted. This participant reported she was now an employee at this Head Start program and her fifth child would be attending in the fall. She had older children who had also attended Head Start and reported Head Start had changed her life. I felt appropriate rapport building had been established.

I began with the interview questions. The participant understood the questions; I did not need to rephrase questions. It appeared that this participant remained comfortable throughout the interview and did not hesitate to answer any of the questions that were

asked of her. She displayed a passion for wanting to improve the lives of the families she worked with.

I monitored my voice tone, facial expressions, and body language throughout the interview. I believe I was able to remain impassive and merely listened to the responses provided to the interview questions. Member checking occurred throughout the interview to ensure I was adequately capturing her thoughts and beliefs.

With the last interview question, I asked the participant to share any other thoughts that she felt was important, which she did. I asked if there was anything else she wanted to include and she declined. At that point, I ended the interview and provided her with a $10 gift card. I let her know I would transcribe the audio recording and would send her 2 copies to review. I let her know I would send a self-addressed stamped envelope and ask that she make any changes she felt were needed, sign a copy of the transcript, and return it to me. She was agreeable to this. The interview process lasted 63 minutes in total.