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Offering More Than Food: Outcomes and Lessons Learned from a Fresh Start food pantry in Texas

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ABSTRACT

One out of seven Americans go to food pantries regularly for charitable food. The chronic use of food pantries shows that we need more than just short-term food supplies to address food insecurity. The More Than Food framework helps build capacity of food pantries to address the root causes of hunger and to build food security, health, and life stability of food pantry clients. In 2016, the Kelly Memorial Food Pantry (KMFP) in El Paso, TX started the Fresh Start program, using the More Than Food framework. From February 2016 to August 2017, a total of 70 members in three cohorts were recruited into the program. Over 9 months, members had significant gains in food security, self-sufficiency, and diet quality (all $p < .01$), controlling for self-efficacy, household size and age. Results mirror findings from the evaluation of Freshplace in Hartford, CT that served as the inspiration for Fresh Start. Results are promising and add support for scalability of the framework.

KEYWORDS

Food security; food pantry; case management; food bank; poverty; hispanic; health disparities; nutrition

Background

Food insecurity, or not having the resources to obtain enough safe, nutritionally adequate food to support an active, healthy life, is a significant public health issue in the USA; 41.2 million people or 12.3% of all Americans are food insecure and worry about getting enough food for their families.¹ One out of seven Americans goes to food pantries regularly for charitable food.² The need for charitable food has become a chronic problem, with people visiting pantries often on a weekly basis.³ For those who use food pantries, many visit one or more pantries as often as they can, yet they remain food insecure.⁴

People who visit food pantries have a double burden of food insecurity and chronic diseases. According to a national survey, over half (58%) of food pantry clients have a household member with high blood pressure, and one-third (33%) have a household member with diabetes.² Food insecurity has a

direct correlation with poor health outcomes across age groups.⁵ The dependence on high calorie but nutrient poor foods in food-insecure families puts them at a higher risk for chronic diseases.⁶ Being chronically ill can lead to less workdays and put additional financial strain on a family trying to make ends meet. It may also be harder for these families to manage their chronic diseases due to their tight budget, which leads back to having less money for healthy food.

The types of food available to food-insecure families can be inadequate for a healthy and active lifestyle. Those who are food insecure, especially if they visit food pantries, report consuming fewer fruits, vegetables, dairy products, and fiber than are recommended. One review of food pantry users reported that on a scale out of 100, the mean diet quality score was only 42.8, with around 70% of participants reporting eating no fruit and 25% reporting eating no vegetables.⁷ Similar patterns were found in a study in Hartford, CT, where participants consumed limited fruits, vegetables, and fiber needed for a healthy diet.⁸

Food pantries typically hand out donated food from food banks and private donors and do not offer much assistance other than food. A national survey found that out of more than 58,000 food pantry programs, approximately one-third (35%) provide services beyond giving food and groceries. Of the one-third of pantries that provide additional services, 60% provide only SNAP assistance, while 40% provide SNAP assistance along with one or more services: 23% offered housing assistance, 30% offered assistance with federal health care, 26% provided WIC support, and 23% offered assistance with Temporary Aid for Needy Families (TANF).² These findings indicate that a relatively small number of food pantries nationally provide services beyond giving food to participants. The chronic use of food pantries shows that we need more than just short-term food supplies to address food insecurity.

Pantries Offering More Than Food

In 2010, a multidisciplinary team in Hartford, CT created an innovative food pantry program called Freshplace and conducted the first rigorous evaluation of a food pantry program.⁹ The Freshplace program includes client choice, individualized case management, and wrap-around services to help members set and reach goals related to food security and life stability. Over the course of 1 year, those who participated in Freshplace had significant improvements in food security, self-sufficiency, self-efficacy, and diet quality compared with clients participating in traditional food pantries.^{8,10}

Based on the significant findings from the Freshplace evaluation, researchers in Connecticut (including the lead author) developed the “More Than Food” framework to help replicate the successful model in additional food

pantries. The framework helps build capacity of food pantries to address the root causes of hunger and to build food security, health, and life stability among clients – because it takes more than food to end hunger.

The More Than Food framework includes three components (the 3 Cs): choice, connection, and culture. Choice is defined by a food pantry that offers healthy client choice where people can choose the food items they prefer in a space where a variety of healthy options are available and promoted. Connection is defined as supporting clients in setting and meeting goals by connecting them to needed community resources that foster individualized growth. Culture is defined as a warm, welcoming environment that respects the dignity of each client and where opportunities are available onsite to build skills. More Than Food supports a social-ecological approach¹¹ by providing community supports and engaging multiple community partners to address the social determinants of health.

In July 2015, the Paso del Norte Health Foundation's Healthy Eating & Active Living Initiative awarded Kelly Memorial Food Pantry (KMFP) in El Paso, TX a grant to begin a Fresh Start program, based on the successful Freshplace program in Hartford, CT. In January 2016, the PI for the Freshplace evaluation and lead author visited the KMFP and trained staff, volunteers, and Board members about the More Than Food framework, and trained the coaches on data collection. In February 2016, the KMFP started the Fresh Start program to help clients set and reach goals to more effectively address the root causes of hunger.

This article describes the evaluation of the progress and outcomes achieved when implementing the More Than Food framework at Fresh Start in El Paso over 18 months.

Objective

The goal of the Fresh Start program is to help people set and achieve goals to improve their health, food security, and life stability so they no longer rely on food pantries on a chronic basis.

The goal of this study was to evaluate the effectiveness of the More Than Food framework, to see whether the transferability is feasible and effective in other food pantries.

Kelly Memorial Food Pantry Background

KMFP is a volunteer-operated and community-supported non-profit organization in central El Paso, Texas. It is El Paso's largest food pantry, serving 2,500 families per month. KMFP serves seven zip codes in El Paso County. US Census reports that 21% of El Paso County residents live in poverty, compared with 14% for the State of Texas.¹² The service area for KMFP has lower income and education levels compared with El Paso county and the state as a whole.

Using the More Than Food framework, the Fresh Start program incorporates the three Cs of choice, connection, and culture. People who attend Fresh Start are called “members”. While in the program, members shop at a choice food pantry where they choose healthy food items and where nutrition and health messages are prominently displayed. Members meet with a Coach over 9 months to set and reach goals related to health, food security, and life stability. They meet twice per month for 3 months, then once per month for 6 months. Coaches use motivational interviewing, rooted in the Stages of Change model¹³, to address the underlying issues that cause the need for using the charitable food system. Often people struggling with food insecurity operate in crisis mode, just trying to get through the day. Coaches build trust and provide motivation so clients can focus on setting small goals to bring more stability into their lives. For example, a client may want to get a job, but may feel overwhelmed. The coach may help her with a resume and on interviewing skills and searching for job openings to help the client become more confident in reaching her goals.

The Fresh Start program promotes a welcoming environment and culture of respect, including scheduling appointment times so there is no need to wait in a line. Members attend classes and workshops onsite and receive referrals to additional community resources, based on their individualized goals. The training protocol for coaches includes using motivational interviewing skills at each meeting with clients, using standardized case notes for each session that describe how to work with clients to set goals and work towards achieving goals over 9 months. The protocol also includes tracking progress and retention, so if a client misses three appointments without calling, or attends meetings but does not make any progress towards setting goals over 3 months, they are discharged from the program.

Recruitment and Data Collection

Trained coaches recruited members from the existing KMFP clients and invited them to join the Fresh Start program. From February 2016 through August 2017, three separate cohorts were recruited for a total of 70 new members into the program, including 22 active members as of August 2017. At the first appointment when members come to Fresh Start, trained coaches describe the program, receive informed consent, and then collect survey information on household food security, self-sufficiency, fruit and vegetable consumption, social support, self-efficacy, and demographic information including age, 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 measured were the same outcomes measured in the original Freshplace evaluation⁸ using validated survey questionnaires. Food security was measured with the

USDA Food Security module,¹⁴ and diet quality using the Block Fruit/Vegetable/Fiber screener.¹⁵ Self-sufficiency was measured using the Missouri Community Action Family Self-Sufficiency Scale, which includes 11 scales that assess levels of education, academic skills, employment, income, physical health, mental health, housing, health insurance, child care, transportation, and psychosocial stress.¹⁶ The General Self-Efficacy scale¹⁷ was used to measure confidence in one's ability to make behavior change. For example, on a scale from strongly agree to strongly disagree, participants answered: I will be able to achieve most of the goals that I have set for myself.

Data Analyses

Follow-up surveys were collected at 4 months and 9 months. The lead author and her research team from the university of Saint Joseph entered and analyzed the surveys. Statistical analyses were performed using PAWS (SPSS v.18.0) and SAS[®] (v.9.4). To assess changes overtime, initial bivariate analyses were conducted to compare each time point with baseline using paired *t*-tests for the continuous measures of self-sufficiency and fruit, vegetable and fiber consumption, and McNemar's test for food insecurity as a dichotomous measure.

For regression models, for the dichotomous measure of food insecurity, the generalized estimating equation (GEE) approach in the GENMOD procedure in SAS[®] was used with a Logistic link function. All models included the predictors of time (as a categorical variable: baseline, 4-, and 9-month follow-up), age, household size, and high self-efficacy (a score of at least 4 on a scale from 1–5), based on previous research⁸ and covariates were chosen based on whether they were significant predictors of the outcome variables.

A repeated measures general linear mixed model (GLMM) analysis utilizing restricted maximum likelihood estimation was further used to obtain parameter estimates of the continuous measures of self-sufficiency and fruit/vegetable/fiber consumption using the MIXED procedure in SAS[®]. Measurements at different time points from the same person were considered as a correlated cluster of observations. Several types of covariance structure, including unstructured, compound symmetry, 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

Table 1 provides participants' education, employment, relationship, and health status, along with household details. Fresh Start members were overwhelmingly

Table 1. Characteristics of sample population at baseline.

Characteristic	Sample	
	N = 70	%
Gender		
Male	9	12.9
Female	61	87.1
Mean Age years (SD)	38.5 (10.9)	
Mean Household size (SD)	3.7 (1.8)	
Children in house		
Yes	53	75.7
No	17	24.3
Race		
Hispanic	65	92.9
Asian/Pacific Island	4	5.7
Other	1	1.4
Education		
< High School Degree	31	45.6
High school/GED or greater	37	54.4
Marital status		
Single	26	37.1
Married/living with partner	30	42.8
Separated/widowed	14	19.9
Employment status		
Employed	21	30
Unemployed	49	70
Food security level		
High	12	17.1
Marginal	2	2.9
Low	26	37.1
Very low	30	42.9
Receive SNAP		
Yes	38	54.3
No	32	45.7
Receive WIC (among hhs with children < age 5, n = 30)		
Yes	21	70
No	9	30
Receive free/reduced school meals (among hhs with school-aged children, n = 39)		
Yes	33	85
No	6	15
Diabetes (self-reported)		
Yes	13	18.6
No	56	80
Missing	1	1
High blood pressure (self-reported)		
Yes	15	21.4
No	55	78.6
BMI classification		
Underweight	1	1.5
Normal weight	21	30.9
Overweight	20	30.9
Obese/very obese	26	36.7
Missing	2	

female (87%), Hispanic (93%), and unemployed (70%). The majority of members (76%) have children, and over half (54%) have a high school degree or higher. Importantly, no members held full time jobs with living wages and benefits. When asked to self-report health status, 19% said they had a household member with diabetes, and 21% had a household member with high blood pressure. The majority of members (68%) were overweight or obese.

Participants received supplemental food assistance in the form of food stamps/SNAP (54%), free school meals (85% among households with school-aged children), and Women, Infants and Children (WIC) benefits (70% among households with children under 5). The vast majority of members (96%) visit just one food pantry and 91% visit at a frequency of once per month. No participants in Fresh Start reported utilizing soup kitchens.

In this sample at baseline, 80% of the members were classified as food insecure, including 43% who experienced very low food security where adults skip meals and reduce the size of their kids' meals.

Because the goal of the Fresh Start program is to address root causes of hunger, another major outcome is self-sufficiency, or the ability to make ends meet with limited reliance on government assistance. Participants' self-sufficiency scores can range from 11 to 55. Lower scores indicate areas of high priority or crisis and an area that should be addressed through case management. Higher scores show more stability and independence. On the self-sufficiency scale from 11 to 55, the average scores at baseline were 37 (SD = 4.8).

Self-efficacy is a measure of a person's confidence in their ability to make changes in their lives. Fresh Start is based on the theory that to make changes, people need to feel confident in their abilities to set and reach goals. On a scale from 1 to 5, average self-efficacy scores at baseline were high at 4.4 (SD = .55). Diet quality was measured based on how often people eat fruits, vegetables, and fiber. On a scale from 0 to 50, the average diet quality score at baseline was low at 18 (SD = 8.3).

Changes Over Time

Mirroring the original Freshplace research from Hartford, CT, results show significant improvements in food security, self-sufficiency, and diet quality overtime, see [Table 2](#). Significant improvements for each outcome were seen at 4 months and again at 9 months when compared to baseline scores. Households experiencing food insecurity decreased from 80% at baseline to 46% at 4 months ($p < .01$) to 33% at 9 months ($p < .01$). Self-sufficiency scores increased steadily from 38 to 43 at 4 months ($p < .01$) to 46 at 9 months ($p < .01$). Average consumption of fruits, vegetables, and fiber also increased. On a scale from 0 to 50, there were improvements overtime, from 18 at baseline to 21 at 4 months ($p = .03$) and to 23 at 9 months ($p = .05$).

Table 2. Descriptive statistics of observed outcome variables.

Time	Food Insecure		Self-Sufficiency		Fruit/Vegetable/Fiber Consumption	
	% of sample	McNemar's test	Mean, SD (N)	Paired t-test	Mean, SD (N)	Paired t-test
		(vs. baseline)		(vs. baseline)		(vs. baseline)
Baseline	80.0% (56/70)		38.0, 5.0 (N = 70)		18.4, 8.3 (N = 70)	
4 Months	45.5% (20/44)	P < .001	42.5, 4.2 (N = 45)	P < .001	20.9, 7.6 (N = 44)	P = 0.03
9 Months	33.3% (8/24)	P < .001	45.6, 3.1 (N = 25)	P < .001	22.9, 8.7 (N = 24)	P = 0.05

SD = Standard Deviation

Regression models were estimated to predict the outcomes over 9 months when controlling for covariates, see Table 3. Results show very significant improvements in food security scores, mainly during the first 4 months of the program. Compared with baseline, the odds of being food insecure at 4 months decreased by 81% ($p < .01$) and at 9 months decreased by 89% ($p < .01$), controlling for self-efficacy for food security, household size, and age.

Results show very significant improvements in self-sufficiency scores at each time point. Over 9 months, members had significant gains in self-sufficiency scores, on average 7.6 points gained during the study ($p < .01$), controlling for high self-efficacy, household size, and age. Over 9 months, members also had significant increases in fruit, vegetable, and fiber scores, on average 4.5 points gained during the study ($p < .01$), controlling for the same covariates. Having high self-efficacy was a positive predictor of fruit, vegetable, and fiber scores ($p = .02$).

Table 3. Regression models predicting food insecurity, self-sufficiency, and fruit/vegetable/fiber consumption.

	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)		0.0005^a		< .0001^a		0.018^a
4 Month	0.19 (0.09, 0.42)	< .0001	4.28 (0.63)	< .0001	2.19 (1.24)	0.082
9 Month	0.11 (0.04, 0.31)	< .0001	7.59 (0.77)	< .0001	4.27 (1.52)	0.007
Self-efficacy High (Y vs N)	1.02 (0.36, 2.89)	0.98	-0.13 (0.78)	0.87	3.68 (1.47)	0.024
Household Size	1.10 (0.77, 1.58)	0.61	0.29 (0.35)	0.42	-0.28 (0.65)	0.66
Age	1.02 (0.98, 1.06)	0.37	-0.08 (0.05)	0.10	0.007 (0.078)	0.93

^aP value for overall (2 degrees of freedom) time effect

OR = Odds Ratio

CI = Confidence Interval

SE = Standard Error

GEE = Generalized Estimating Equation

GLMM = Repeated-Measures General Linear Mixed Mode

Program Status and Graduation

During the Fresh Start program, coaches offered assistance and support to participants who worked on a variety of goals. The program is designed to last 9 months, and those who finish the full program go through a graduation ceremony. Some clients left the program early for a variety of reasons, and coaches completed a form to indicate progress toward goals for graduates, or reasons for leaving the program for those who were discharged early. Current program status and graduate rates are listed in Table 4. Out of 70 members recruited into Fresh Start, 20 (29%) were currently active as of August 2017. Out of the remaining 50 members, 30 (60%) graduated, another 16 left the program because they found jobs (22%), or moved out of town (10%). Only four people were discharged due to lack of interest.

Upon intake, 36% of self-sufficiency measures fell into the “high priority” category, showing a critical need for individualized approaches for clients in these specific high priority areas: education, health insurance, employment, and income. Program staff and coaches then focused resources in these areas. On the graduation forms, the coaches indicated which goals were achieved by members in Fresh Start. This information was used by the program managers to identify additional community partners and services to help Fresh Start members reach their goals. Fresh Start has held two graduation ceremonies where members were recognized for their hard work and received certificates of completion.

Lessons learned

Initially, Fresh Start staff found limited follow-through by members for referrals to outside agencies. Staff spent more time directly assisting members, which helps build rapport, but is time consuming and may duplicate community services. For example, several members had limited computer skills and a Fresh Start coach would spend hours individually training members on the computer. After trouble-shooting these issues, the coach was encouraged to provide group computer classes and to identify common issues among members and bring social service agencies to Fresh Start to remove barriers for members to receive outside help.

Table 4. Member status in the program.

	Sample	
	N = 70	%
Active Members	20	28.6
Inactive Members	50	71.4
Reason for leaving (among 50 inactive members)		
Graduation	30	60
Got a job	11	22
Moved out of service area	5	10
No longer interested/other	4	8

Discussion

The Fresh Start program successfully launched in the winter of 2016, and 70 people received services as of August 2017. The Fresh Start program is run by one Program Manager and one Coach who provides case management, with support from staff, volunteers, and Board members from the KMFP. The Fresh Start food pantry is fully functioning and serving a wide variety of healthy food, with tremendous assistance in the form of fresh produce donations from a 3-acre local farm, the Jardín de Milagros, run by a KMFP Board member. The program staff have developed creative opportunities to connect members with additional community resources. For example, staff organized a goal conference where they invited service providers and local organizations to set up tables to describe their services to members and enroll them in wrap-around services. Staff have engaged SNAP-Educators to provide nutrition education workshops, and partnered with Social Work students at the University of Texas El Paso. They also offered various classes onsite, including Zumba, diabetes prevention, and computer classes to provide a “one-stop shopping” experience for members.

In September 2017, KMFP received another round of grant funding from the Paso del Norte Health Foundation’s Healthy Eating & Active Living Initiative to continue Fresh Start. “Phase 2” goals include increasing the case load to 50 members and reducing costs per member by 25%. Program staff also plan to gather follow-up data from graduates 6 months after leaving the program (results forthcoming).

Limitations

The sample had a high average self-efficacy score at the beginning of the program, implying that they had a high level of confidence in their ability to set and reach goals. This should be viewed as a potential limitation and may help explain the significant improvement in outcomes. However, as coaches recruit potential candidates for the Fresh Start program, they try to identify people who seem ready to make changes in their lives, which could also explain the high self-efficacy scores. In addition, the sample was predominantly Hispanic and results may not be generalizable to other ethnic groups.

Community capacity and local resources may contribute to the significant findings in this data. The donations of fresh produce from a local farm may help explain the improvements in fruit and vegetable consumption. Not all food pantries will have access to this type of local produce. Similarly, generous funding from a local health foundation and a stable and supportive Board of Directors are key considerations for sustainability. While these resources are specific to the KMFP, other programs interested in this model should consider making connections with local farmers, local social service providers, and also local foundations to help support their work.

Conclusion

Preliminary results from Fresh Start are strong, significant, and promising. They indicate that the program is effective and making positive differences in the lives of members. These results mirror the original findings from the evaluation of Freshplace in Hartford, CT that served as the inspiration for the Fresh Start program. These early results should be viewed with some caution because the sample size is small, based on one food pantry location, and there is no control group. Additional data from El Paso and other sites will help confirm these preliminary findings.

In addition to Fresh Start in El Paso, several other food pantries are offering “More Than Food” with healthy client choice, connection with case management, and a welcoming culture to help members gain skills. Additional sites include four food pantries in greater Hartford, CT and two food pantries in Rhode Island. Results from Fresh Start at KMFP are promising and add support for the scalability of the framework.

The More Than Food framework is inline with national conversations to address the root causes of hunger, including the third national conference called Closing the Hunger Gap, which was held in September 2017 and the Ending Hunger initiative of Feeding America. Results from this study can lend support for holistic efforts to move from charity to justice in the food banking network.

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