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Urban Emergency Food Center Clients: Characteristics, Coping Strategies and Needs*

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The clients of emergency hunger centers in an urban area were studied to assess the problem of hunger from the clients' vantage point. The findings indicate that hunger remains a problem even among those who have availed themselves of emergency food services. A great deal of time and effort is spent in activities to cope with hunger. The adequacy of the present system for meeting the needs of the hungry and implications for policy are discussed.

Hunger is a major social problem in America. National, state and local data have documented both the existence of the problem and its increasing magnitude (Physician Task Force on Hunger in America, 1985). In 1982, the U.S. Conference of Mayors was the first group to officially recognize the hunger crisis (United States Conference of Mayors, 1982). Again in 1983 and 1985, the Mayors' Conference reported on the status of hunger and concluded that the problem had grown, is expected to continue to grow, and recommended an increase in federal program assistance. (United States Conference of Mayors, 1983; 1985).

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**Former Director.

In response to the hunger problem, emergency food services have been established in record numbers. Wenocur and associates found that 15% of the citizens of Baltimore turned to nongovernment emergency assistance programs for food services because of low levels of public assistance, the lack of public emergency resources, and problems of ineligibility (Wenocur et al., 1980). These authors concluded that needy people were falling through the cracks of social insurance programs and the public assistance safety net. In looking into the reasons Americans have developed a need for food assistance, the General Accounting Office concluded that some Americans have developed a need for food assistance because they do not receive government nutrition assistance (United States General Accounting Office, 1983).

Several national studies of emergency food service providers have found that these programs have been unable to keep up with increased need and demand for food (Salvation Army of America, 1983; Bread for the World, 1983; Food Research and Action Center, 1984; Social and Scientific Systems, Inc., 1983; Center on Budget and Policy Priorities, 1983). The main reason appears to be inadequate food supplies. The evidence shows that private charity cannot meet the need for food assistance in local communities. In almost all cases, the centers are serving more people today than in the past with major increases noted in the numbers of families and children requesting emergency food (Food Research and Action Center, 1984).

The Physician's Task Force on Hunger in America (1985) examined the consequences of hunger and concluded that serious harm is being done. They found that low-income adults are at greater risk of certain nutrition-related diseases and face significantly greater likelihood of dying at relatively earlier ages than other Americans. The task force also concluded that as a group, poor children are less likely to be adequately nourished and are more likely to suffer growth failure and are at greater risk of death from malnutrition than their nonpoor peers. Moreover, infants of poor mothers are at greater risk of death and of low-birth weight and later health impairment than those of the nonpoor.

This report provides descriptive data on the hunger problem

from the perspective of emergency food recipients in an urban area. The study examined the characteristics of hunger center clients, their food consumption patterns, strategies for feeding themselves and their families, and perceptions of their service needs. Particular attention was paid to the clients' own views as to whether their own resources and existing services were adequate for meeting their food needs. Resources included income from work, public assistance, the voluntary sector and the social network. This study assesses the extent to which emergency food centers are able to respond to this national problem and reach those in need, and how well current policies and programs are addressing the hunger problem. Implications for policy are offered.

Methods

For the purpose of this study, emergency food centers were defined as units run by voluntary organizations that provided emergency food or meals on some regular basis. Thirty-four emergency food centers participated in the survey and constitute most of the major units in the greater Cleveland area. Survey sites included hunger centers that supply food bags in 21 inner-city and 7 suburban locations and 6 congregate meal centers in the city. The hunger centers provide three-day food supplies (adjusted for family size) once every two months in city locations and once a month in suburban locations and use an income criterion for eligiblity. The congregate meal sites serve meals during the last week of every month to anyone who walks in. There is no eligibility requirement and recipients generally live in the immediate vicinity (i.e., within walking distance).

Hunger center clients at the 34 sites were surveyed by 40 interviewers over a period of ten consecutive days at the end of May, 1987. Interviews were guided by a structured questionnaire which took approximately 15 minutes to administer. Interviews were facilitated by the center managers and/or meal coordinators who approached clients and requested their participation in the study. Clients were told that the study was intended to gain understanding of the needs and problems of people who use hunger centers and that participation was strictly voluntary.

An attempt was made to interview as many of the clients who were present at each site suring the hours of operation on each day of data collection. An opportunistic, nonprobability sample was selected and only a small number of clients refused to be interviewed. The findings from this study cannot be generalized to all service recipients nor to the broader group of people who experience hunger.

Findings

Client Characteristics

Six hundred and sixty-four emergency food recipients participated in the survey and 72.6% were interviewed in the city hunger centers, 12.7% in the suburban hunger centers and 14.8% in city congregate meal sites (see Table 1). Females outnumber males by almost two to one. Ages of respondents range from 17 to 89, with a median age of 38. About 7 out of 10 respondents are black, while a quarter are white, and 4.2% are from other racial/ethnic groups. Only 2 out of 10 respondents reported being married and half had completed high school or had a higher education. Forty percent reported living alone while almost half indicate the presence of children 18 years or less within the household.

The median monthly income for a family of two in the sample is $386 per month inclusive of food stamps which is substantially below the 1987 poverty level of $617 per month (United States Government Printing Office, 1987). Only 7.3% of the sample hold either full- or part-time jobs and 70% of these center clients indicate they presently receive food stamps with a value of $0.74 per person per meal for a family of two in the previous month. When asked about other sources of public assistance, 35% said they received ADC, 30% General Relief, 13% SSI, and 14.5% Social Security.

A third of the clients report a hypertension condition, 11.7% say they suffer from heart disease, 9.6% from diabetes and 3% have cancer. Approximately 22% report being overweight and 9% report being underweight.

Food Availability and Consumption

Seventy-eight percent of survey participants report that they generally eat two to three times a day while those who are par-

Table 1

Client Characteristics

Characteristic	n	%
Sex		
Male	238	35.8
Female	426	64.2
Race		
White	175	26.4
Black	461	69.4
Other	28	4.2
Age		
Under 20	19	2.9
21-30	179	27.0
31-40	179	27.0
41-50	111	16.7
51-60	84	12.7
61-70	53	8.0
Over 70	38	5.7
Sources of Income*		
ADC	233	35.1
GR	200	30.1
SSI	86	13.0
SS	96	14.5
Unemployment Insurance	7	1.1
Job	48	7.2
Food Stamp Recipient	466	70.2
Marital Status		
Married	129	19.4
Not Married	535	80.6
Education		
Some College	97	14.6
High School Graduates	238	35.8
Some High School	209	31.5
Less than High School	120	18.1

Total n = 664 (Due to missing data, the n on each variable may differ slightly.)
*Note, multiple responses are possible

ents note that for the most part the children eat three to four times daily. Eight of ten respondents indicate that during a usual month they eat fewer meals or serve less food at meals because

of inadequate food supplies. Of those respondents with children in their households, almost three-quarters report eating less or different food at meals than their children in order to save food for them. Finally, almost half the clients surveyed revealed that even with the use of food services, during a typical month there are times that they have to go without eating due to insufficient food supplies. These 311 respondents who ran out of food fall into two subgroups: 81% who receive food stamps that are inadequate to meet their food needs, and 19% who are not food stamp recipients, a majority of whom are not receiving any form of public assistance. It was beyond the scope of the survey to determine whether this latter group was ineligible for public services or failed to receive them for other reasons. This subgroup of food stamp recipients had a median family size of two and a median monthly income of $253 while the nonrecipient subgroup had a median family size of two and a median monthly income of $300. Fifty-seven percent of these food stamp recipients have children whereas 40% of the nonrecipient subgroup have children. The nonrecipients are more often male and more likely to be married.

Coping Strategies

In order to gain an understanding of the ways in which emergency food center clients cope, survey respondents were asked what kinds of strategies they employed during a typical month in order to feed themselves and/or their families beyond the use of emergency food services. A majority of respondents (73%) indicated that they borrowed money from friends or relatives, about half borrowed food from friends or relatives, more than half said they found odd jobs or day work, over a third said they bought food on credit or sold items to raise money, and almost a sixth reported selling blood. Other coping strategies were also reported: (a) budget management such as buying on credit, borrowing, stretching food dollars, and eating fewer meals; (b) income generation strategies such as working odd jobs, selling one's possessions, recycled items, or drugs, prostituion, begging, gambling or stealing; and (c) food procurement strategies including eating at friends'/relatives' homes or community events, borrowing or pooling food, requesting or stealing food from grocery stores or restaurants, or gardening.

Respondents were also asked if there were other things they had seen people do in order to feed their families. This question was included to see if respondents would mention socially taboo or illegal means. It was reported that children go begging or take part in pornographic films, that people eat dog food, kill for food and money, get sent to jail, and avoid problems through use of alcohol.

Service Needs: Met and Unmet

The data suggest that the emergency food centers play a crucial stabilizing role in clients' lives. The interviews contained comments like "people would starve to death without them," "thank God they are here," and "they have been wonderful to me." Most clients commended the service and the staff of the centers for the job they are doing with what is available. However, the inadequacy of the centers' food offerings was noted repeatedly in terms of quality, quantity, and frequency. Respondents indicated that emergency centers run out of food, have limited hours of operation, and are inadequately staffed, which results in long waits and the possibility of being turned away. In addition, some centers did not have refrigerators, thus special dietary or medical needs, or the needs of the elderly or children, could not be considered. Other concerns included the lack of baby food and the need for household staples, particularly at the end of the month.

Almost uniformly, respondents expressed the need for more food, more often, since the allotted amount and frequency of food provisions is insufficient. In addition, clients recommended longer hours of operation and increased staffing to allay long waits. Several access issues were also raised which included the proximity of food centers to residents. Elderly clients, in particular, reported problems in reaching the center since walking is difficult and transportation is not always available. Moreover, food offerings are sometimes counterindicated for those on health-related diets. Clients noted that many people need help but are unaware of the food service or have too much pride to avail themselves of it. For some respondents, service acceptability was hampered by negative or condescending staff attitudes in some centers, crowding, summer heat, and waiting in line outdoors in inclement weather.

Improving the selection of food offerings was requested by numerous center clients. Specific suggestions include offering more varied foods, fresh vegetables and meats, canned goods, paper products, and household staples. Finally, some clients mentioned the need for other concrete services such as job services, clothing and social activities.

Summary and Conclusions

What becomes clear from this study is the vulnerability of people who need food. The use of emergency food centers has become a necessity, an integral part of their daily routine, not a temporary means of crisis management as originally intended. Managing to feed themselves and their families consumed a good deal of time and effort, as the wide variety of coping strategies illustrates. The feeling of strain due to inadequate resources and income assistance was evident. Respondents spoke of hard choices poor people are forced to make, such as selling food stamps to pay rent or utilities, foregoing medicine for food, or skipping meals to feed the children. The portrait of unmet need was augmented by personal statements about how difficult it is to beg for food, embarrassment over use of emergency food centers, and the giving-up of pride.

This study has provided a portrait of people who have drawn upon all three tiers of the social protection system, the family, the public sector, and the voluntary sector, and who are still facing a hunger problem. Evidence emerged that both food stamp recipients and nonrecipients are falling through the safety-net and at times go without food.

Several implications for policy can be drawn. The food stamp budget needs to be adjusted to keep up with inflation and made adequate to purchase an appropriate diet. The combination of income support and food stamps needs to be restructured so that recipients can purchase needed food. Moreover, this study identified a group of people who need food but who are without food stamps, which suggests that eligibility criteria need to be broadened and barriers need to be removed to provide public food assistance to this subgroup.

Emergency food centers which emerged as a short-term solution to serve a tertiary level, safety-net function, have become

major service providers. While emergency food services have been thrust into a front-and-center role in meeting the needs of the hungry poor, inadequate resources which limit availability of food supplies prevent them from meeting the demand. The proper mixture of public and private support needs to be reassessed to assure food availability. In addition, policies and procedures which limit the amount and frequency of food provision, times of operation, and eligibility requirements must be revamped. Thus, while the centers have become a widespread outlet for addressing the nation's growing hunger problem, current policies and funding patterns have not provided sufficient supportive resources to meet the need for emergency food despite the increased public awareness of the problem and dramatic documentation early in this decade.

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