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An Outcome Evaluation of Food Pantries Implementing the More than Food Framework

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ABSTRACT

Many food pantries are looking for ways to provide additional services beyond food distribution. The More Than Food framework builds capacity within food banks and food pantries to more effectively address the root causes of hunger. Seven food pantries in three states were trained in the More Than Food framework, and 484 people received individualized coaching using motivational interviewing. Over 9 months, results show significant increases in food security, self-sufficiency, diet quality and social support (all $p < .01$). Results provide additional evidence that offering More Than Food is effective and is scalable in different pantry settings with diverse populations.

KEYWORDS

Food insecurity; self-sufficiency; food pantries; food bank; hunger; capacity

Introduction

Food Insecurity and Root Causes

The U.S. Department of Agriculture defines food insecurity as a lack of consistent access to enough food for an active healthy life.¹ Food insecurity is a well-documented struggle in the United States. Approximately 11.1% of households in the US were estimated to be food insecure in 2018, which means they experienced reduced food quality, variety, and desirability.¹ This estimate includes 4.3% of US households who experienced very low food insecurity, which means that the food intake of some household members is reduced because of limited access to food. What is alarming is that households with children report higher levels of food insecurity (13.9%) compared to those without children (9.9%). Households with children headed by a single woman (27.8%) and households with incomes below 100% of the poverty line (35.3%) were the highest rates reported.

A lack of financial resources has been directly linked to food insecurity.^{1,2} Low income families and those below the poverty line are often forced to make difficult decisions about how to use their limited resources. For example, they may be faced with choosing between necessities such as healthcare, utilities, and

food.^{3,4} A number of factors contribute to low-income status such as a lack of education, lack of affordable child care, poor money management skills, difficulty finding employment, or unaddressed mental health challenges. Additionally, research shows that people experiencing food insecurity have increased risk of both physical and mental health conditions, including diabetes, hypertension, depression and anxiety.^{5,6}

Food pantries provide free food to neighbors experiencing food insecurity. While most people engage with pantries because of the felt need for food, the vast majority have a number of underlying challenges that create the need for food. Without holistically addressing these challenges, it is difficult for individuals to make long-term sustainable changes in their lives to increase their financial security and ability to afford enough food.

History of More than Food

Development of the More Than Food framework evolved over the past decade. The framework emerged out of the design and evaluation of the Freshplace food pantry located in Hartford, Connecticut, conducted by the corresponding author. This food pantry piloted a novel approach to addressing hunger and food insecurity by allowing clients to select their own food, offering a wide variety of healthy food options and providing on-site skill building classes and case management services. A rigorous evaluation found that clients who received services at Freshplace improved their food security, self-sufficiency, diet quality, and self-efficacy while a control sample did not yield these positive outcomes.^{7,8}

Based on the strong and significant results of the Freshplace program, our research team developed the More Than Food framework to describe the core components of this approach that can serve as best practices for food pantries. Findings from a program evaluation of a food pantry in El Paso Texas also implementing the More Than Food framework yielded similar findings to Freshplace.⁹

Over the last five years, our team has worked together to replicate the More Than Food framework, conduct consistent trainings with standardized tools, and implement it in various food pantries. While the findings from the original Freshplace program and the El Paso pantry were promising, this paper explores the degree to which this framework can be successfully replicated at a larger scale.

Values Informing the More than Food Framework

The goal of More Than Food is to build the capacity of food pantries to use best practices to more effectively address the root causes of hunger. In order

to effectively implement More Than Food, it is important to understand the values and theory that shape the design of the framework.

Strength-based

Very often in the nonprofit field, we conduct needs assessments but spend less time assessing the strengths of individuals or communities. The term strength-based can be used to describe both a way of seeing others as well as a set of practices that guide how services are delivered. Rather than focusing only on problems and deficits in a person's life, this approach focuses on each person's potential and goals for the future.^{10–12} This is reflected in subtle, but significant ways during programming. For example, the words and tone used during interactions, and the language included in program policies and procedures can either discourage or encourage clients.

Trauma-informed

Living in poverty and being food insecure can contribute to trauma. Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being. The ACES study demonstrates that poverty is a strong reinforcing factor in the accumulation of adverse childhood experiences.¹³ That is, people living in poverty were more likely to have more adverse experiences, which were linked to unfavorable health outcomes in adults. Further, the very nature of being food insecure involves a high degree of chronic stress and anxiety about getting enough food for one's family.¹⁴ The vast majority of people receiving services through food pantries have incomes below the poverty level.

Trauma-informed describes attitudes and practices that promote a culture of safety, empowerment and healing. It acknowledges the physical, emotional and relational impact of trauma on people's lives and the ways that programming, policies and procedures can help or re-traumatize clients depending on the degree to which they are informed by an understanding of trauma and PTSD.^{15,16} Therefore, it is particularly important to utilize a trauma-informed approach in food pantry programming because there is a great likelihood that many of the people served have been impacted by trauma and even those who have not are likely experiencing high levels of stress associated with food insecurity.

Stages of Change and Motivational Interviewing

More Than Food helps individuals to set and achieve goals in their lives, which requires behavior change. The individualized coaching component of More Than Food is grounded in the Stages of Change theory describing the five stages common to all people as they make changes in their life (pre-contemplation, contemplation, preparation, action, and maintenance).¹⁷ Motivational Interviewing (MI) is an evidence-based approach that

effectively helps people to move through each stage of change. MI is a way of ‘being’ with another person and a set of skills and techniques used to facilitate change in a person’s life. When used correctly, MI helps people to become more prepared to make a change and to identify strengths and assets that can be used to help them accomplish their goals.¹⁸

Holistic Person Centered

The biopsychosocial model is an interdisciplinary approach that looks at the interconnection between biology, psychology, and socio-environmental factors.¹⁹ It is holistic and recognizes the complexity of each person and the reality that when needs in one area are not met, it can impact functioning and well-being in other areas. For example, a person who is experiencing depression is not likely to be able to start looking for a new job until they are receiving mental health services. More Than Food looks at areas of strength and challenges in all areas of a person’s life. By doing this, the person is served holistically and goals are established that take into account how struggles in various areas of life interact with one another.

Social Justice

More Than Food recognizes that systemic inequalities and injustices exist that have created and help perpetuate poverty and food insecurity among certain populations. For example, limited access to healthy food in certain communities, particularly minority and low-income communities, create health disparities.²⁰ Unequal access and opportunities for high quality education limit future employment opportunities and income.²¹ While the primary focus of More Than Food is sustainable change in an individual’s life situation, we recognize and are sensitive to the fact that there are many historic and systemic factors beyond an individual’s control that contribute to their current experience.

More Than Food Programmatic Components

The framework describes three components of food pantry programming linked to positive outcomes for people served, and which incorporate the values mentioned above.

- (1) **Choice:** allowing clients the dignity to choose food items they prefer in a space where a variety of healthy options are available and promoted.
- (2) **Connection:** supporting clients in setting and meeting goals by connecting them to community resources that foster health and financial wellbeing. Coaches are trained in Stages of Change and MI to work individually with clients for 9 months. Referrals are made to support goals and on-site programming is offered when possible.

- (3) **Culture:** creating a welcoming and relational environment that respects the dignity of each client served and which empowers behavior change.

Standardized trainings are provided to help pantries implement client choice, connection and a dignified culture. As part of the training for More Than Food, the research team provides practical tools, information, education and technical assistance to build capacity so that food pantry staff and volunteers can put the components into action.

Objective

Our framework is rooted in the belief that it takes more than food to end hunger. It was developed to yield deeper and more holistic outcomes in the lives of the people served at a food pantry. The goal of this evaluation is to test the degree to which the More Than Food framework can be scaled in numerous and diverse pantry settings and yield similar positive outcomes. Results will help inform the scalability of this framework and its effectiveness as a tool to inform programming for food banks and food pantries.

Methods

Recruitment and Data Collection

A total of seven food pantries implementing the More Than Food framework located in Texas ($n = 211$), Rhode Island ($n = 102$), and Connecticut ($n = 171$) participated in this program evaluation. Evaluation surveys were administered at baseline, four months and nine months by coaches who were trained in intake and data collection procedures. From 2016 through 2019, a total of 484 people participated in the More Than Food coaching program and completed evaluation surveys.

The food pantries recruited clients ages 18–55 using promotional flyers, targeting clients who were interested in making positive changes in their lives. At the first appointment, trained coaches described the program, received informed consent, and then collected survey information on household food security, self-sufficiency, fruit, vegetable and fiber consumption, social support, self-efficacy, and demographic information including age, gender, race/ethnicity, level of education, marital status, employment status, household size, use of food pantries, and participation in federal food assistance programs.

The key outcomes were the same as from the original Freshplace evaluation using validated survey questionnaires.^{7,8} Food security was measured with the USDA Food Security module, and diet quality using the Block Fruit/

Vegetable/Fiber screener, self-sufficiency was measured using the Missouri Community Action Family Self-Sufficiency Scale, the General Self-Efficacy scale was used to measure confidence in one's ability to make behavior change. Another factor that can influence behavior change is a person's level of social support and the degree to which they have people to support their change. Social Support was measured using the Multidimensional Scale of Perceived Social Support.²² Study participants completed follow-up surveys with their coach at 4 months and 9 months.

Data Analyses

Statistical analyses were performed using PAWS (SPSS v.18.0) and SAS® (v.9.4). Bivariate analyses were conducted to compare each time point with baseline using McNemar's test for dichotomous measures of food insecurity and social support (dichotomized as high versus low), and paired t-tests for the continuous measures of self-sufficiency and fruit, vegetable and fiber consumption.

Regression models were run for the main outcomes, controlling for covariates. For the dichotomous measure of food insecurity, the generalized estimating equation (GEE) approach was used with a Logistic link function. For the continuous measures of self-sufficiency and fruit, vegetable and fiber consumption, a repeated measures general linear mixed model (GLMM) analysis utilizing restricted maximum likelihood estimation was used to obtain parameter estimates. All models included the predictors of time (as a categorical variable: baseline, 4-, and 9-month follow-up), age, gender, high self-efficacy (a score of at least 4 on a scale from 1–5), and high social support (a score of at least 4 on a scale from 1–5). Measurements at different time points from the same person were considered as a correlated cluster of observations. Several types of covariance structure were tested and the models with compound symmetry showed best fit with lowest Akaike's information criterion (AIC) and Bayesian information criterion (BIC). The interaction terms between time and significant covariates were tested and found to be non-significant and were excluded from the final models.

Results

Demographic Data

Demographic information on participants is included in Table 1, including race/ethnicity, education, employment, and self-reported health status, along with food assistance participation. Participants were predominantly female (90.7%), and had children (73.3%). The majority of participants were unemployed (63.0%), and had a high school degree or higher (64.0%). Slightly over

Table 1. Demographic characteristics of sample population at baseline.

Characteristic	Sample	
	N = 484	%
Gender (n = 471)		
Male	44	9.3
Female	427	90.7
Mean Age years (SD)	39.6 (12.1)	
Mean Household size (SD)	3.5 (1.8)	
Children in house (n = 424)		
Yes	311	73.3
No	113	26.7
Race (n = 482)		
Hispanic/Latino	262	54.4
Black/African American/West Indian	112	26.9
White	72	14.9
Asian/Pacific Islander	6	1.2
Other	12	2.5
Education (n = 439)		
< High School Degree	158	36.0
High school/GED or greater	281	64.0
Marital status (n = 480)		
Single	250	52.1
Married/living with partner	158	32.9
Separated/widowed	72	15.0
Employment status (n = 481)		
Employed	178	37.0
Unemployed	303	63.0
Food security level		
High	101	20.9
Marginal	43	8.9
Low	168	34.7
Very low	172	35.5
Receive SNAP (n = 389)		
Yes	293	75.3
No	96	24.7
Receive WIC (among hhs with children ≤ age 5, n = 145)		
Yes	92	63.4
No	53	36.6
Receive free/reduced price school meals (among hhs with school-aged children, n = 296)		
Yes	224	75.7
No	72	24.3
Diabetes (self-reported, n = 479)		
Yes	111	23.2
No	368	76.8
High blood pressure (self-reported, n = 480)		
Yes	166	34.6
No	314	65.4
BMI classification (n = 461)		
Underweight	114	24.8
Normal weight	133	28.9
Overweight	170	36.9
Obese/very obese	44	9.5

half were Hispanic (54.4%), and over one-quarter were African American (26.9%). When asked to self-report health status, 23.2% said they had a household member with diabetes, and 34.6% had a household member

with high blood pressure. Almost half of participants (46.4%) were overweight or obese. In addition to receiving charitable food at the pantry, the majority of participants received federal food assistance, including SNAP (Supplemental Nutrition Assistance Program, formerly food stamps, 75.3%), school meals (75.7% among households with school-aged children), and Women, Infants and Children (WIC) benefits (63.4% among households with children under 5).

At baseline, 70.2% of clients were classified as food insecure, including 35.5% who experienced very low food security where adults skip meals or reduce the size of their kids' meals. Participants' self-sufficiency scores can range from 11 to 55, and the average scores at baseline were 37.8 (SD = 5.9). The goal of the coaching is to address areas of high priority or crisis and increase the scores toward more stability.

Self-efficacy is a measure of a person's confidence in their ability to make changes in their lives. The Stages of Change theory and MI used with coaching focus on improving clients' sense of self-efficacy and their ability to set and reach goals. On a scale from 1 to 5, average self-efficacy scores at baseline were high at 4.3 (SD = .66). At baseline, on a scale from 1 to 5, average scores of social support were 3.7 (SD = 1.0). On a scale from 0 to 50, the average consumption of fruits, vegetables, and fiber at baseline was low at 15.9 (SD = 7.8).

Changes Over Time

Results show significant improvements in food security, self-sufficiency, diet quality, and social support over time, see **Table 2** for levels at each time point. When compared to baseline scores, we found significant improvements for each outcome at 4 months and again at 9 months. At baseline, 70% of households experienced food insecurity, and this decreased to 43% at 4 months ($p < .01$), and to 25% at 9 months ($p < .01$). Self-sufficiency scores increased steadily from 38 to 42 at 4 months ($p < .01$) to 45 at 9 months ($p < .01$). Diet

Table 2. Changes in key outcomes at each time point.

Time	Percentage (N)		Mean, SD (N)	
	Food Insecure	McNemar's test (vs. baseline)	Self-Sufficiency Scores	Paired t-test (vs. baseline)
Baseline	70.2% (340/484)		37.8, 5.9 (N = 481)	
4 Months	42.6% (87/204)	P <.0001	42.2, 5.5 (N = 205)	P <.0001
9 Months	25.3% (38/150)	P <.0001	45.1, 5.6 (N = 150)	P <.0001
Time	Mean, SD (N)		Percentage (N)	
	Fruit Vegetable Fiber Score	Paired t-test (vs. baseline)	High Social Support	McNemar's test (vs. baseline)
Baseline	15.8, 7.8 (N = 473)		75.6% (366/484)	
4 Months	18.5, 8.0 (N = 203)	P <.0001	82.9% (170/205)	P = .012
9 Months	21.2, 8.0 (N = 146)	P <.0001	88.7% (133/150)	P = .0027



quality also improved, with average consumption of fruits, vegetables and fiber increasing from 16 at baseline, to 19 at 4 months ($p < .01$), to 21 at 9 months ($p < .01$). We also found improvements in social support scores. Participants reporting high levels of social support increased from 76% at baseline to 83% at 4 months ($p = .01$) to 88% at 9 months ($p < .01$).

Regression models were estimated to predict the outcomes over 9 months when controlling for covariates, see **Table 3**. Results show very significant improvements in all three outcomes of food security, self-sufficiency and fruit, vegetable and fiber consumption at each time point (all $p < .01$). Having higher levels of social support and self-efficacy were significant predictors of all three outcomes (all $p < .01$).

Compared to baseline, the odds of being food insecure at 4 months decreased by 65% ($p < .01$), and at 9 months decreased by 82% ($p < .01$), controlling for social support, self-efficacy, household size, age and gender. Over 9 months, clients had significant gains in self-sufficiency scores ($p < .01$), averaging 7.3 additional points over time. Clients also showed significant increases in fruit, vegetable and fiber scores, on average 5.4 points gained during the study ($p < .01$), controlling for the same covariates. None of the control variables of household size, age or gender were significant predictors in the models.

Discussion

Over the past decade, our research team has conducted rigorous longitudinal research to test a holistic food pantry framework, we have trained additional food pantry staff and scaled the model in diverse settings in seven food pantries in three states. The evidence is strong and consistent.

It Works

This study offers further support that pantries utilizing the More Than Food framework can expect to see positive outcomes in the lives of the people they

Table 3. Regression models predicting outcomes.

	Food Insecure		Self Sufficiency Score		Fruit/Vegetable/Fiber Score	
	GEE		GLMM		GLMM	
	OR (95% CI)	P Value	Estimate (SE)	P Value	Estimate (SE)	P Value
Time (ref: Baseline)		<.0001 ^a		<.0001 ^a		<.0001 ^a
4 Month	0.35 (0.26, 0.48)	<.0001	3.49 (0.33)	<.0001	1.95 (0.50)	0.0001
9 Month	0.18 (0.12, 0.27)	<.0001	5.79 (0.38)	<.0001	3.90 (0.58)	<.0001
Self-efficacy High (Y vs N)	0.44 (0.29, 0.68)	0.0002	2.12 (0.45)	<.0001	2.32 (0.68)	0.0007
Soc Support High (Y vs N)	0.48 (0.31, 0.75)	0.0012	2.75 (0.51)	<.0001	2.45 (0.72)	0.0007
Household Size	1.04 (0.93, 1.16)	0.47	-0.11 (0.14)	0.42	0.10 (0.19)	0.59
Age	1.004 (0.99, 1.02)	0.58	0.012 (0.021)	0.58	0.014 (0.028)	0.60
Female (vs. Male)	0.68 (0.37, 1.26)	0.22	-0.52 (0.86)	0.54	1.52 (1.13)	0.18

serve. Providing More Than Food results in significant changes in people's lives that address the root causes of hunger, and there is statistically significant evidence documenting these changes. Specifically, people evidenced increased food security, improved life stability, increased self-efficacy and improved nutrition. By offering More Than Food, pantries are able to address the root cause of hunger and facilitate sustainable change in peoples' life situation.

It Is Scalable

Further, this study demonstrates that this framework is scalable. In this study, More Than Food was incorporated into a total of seven pantry settings and the statistically significant results previously found at Freshplace and in El Paso Texas held. The pantries in this study are located in a predominantly Hispanic community in El Paso, Texas on the border of Mexico, with African American and Hispanic neighborhoods in urban Hartford, Connecticut, and with predominantly White families in suburban Rhode Island towns. Despite the different settings, all of the coaches received the same training, used similar program forms and materials, and most importantly, we found consistent improvements in the lives of the people served. This evidence shows that the framework can be scaled more broadly within the charitable food network, and can be successfully incorporated into very diverse food pantry settings.

Limitations

More Than Food is an intensive intervention where coaches meet with clients over a nine month period. This type of approach reaches a smaller number of people compared to traditional food distribution programs. Recruitment and retention can also be challenging when clients are accustomed to simply receiving food. Future research could investigate whether a briefer, less intensive intervention could reap similar benefits with lower organizational costs.

Implications

A new narrative in the field of "emergency" food provision is needed to more effectively address the problem of hunger. The traditional food pantry model provides for the immediate need for food but little else. While the standard model addresses the need for food today, it does little to address underlying challenges or root causes of food insecurity, nor does it recognize the chronic use of pantries by regular clients. More Than Food is a novel approach because it provides for both the acute need for food as well as offering

additional services and support to promote food security in the future, and focuses on the overall guest experience. Our results show that social support is a key driver for positive outcomes. The importance of creating a welcoming environment at a food pantry and building relationships between staff, volunteers and guests cannot be overstated. The food may be the reason why people come to a food pantry, but the social interactions and connections they receive can be the reason why they won't need to return to the pantry over time.

Coaching utilizing the Stages of Change model and Motivational Interviewing provides unique programming beyond a simple referral to empower clients to set goals and offer support as they take steps to achieve those goals. Rather than simply providing information, designing a pantry with healthy client choice empowers clients to make healthy food selections and promotes healthy eating. Further, these services are provided using a strength-based, trauma-informed, holistic, and person-centered approach. Together, these interventions address the deleterious impact of adverse childhood experiences and associated poor health outcomes so common among households experiencing food insecurity. This type of programming provides a pathway for sustainable change in a person's life that builds knowledge and skills so they are less likely to need basic needs support on a long-term basis.

It is imperative that in addition to implementing specific programming components, the values of More Than Food need to be adopted by staff and volunteers to align with this paradigm shift. While strong leaders that embrace More Than Food are essential, they are not enough. Creating a strength-based, trauma-informed, holistic person-centered culture requires staff and volunteers at all levels to understand the paradigm and incorporate it into their day-to-day interactions with the people they serve.

At the Food Bank Level

More Than Food creates an opportunity for food banks to reflect on their mission, from simply "feeding" people to creating long-term solutions to hunger. Outreach initiatives already being conducted by food banks can be natural stepping stones to implement More Than Food. For example, many food banks provide outreach to help enroll clients in the SNAP program or Medicaid. More Than Food is theory-driven and evidence-based and can provide an additional layer of programming and outreach for food banks and food pantries seeking to move from simply transactional (handing food to people) to relational, to finally transformational change.

In the fall of 2018, Feeding America, the national anti-hunger organization that oversees the network of food banks, created the Ending Hunger Community of Practice. The goal is to convene food banks interested in not just providing food for today, but creating long-term food security for

the future. This community of progressive food banks is sharing strategies to provide wrap-around services, offer case management in food pantry settings, and connect clients to job training programs and financial assistance. There is momentum and interest in providing services beyond food in the charitable food system. Results from this study can help inform the Community of Practice and provide additional evidence of how the More Than Food framework can increase food security, health and stability for food pantry clients.

Food alone will not result in long-term sustainable change in the lives of individuals and families served at food pantries. Our framework is rooted in the belief that it takes more than food to end hunger. The framework can provide an additional layer of programming for food banks and food pantries to yield deeper and more holistic outcomes in the lives of the people served.

Conflicts of interest

The authors have no conflicts of interest to disclose.

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