



Toledo Community Food Assessment

A Project of Toledo Area Ministries

September 2007

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Center of Hope Baptist Church
Children's Hunger Alliance
Center for Innovative Food Technology
City of Toledo
Congresswoman Marcy Kaptur's Office
Farmers Market Association of Toledo
FOCUS, Inc.
Lagrange Development Corporation
Lucas County Improvement Corporation
Lucas County Commissioners' Office
Lucas County Department of Job and Family Services
Ohio State University Extension, Lucas County
Toledo Area Ministries Feed Your Neighbor
Toledo Area Ministries Love INC
Toledo GROWs
Toledo-Lucas County Health Department
Toledo Seagate Food Bank
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I. SUMMARY

The Toledo Food Assessment and Planning Project is an open-ended community food planning project which was conducted from October 1st, 2006 to September 30th, 2007. Funding from the USDA was awarded to Toledo Area Ministries and project management was subcontracted to The University of Toledo Urban Affairs Center. More than three dozen individuals have participated, representing twenty-three organizations including local and federal government offices, health and social service providers, non-profit community agencies, and low income consumers.

Our project's first phase was to create a **community food profile**, describing the food needs of low income Toledoans and the local resources available to meet them. This profile is drawn from federal data sources and from recent studies conducted by local agencies. While not all parts of the city enjoy equal access to high quality supermarkets, unlike many large cities, Toledo does not contain large "food deserts." (See Map A, Appendix A) Yet this profile clearly shows a large and growing number of Toledoans are food insecure. ("More than 296,000 Toledo-area residents received emergency food assistance last year through the Toledo Northwestern Ohio Food Bank, a member of America's Second Harvest," March 2006.) Figures supplied by Lucas County Job & Family Services show that an increasing number of area residents are turning to the federal Food Stamp program for help in supplementing meager budgets. Studies conducted by the Lucas County Hunger Task Force, the Toledo Northwestern Ohio Food Bank, and Feed Lucas County Children all document the rising demand for emergency food. Dozens of food pantries and soup kitchens have been created to address that need (see Maps B and C, Appendix A), and many of them report that it is getting tougher to do so. The Toledo Area Ministries' Feed Your Neighbor program fed a total of 48,000 people in 2006, according to TAM Executive Director Reverend Steve Anthony: "This year it's up to 55,000 people and still counting. It has put a real strain on our resources. We've already spent \$21,000 more than we've taken in."

While we could not do our work without understanding the level of food insecurity in our community, the resultant need for emergency food, and the extent to which that need is still unmet, the goal of our project was to identify systemic changes which could help to reduce the need for such emergency help (or slow its growth), and to suggest projects, programs, or policies to do so.

In pursuit of that goal, we developed a **community food assessment** with information gathered from more than 300 low income Toledoans through 221 survey respondents and five focus groups. Findings from that research are summarized in Section III of this report and contained in their entirety in Appendix B.

The project's second phase was a **community food planning process**, during which we identified projects, partnerships, and policy changes which can use local resources to meet the food needs of low-income people and provide expanded economic opportunities for community residents.

Several of these projects have already progressed to the planning stages and involve new collaborations. This process has created greater organizational capacity for project partners, working together, to influence local policies, including outreach to and education of food stamp recipients, support for urban gardens, new links between low income consumers and local food producers, and economic resources for new and existing food-related businesses including farmers markets. We have broadened the coalition of individuals and organizations addressing the food needs of low-income people, and we are ready to move forward with future projects in a strategic way.

The last section of this report includes **recommendations** for this strategic future action. These recommendations include better use of available federal dollars, new connections between low income consumers and local farmers, and collaborative efforts to strengthen the local food system.

II. COMMUNITY FOOD PROFILE

As illustrated in detail in Appendix A., Toledo is a typical aging rust-belt city with predictable economic and lifestyle patterns leading to above average needs in terms of urban food security. A distribution system which historically connected local farmers to local food consumers has effectively been dismantled over time. The result is a virtually non-working system where family farmers lack adequate markets for the foods they produce while low-income consumers lack access to the foods they need.

Appendix A. includes maps A, B and C, which locate area grocers and sources of emergency food. Also included are data from the Lucas County Hunger Task Force Report (2004), the American Community Survey (2005), Toledo Northwestern Ohio Food Bank's Hunger Study 2006, and Feed Lucas County Children (FLCC).

III. FINDINGS SUMMARY: FOCUS GROUPS AND SURVEYS

This section summarizes key points from the primary data gathered as part of this USDA-funded Community Food Project through Toledo Area Ministries and The University of Toledo Urban Affairs Center. There were two major sources of data for the findings reported in full in Appendix B (*Community Food Assessment: Final Report to Community Food Working Group, 2007*)---five focus group interviews with food consumers and site coordinators, and 221 self-administered surveys to 221 community members/ food consumers. Focus groups and surveys were conducted at a medical center, churches, community centers, and food distribution sites, including The University of Toledo Health Science Campus (HIV/AIDS support groups), Lucas County Job & Family Services, and, especially, Feed Your Neighbor sites. Each of the six sections below summarizes both qualitative and quantitative findings from focus groups and surveys, respectively, using the main themes of the project goals and the findings themselves. ***Full numeric data, tables, analyses, and quotes from respondents can be found in Appendix B.***

A) Existing Community Resources

Both focus group members and survey respondents provided extensive feedback on existing community resources and their potential for more efficient use, including food stamps, food banks and food pantries, the Toledo Farmers Market, vouchers, special needs resources, and individual kitchen facilities. Specifically, Toledo's food consumers reported that navigating the *food stamp* system was more challenging than it should be, and that *food stamps* were not being utilized by all of those eligible. Some community resources, however, were well-utilized and effective, such as *food pantries* and *soup kitchens*.

Toledo's Farmers Market was a frequent topic in the focus groups and a main theme in the surveys administered to consumers in the community. The need for increased awareness of policies and capacities of the Farmers Market was evident, including more coupons and vouchers, especially for special subpopulations such as the elderly.

The *HIV/AIDS* subpopulation largely mirrored the other respondents in responses related to existing community resources. They differed mostly in terms of their lesser use of soup kitchens and their greater individual *kitchen facilities*.

B) Practical Realities

Focus group participants and survey respondents identified everyday life issues, challenges, and realities related to the Toledo community's food system, including *shopping* sites and distances, *transportation* and access, and frequency of *meals*. One clear theme was the *end-of-the-month problem* that points to food shortages for individuals by the third week of most months. Most food consumers do not use the *bus* systems as often as they might, and close to none use *taxis*---issues of scheduling and cost. Larger *grocery store* and *discount store* usage was reported as most frequent. Health and disability were mentioned as the main *barriers* to getting food, although *distance* to food shopping was not seen as an obstacle by the majority of respondents.

The *HIV/AIDS* subpopulation basically reflected the responses of the overall study population, with a few exceptions. Many more had *cars*, and they had a lesser but still demonstrable need for *food stamps* and *vouchers*.

C) Communication & Isolation

One of the most persistent themes from the findings, especially the focus groups, was the *isolation* felt by community members and food consumers and the *communication* problems they face in relation to resources and opportunities. The subpopulation of persons with *mental illness* felt especially challenged and isolated when it came to navigating the food system and knowing where to get food. The majority of the general study populations did not mention issues related to persons with mental illness, but those needs were still evident.

Other subpopulations' needs were evident as well. Shopping, carry-out services, and neighborhood safety are problems and concerns for *visually-impaired* community members. *Elderly* consumers often need access to food through delivery methods, and often need monitoring by neighbors. *Transient* folks have no home base from which to learn about resources or to which they can receive delivered help.

In addition to the findings about monthly food shortages discussed above, respondents also indicated potential isolation---because of their limited access to food and limited resources for purchasing it--in their *eating patterns*. A moderate amount of food consumers ate at restaurants, but as many ate at home an equal amount, and many ate all or nearly all of their meals at home in a week. They also spoke of the *neighborhood* isolation problem---higher prices, delivery limits, and safety issues. There was, however, some optimism in terms of *antidotes* to isolation. Folks gather for *social* purposes and *volunteer* to deliver food to homebound other folks. The proportion of respondents who had *volunteered* in their community was significant.

Eating outside of the home was much more common for the *HIV/AIDS* subpopulation. They reported eating at home similarly to the overall study population, but had access and resources for some restaurant eating as well.

D) Poverty & Social Class

The themes discussed above echo even more strongly when examined from the perspective of poverty and social class issues. These issues, as reported by focus group and survey respondents, include *financial* need, *diet-related* poverty, *hunger*, *frustration* with the food system, and *demographic* factors in addition to income. The very *neighborhoods* with fewer resources (such as transportation, safety, adequate income) are plagued by higher costs (for food and transportation, for example) and less available money (income and financial resources). Respondents basically know what foods are healthy and try to eat them as often as possible, but the *lack of availability* of *fresh* foods and the cost is prohibitive. Repeatedly, respondents stated that they could not eat a balanced diet with *food stamps*.

While a substantial proportion of the study respondents did not report frequent *hunger*, many did, and many still had to *choose* between food and medicine, utility bills, housing, and clothing. A frequent frustration with the food system bureaucracies was that they did not give enough attention to the "*working poor*." Recognizing that much good is done in the community, respondents still spoke of the compromises in *dignity* and *pride* they had to make to seek assistance from, for example, *food banks*. *Choices* realistically were made for their *children first* over themselves when it came to food. *Females* outnumbered males in this predominantly *Black/ African-American* and *White/ European-American* population with an unmistakable low average household income.

Poverty and social class issues were discussed by the *HIV/AIDS* subpopulation, but in ways that differed from the overall study population. Many of these folks did not

report financial barriers to getting and eating *fresh* food; they also ate at *fast-food* restaurants more and used more *convenience foods*. Hard *choices* between food and other necessities such as medicine, utility bills, clothing, and housing were not generally something this subpopulation had to face.

E) Food System Bureaucracy & Process

The agency and organizational processes of Toledo's food access and delivery systems were another topic of feedback from both survey respondents and focus group members. Respondents mentioned special needs subpopulation *targeting*, skills-building mechanisms, and consumer *perceptions* of system processes. *Literacy* levels, "*red tape*," and *cooking classes* were mentioned. So were consumer *perceptions* about programmatic and agency *inefficiency*, distribution site *location*, and the *impersonality* of the local food system in general.

The *HIV/AIDS* subpopulation basically agreed with the overall study population in their assessment of food system bureaucracies and processes. While they had fewer views about the system for and use of *food stamps* than the other community members, they felt similarly challenged and frustrated by the food system and local bureaucracies.

F) Improving Food System Sectors

Suggestions for improving connections between sectors of the community food system were given by survey respondents as well as focus group members. *Transportation*, the *Farmers Market*, *emergency food*, *food stamps*, and *vouchers* were addressed specifically by these suggestions from consumers themselves, as were general suggestions about community food *options* and system *changes*. The brunt of criticism and suggestions for improvement clearly involved the *bus system*. Problems of logistics, policy, layout, and coupons were addressed by suggestions aimed at the *Farmers Market*. Community members commented on food options for those in financial *emergencies*, indicating agency options that they knew were available and those that need to be more available and more targeted. Overall, emergency intent---those who would go somewhere for food if they ran out of money---and need were both indicated. System-wide change suggestions emerged from the focus groups and surveys, including a capacity for access to *fish* and *fresh* foods, the recovery of *closed-out* stores, scheduling of *classes*, *information* campaigns, establishment of *community gardens*, and simplification of *eligibility* requirements and procedures.

While they did not report as much emergency food seeking or an interest in community gardens as did the overall study population, the *HIV/AIDS* subpopulation basically did not differ in terms of their suggestions for changes in the sectors of the community's food system. They felt that they shared the same worries, but added that their special *dietary* needs should be addressed system-wide.

IV. RECOMMENDATIONS

Increased Use of Available Federal Dollars

Tens of thousands of Toledoans who qualify for federal food support programs are not currently receiving those benefits. Two examples of this failure to use available federal dollars are food stamps and free/reduced breakfasts for school children. In 2003, 56 percent of all eligible persons received food stamp benefits. (<http://www.fns.usda.gov/oane/menu/Published/FSP/FILES/Participation/WP2003Sum.pdf>) If that ratio describes Lucas County today, then for the 67,134 individuals who received food stamps in Lucas County in September 2007 there are 52,748 additional citizens who are eligible but did not receive benefits.

Lucas County JFS is to be commended for their accuracy in processing food stamp applications, but greater efforts to enroll those who are eligible is necessary. Programs such as TAM's Food Stamp Outreach project can help local residents access the benefits to which they are entitled.

A second example is the disappointing participation rate for free and reduced breakfasts in the Toledo Public Schools. The USDA reimbursement for providing these meals is in excess of the meals' cost, and, in fact, in many districts the program is a significant source of revenue. Only one in three TPS students who is qualified is currently receiving free breakfasts, a rate far less than that of other big city districts. Changes in the way that breakfast is delivered have helped school districts in Lima, Dayton, and Columbus to provide breakfasts to as many as 50% of eligible students, and we encourage TPS to consider revamping the system by which they offer free breakfast to our students.

Greater Visibility and Awareness of Local Providers of Emergency Food

Toledo's dozens of food pantries and soup kitchens depend to a large extent on contributions of food and dollars. These contributions have not kept pace with increases in the demand for emergency food. Such programs as TAM's Food Stamp Diet Challenge, which encourages elected officials, community leaders, and average citizens to voluntarily live on an average food stamp budget for one week, can create greater awareness of the problem of food insecurity in the community, and can increase community support.

Stronger Connections Between Low-Income Toledoans and Local Farmers

Beginning in the 2006 Market season, the Toledo Farmers Market became the first in Ohio to accept food stamps. For many years, the Market had provided low-income families the opportunity to purchase fresh produce from local farmers, often using food stamps. When food stamps were replaced with a card system, this connection was broken due to the inability of individual farmers to accept the electronic benefits. Now, EBT shoppers can use their Ohio Direction Card at the market office and receive scrip for use with market vendors for appropriate purchases, but few EBT recipients are aware of this opportunity. Efforts to increase the EBT usage at the Toledo Farmers Market should include targeted outreach, better signage, smaller increments for scrip or tokens, and a simpler market layout or explanatory maps on site. In addition, agencies which serve EBT-eligible individuals can provide information about the acceptance of EBT at the Toledo Farmers Market. If successful, this project can provide more low income Toledoans with a source of reasonably priced fresh local produce while offering local farmers additional customers for their product. Additionally, more federal dollars would stay in the local economy.

Other possible ways to rebuild the connection between low-income Toledoans and local farmers include working with FYN and other emergency food providers to connect with local farmers markets.

Urban Gardening: Opportunities for Growing, Cooking, and Preserving Food

Many resources are available to motivated gardeners in our community. Survey respondents indicated a high interest in backyard gardens and, to a slightly lesser extent, community gardens. Toledo's low-income neighborhoods would benefit from a comprehensive program offering materials including clean dirt, seeds, and plants, in addition to training in growing, cooking, and preserving fruits and vegetables. This program could draw upon already existing resources at Toledo GROWs, Ohio State University Extension, and other programs or agencies.

Strengthening the Local Food System Through Connecting and Collaborating

The Lucas County Hunger Task Force, originally created in 2003 by co-chairs Rev. Al Baumann (TAM) and Jim Brenizer (United Way of Greater Toledo) , completed its assessment in September, 2004. The group continues to meet. We recognize the need for increased support for a permanent Hunger Task Force to facilitate information sharing and collaboration among service providers (HTF).

Recognizing the value of ongoing discussions which connect the multiple aspects of the food system, we propose the creation of a co-ordinating body such as a Food Council . This Council should be comprised of a representative range of system stakeholders, and charged with identifying ways in which the local food system can be developed to provide greater individual and community health as well as local economic development.

Appendix A

Toledo Community Profile



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I. Introduction

- a. Data Sources
 - i. Lucas County Hunger Task Force Report- June 18, 2004
 - ii. American Community Survey (ACS)
 - 1. Branch of the Census---sampling methods
 - 2. 2005 information
 - 3. Total population of 285,937
 - 4. http://www.census.gov/acs/www/Products/users_guide/index.htm
 - iii. Lucas County Hunger Task Force Report- United Way of Toledo
 - iv. Hunger Study 2006—Toledo Northwestern Ohio Food Bank
 - v. Feed Lucas County Children (FLCC)

II. General Toledo Demographics (American Community Survey (ACS))

- a. Age
 - i. Median age 34.2
 - ii. About 28% of Toledo's population is 19 years or younger
 - iii. About 21% of Toledo's population is 55 years or older
 - iv. About 50% are between the ages of 20-54
 - v. 40,149 individuals living in Toledo that are 62 years or older
- b. Race alone or in combination with one or more races
 - i. About 69% White
 - ii. About 26% Black or African-American
 - iii. About.06% American Indian and Alaskan Native
 - iv. About 1.8% Asian
 - v. About 6.4% Hispanic or Latino (largely Mexican)
- c. Households
 - i. 83,652 households with children
 - ii. 14,552 living with other relatives
 - iii. 32,367 family households with children under the age of 18
 - iv. 13,361 householder is 65 years old or older and is living alone
 - v. 25,741 household with one or more persons 65 years or older

III. Selected Social Characteristics(American Community Survey (ACS))

- a. School Enrollment
 - i. 52,036 students enrolled in grades K-12
 - ii. About 4 % of Toledoan's have less than a 9th grade education
 - iii. About 14% have a 9-12th grade education, no diploma
 - iv. About 36% are high school graduates (includes GED)
 - v. About 22% have some college, no degree
- b. Grandparents
 - i. 5,185 grandparents responsible for own grandchildren
 - 1. 1,431 for 5 years or more
 - ii. 68.1% female
 - iii. 62.7% married

- c. Disability Status
 - i. Toledo population that is 5 years and older is 264,252
 - 1. Of that population 53,540 are disabled
 - a. 20%
 - ii. 6,563 children between the ages of 5-15 are disabled
 - iii. 31, 837 persons between the age of 16-64 are disabled
 - iv. 15,140 person 65 and older are disabled
- d. Residence 1 year ago
 - i. 82% of the sample lived in the same house
 - ii. 18% moved to a new house within the U.S.
 - iii. 14% moved from another county last year
 - iv. 1.85% moved from within the state
- e. Place of Birth
 - i. 99% of Toledo's population was born in the U.S.
 - ii. 78% of Toledo's population claim Ohio as their state of residence
- f. Language Spoken at Home
 - i. English only 93%
 - ii. Language other than English 7.1%
 - a. about 17,737 Households
 - iii. Spanish speakers who speak English "less than well"
 - a. 71%
 - b. 6,726 households
 - iv. Other Indo-European households that speak English "less than well"
 - a. 79%
 - b. 3,839
 - v. Asian and Pacific Islanders who speak English "less than well"
 - a. 89%
 - b. 1,563 households
 - vi. Other languages that speak English "less than well"
 - a. 22%
 - b. 347 households

IV. Selected Economic Characteristics(American Community Survey (ACS))

- a. Unemployed 11.6%
- b. Both parents in the labor force with child under 6
 - i. 16,166 households
 - ii. 65%
- c. All Parents in the labor force with children 6-17 years old
 - i. 28,197 households
 - ii. 63%
- d. Commuting to work
 - i. 83% drove alone
 - ii. 10% carpoled
 - 1. 12,405
 - iii. 1.5% took the bus
 - 1. 1,908

- iv. 2.1% walked
 - 1. 2,612
- v. 1.3% other means
 - 1. 1,445
- vi. 1.7 % worked at home
 - 1. 2,073
- e. Occupations(**American Community Survey (ACS)**)
 - i. Management, professional, and related occupations
 - 1. 32, 486
 - 2. 26%
 - ii. Service occupations
 - 1. 24,912
 - 2. 20%
 - iii. Sales and office occupations
 - 1. 31,183
 - 2. 25%
 - iv. Production, transportation, and material moving occupations
 - 1. 25,766
 - 2. 21%
- f. Income and Benefits(**American Community Survey (ACS)**)
 - i. Family Households and Income
 - 1. less than \$ 10,000
 - a. 7,045 family households
 - b. 10%
 - 2. \$10,000- \$14,999
 - a. 4,454 family households
 - b. 6.4%
 - 3. 15,000-24,999
 - a. 7,854
 - b. 11.3%
 - 4. Median Family Income \$ 42, 179
 - 5. Mean Family Income \$ 48, 806
 - 6. Per Capita Income \$ 17,953 (income per person)
 - 7. Mean Social Security Income \$11,823 or \$ 983.25 dollars a month
 - 8. 19,800 with food stamp benefits in the past 12 months
 - 9. Mean for cash public assistance \$ 2,419
 - 10. 7,075 with public assistance income

V. Percentage of Family and Individuals living Below the Poverty Line in the Last 12 Months (American Community Survey (ACS))

- i. All families 18.4%
 - 1. With related children under 18 years of age 29.7%
 - 2. With related children under five years only 42.7%
- ii. Married couple families 6.8%
 - 1. With related children under 18 years of age 9.5%

- 2. With related children under five years old only 11.9%
 - iii. Families with female-headed household-no husband present 42.8%
 - 1. With related children under 18 years of age 54.4%
 - 2. With related children under five years only 70.6%
- b. Poverty by Age Group
 - i. All persons living below poverty 23.4%
 - 1. Related children Under 18 34.7%
 - 2. Related children under 5 old 43%
 - 3. Related children 5-17 years old 31.2%
 - 4. 18 years or older 19.5%
 - 5. Individuals 18-65 21%
 - 6. 65 and older 11.5%
 - 7. People in families 20.5%
 - 8. Unrelated individuals- 15 years or older 32.1%
- c. Vehicles Available
 - 1. no vehicles available 14,941
 - 2. 1 vehicle available 50,601
 - 3. 2 or more vehicles 40,199
 - 4. 3 or more 15,229
- d. Selected monthly owner cost as a percentage of household income
 - i. 23.2% pay 35% or more on mortgage
 - ii. Median rent \$571
- e. Housing units Lacking complete plumbing facilities 286
 - i. Lacking kitchen facilities 350

VI. Lucas County Hunger Task Force Report

- a. June 18, 2004
- b. Findings
 - i. 21,516 or 63.9% of adults ages 18-64 living below the poverty line resides within two miles of emergency soup kitchen
 - ii. (78 out of 83) or 94% of food pantries in Lucas county are within 1.4 miles of a TARTA bus route
 - iii. 17/17 or 100% of soup kitchens in Lucas county are within ¼ mile of TARTA bus route
- c. Client Survey Statistics
 - i. Ages
 - 1. Median age 45
 - 2. Range of ages from 18-81
 - ii. Income
 - 1. 88% of clients interviewed have an average monthly gross household income less than the poverty level
 - iii. Transportation
 - 1. To food pantries
 - a. median time for walkers 8.75 min
 - b. median time for driving car 8 minutes
 - c. median time for carpoolers 6.5 minutes

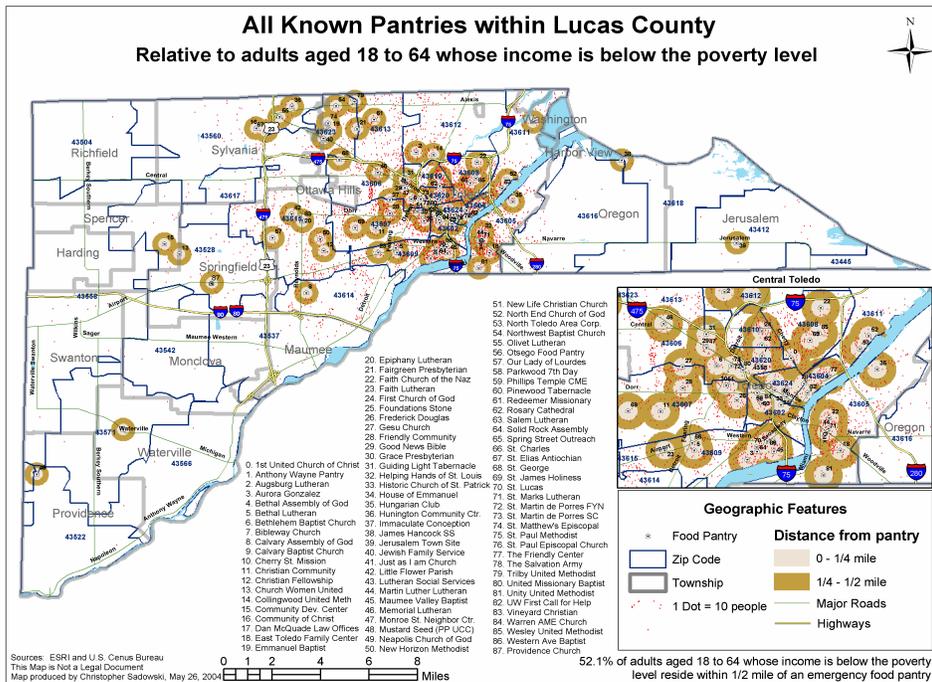
2. Travel to soup kitchens
 - a. Median time for walkers 15 minutes
 - b. Median time for drivers with own car 5 minutes
 - c. Median time for carpoolers 7 minutes
 - d. Median time for bus riders 30 minutes
 3. Clients who do not have working kitchens
 - a. 25% of soup kitchen clients do not have working kitchens
 - b. 10.2% of pantry clients do not have working kitchens
 4. Use of Feed Your Neighbor Pantry in the past 30 days
 - a. 69% 1 time
 - b. 20% 2 times
 - c. 11% 3 times
 5. Gross Income of Clients and Money Spent
 - a. 82.5 % of clients said that food is one of the top three expenditures each month
 - b. 77% of clients said that housing or shelter is one of the top three expenditures month
 - c. 69% said that utility cost is one of the top three expenditures each month
 - d. 32% of clients said transportation is one of the top three expenditures each month
 6. Reasons for emergency food use
 - a. 79.5% ran out of food
 - b. 79% ran out of money to buy food
 - c. 42% lost their job
 - d. 32% became disabled
 - e. 20% had become divorced or separated
 - f. 19% were too sick to work
 - g. 12% have no grocery store in the area
 - h. 11% have more people living in their household
 - i. 9% experience lack of child support
 - j. 6% say meals are not available during the school break
 - k. 4% have children participating in the free or reduced school lunch program
- d. Pantry Statistics
- i. 16/40 or 40% of pantries give food to clients that meet the USDA food pyramid
 - ii. 58% of food pantries allow clients access once a month
 1. 14% twice a month
 - iii. Number of households served by pantries in Lucas County (monthly)
 1. 6 pantries serve 1-10 households
 2. 9 pantries serve 11-15 households
 3. 8 pantries serve 26-50 households

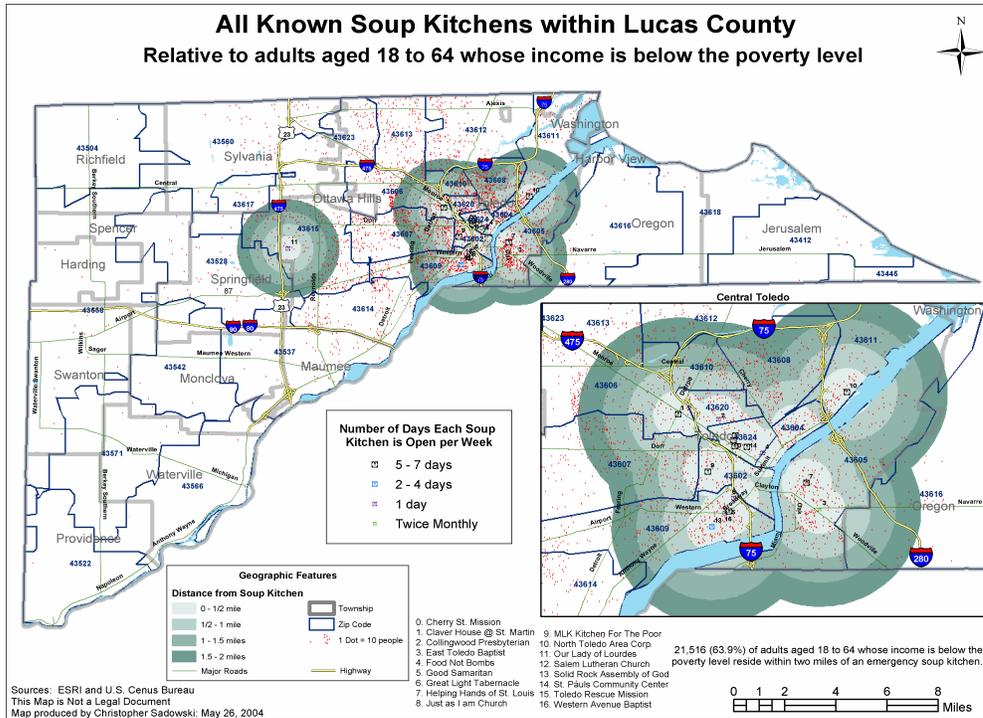
4. 9 pantries serve 101-200 households
5. 6 pantries serve 201-500 households
6. 2 pantries serve 500-1000 households
7. 3 pantries serve 1000 plus households
- iv. Soup kitchens offering food bundle along with meal
 1. 22% offer a food bundle
 2. 33% sometimes offer a food bundle
 3. 44% do not offer a food bundle
- v. Number of meals served by soup kitchens in Lucas County (monthly)
 1. 2 soup kitchens served 101-200 meals
 2. 2 soup kitchens served 2001-500 meals
 3. 4 soup kitchens served 500-1000 meals
 4. 2 soup kitchens served 1000-2000 meals
 5. 3 soup kitchens served 2001 plus meals
- vi. Soup kitchen access to food
 1. 5 soup kitchens serve food daily
 2. 3 soup kitchens serve food weekly
 3. 3 soup kitchens serve food twice a day
 4. 1 soup kitchens serve food two times a month
 5. 1 soup kitchens serve food 3 times a week
- vii. Does your organization provide case management for clients?
 1. 88.9% of soup kitchens do not
 2. 81.3% of food pantries do not
- viii. Has your organization ever lost the capacity to assist clients within five years due to lack of resources
 1. 22% of soup kitchens said yes
 2. 19.4 % of food pantries said yes
- ix. Does your organization provide nutritional food options to meet the dietary needs of clients?
 1. 4 out of 13 (30.8 %) soup kitchens replied yes
 2. 1 out of 13 (7.7%) soup kitchens replied sometimes
 3. 8 out of 13 (61.5%) soup Kitchens replied no
 4. 16 out of 46 (34.8%) pantries replied yes
 5. 30 out of 46 (65.2%) pantries replied no
- x. Does your organization have adequate freezer and or refrigeration space?
 1. 16 out of 59 (27.1%) sites replied no
 2. 43 out of 59 (72.9%) sites replied yes
- xi. Does your organization deliver to homebound people?
 1. 1 out of 9 soup kitchens (11.1%) replied yes
 2. 8 out of 9 soup kitchens (88.9%) replied no
 3. 3 out of 34 pantries (8.8%) replied yes
 4. 31 out of 34 pantries (91.2%) replied no
- xii. Weekend, evening, and early morning food pantries or soup kitchens hours in Toledo

1. 6 out of 87 (6.9%) pantries and 6 out of 17 (35.3%) soup kitchens are open in the evening, with ending times of service after 6pm but no later than 9pm on any given day of the month
2. There are no known sites that are open between 9pm and 8am on any given day
3. 1 pantry mentioned that they could be an evening site
4. 1 pantry operated between 7am and 9am, but no one came to get food, so they changed their hours
5. 5 out of 87 (5.7%) pantries are open at least one Saturday per month
6. 4 out of 87 (4.6%) pantries are open at least one Sunday per month

xiii. Food pantry/soup kitchen sites

1. June 18, 2004





VII. Hunger Study 2006-Toledo Northwestern Ohio Food Bank¹

- a. Toledo, OH - March 6, 2006
- b. <http://www.toledofoodbank.org>
- c. More than 296,000 Toledo-area residents received emergency food assistance last year through the Toledo Northwestern Ohio Food Bank, a member of America's Second Harvest
 - i. The nation's food bank network, according to a report released February 24, 2006. *Hunger in America 2006*
 1. Nearly 114,954 children
 2. 42,417 seniors
 3. 52,000 face-to-face interviews with people seeking emergency food assistance
 4. More than 30,000 agency surveys in 2005; is the largest, most comprehensive study ever conducted on domestic hunger
 5. The study was commissioned by the America's Second Harvest network and sponsored by Altria.

¹ For more information on *Hunger in America 2006*, please visit www.hungerinamerica.org or www.toledofoodbank.org.

6. About 79 % of the clients seeking emergency food assistance from the 314 agencies the Toledo Northwestern Ohio Food Bank serves are living below the federal poverty line
 - a. 26 % have at least one adult working in their household.
 - b. Nearly 40 % of clients seeking emergency food assistance nationwide have at least one adult working in their household.
 - c. Nationwide, nearly 40 % of clients seeking emergency food assistance have at least one adult working in their household.
 - d. More than 46 % of the clients served report having to choose between paying for utilities or heating fuel and food
 - e. 32 % had to choose between paying for rent or a mortgage and food
 - f. 23 % report having to choose between paying for medical bills and food.
7. Of the 296,874 people the Toledo Northwestern Ohio Food Bank serves
 - a. 49 % are white
 - b. 39 % are black
 - c. 12 % are Latino
8. Volunteers and faith-based organizations are the lifeline of America's emergency food distribution system.

Nationally, more than 65 % of food pantries and 40 % of soup kitchens rely entirely on volunteers and have no paid staff.

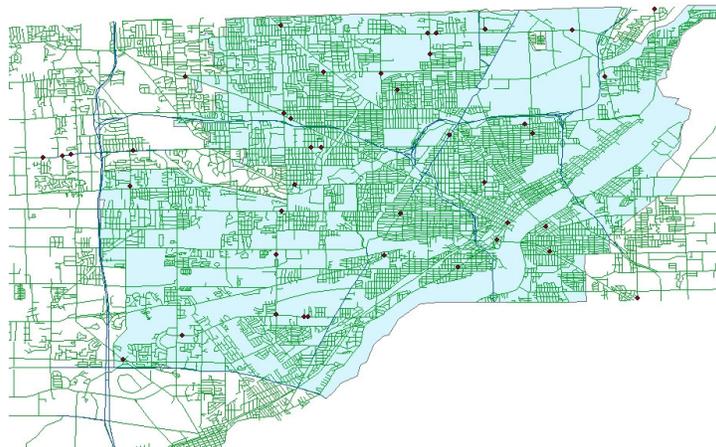
 - a. Nearly 75 % of pantries, 65 % of soup kitchens, and 45 % of emergency shelters around the U.S. are run by faith-based agencies affiliated with churches, mosques, synagogues and other religious organizations.
9. The Toledo Northwestern Ohio Food Bank distributes
 - a. more than 2.5 million pounds of food
 - b. to 314 local charitable agencies each year
 - c. including 17 soup kitchens
 - d. 158 food pantries
 - e. 18 emergency shelters
10. An America's Second Harvest network member food bank or food-rescue organization
 - a. provides 74 % of the food distributed by food pantries, 49 % of the food distributed by soup kitchens
 - b. 42 % of the food distributed by emergency shelters

c. 90 % of the 52,000 clients interviewed for *Hunger in America 2006* reported that they are satisfied with the quality and quantity of food they receive from the America's Second Harvest Network agency they visit.

VIII. Feed Lucas County Children (FLCC)

- i. <http://feedlucaschildren.org/need.htm>
- ii. Data
 1. 20% of Lucas County children live at or below the federal poverty level
 2. Over 19,000 children do not receive balanced meals during the summer months
 - a. These children are anxious for school to re-open, not to learn, *but to eat*
 3. Food bank and food subsidy programs don't adequately address the needs of children²
 4. 7,688 meals prepared on-site and served
 5. 87% of every dollar donated went to food and enrichment for the kids

Map A: Existing Grocery Stores - Toledo



² For more information about Feed Lucas County Children program, contact: ficc1@hotmail.com OR CALL: 419-824-0082

Appendix B



Community Food Assessment:

*Final Report to Community
Food Working Group*

Barbara K. Chesney *June 6, 2007*
The University of Toledo

FINAL REPORT: COMMUNITY FOOD PROJECT ASSESSMENT RESULTS

JUNE 6, 2007

I. INTRODUCTION:

Methods

In the voices of Toledo community members themselves, this report presents findings from two sources of assessment data gathered for the USDA-funded Community Food Project through Toledo Area Ministries and The University of Toledo Urban Affairs Center---focus group interviews with five groups of food consumers (one as a pilot group) and one group of Feed Your Neighbor site coordinators as well as surveys administered to 221 community members. Two of the focus groups included were from HIV/ AIDS support groups at a medical center; four groups were at churches, community centers, and food distribution sites. Surveys were administered at Feed Your Neighbor sites (n=131, 59.3%), Health Science Campus HIV/AIDS patient groups (n=51, 23.1%), and Lucas County Jobs & Family Services (n=39, 17.6%).

Six thematic sections are presented below:

- II. Existing Community Resources
- III. Practical Realities
- IV. Communication & Isolation
- V. Poverty & Social Class
- VI. Food System Bureaucracies & Processes
- VII. Improving Food System Sectors

Each of these thematic sections below combines qualitative quotes and information from semi-structured focus group interviews, responses from structured surveys built directly from focus group themes, and brief separate descriptions of the HIV/ AIDS subpopulation for interest and comparison. For the survey data, univariate distributions and, in some sections, bivariate comparison tables are presented and described. These findings are arrayed in order to facilitate analyses, policy development, and recommendations.

II. EXISTING COMMUNITY RESOURCES

Focus group members and survey respondents provided extensive feedback on existing community resources and how to use them more efficiently. This feedback included food stamps, food banks and pantries, Toledo's Farmers Market, vouchers, and special needs resources, as well as individual kitchen facilities.

Food Stamps

Focus group members were direct in their critiques of systems for receiving and using food stamps:

Why can't they be used for carbonated beverages? For freezer bags? Cooking accessories/ utensils? Shampoo, paper products? FYN sites try to keep some supplies on hand.

Food stamps are cut when SSI increases---makes no sense.

Caseworkers are impersonal.....It's like having to get welfare benefits---that should not be the case!

Of survey respondents, many (69.8%) were eligible for food stamps, but more than a few (30.2%) were not, and only slightly over half actually reported receiving (54.8%) and using (56.0%) them.

Food Banks, Soup Kitchens, & Pantries

Questions arose about the access systems for food from pantries and food banks:

Why have a zip code-based system?

We always need more coupons and vouchers. Why not more for seniors? More that can be used for fresh food?

You have to show residency proof, so it is hard to access quickly.

However, some compliments were given:

FYN sites can get people in for a hot meal and then send them home---that gives incentives to come to FYN.

There was moderate use of soup kitchens at best reported by survey respondents, with 10.0% reporting 2-3 meals per week at soup kitchens and almost one-half (54.3%) reporting none.

While some focus group members reported "no special bags for diabetics...who need support to follow their diet....someone to tell them to eat well," there were also reports that some FYN sites distributed "diabetic bags" ---and even "allergy bags" and "Muslim bags." Survey respondents did not, however, indicate a high level (13.2%) of special diet needs, but nearly one-fourth (22.2%) indicated special needs related to disability. Surprisingly, only a fraction (4.1%) of the survey respondents reported special needs of elderly folks.

Exploring food stamp reception and meals eaten per week at food kitchens, Table II-1 shows that folks who do and do not receive food stamps are about as likely to never eat at a soup kitchen, but that those who receive food stamps are more likely to eat between 1 (37.3%) and 3 (11.8%) meals per week at a soup kitchen, but the few who eat more than 3 meals (5.4%) do not receive food stamps. (NOTE: Because of the labeling of the “never” and “0-1” response categories, these interpretations are limited.)

Table II-1: Receiving Food Stamps BY Soup Kitchen Usage

Number of Meals per Week Eaten at Soup Kitchens	Receive Food Stamps		Total
	No	Yes	
Never	53 57.6%	56 50.9%	109
0-1 Meals	26 28.3%	41 37.3%	67
2-3 Meals	8 8.7%	13 11.8%	21
More Than 3 Meals	5 5.4%	0 0%	5
Total	92 100%	110 100%	202
$X^2 = 8.09$; $df = 3$; Signif. = .04			

Table II-2 shows soup kitchen usage again but according to the three subpopulations of the survey---Feed Your Neighbor (FYN) sites, HIV/ AIDS support groups (HSC), and Jobs & Family Services clients (JFS). HSC respondents are the most likely (78.0%) never to have eaten at a soup kitchen, while FYN consumers, the larger of the subpopulations, are more likely to eat between 1 (38.4%) and 3 (13.6%) meals at soup kitchens in a week. (NOTE: Because of the labeling of the “never” and “0-1” response categories, these interpretations are limited.)

Table II-2: Site Type BY Soup Kitchen Usage

Number of Meals per Week Eaten at Soup Kitchens	Site Type			Total
	Feed Your Neighbor	Health Science Campus	Jobs and Family Services	
Never	55 44.0%	39 78.0%	20 57.1%	114
0-1 Meals	48 38.4%	10 20.0%	11 31.4%	69
2-3 Meals	17 13.6%	0 0%	4 11.4%	21
More Than 3 Meals	5 4%	1 2%	0 0%	6
Total	125 100%	50 100%	35 100%	210 100%
$X^2 = 19.77$ $df = 6$ $Signif. = .003$				

Farmers Market

There were many practical suggestions for the operation and promotion of the Toledo Farmers Market:

Cannot afford it---need more vouchers and coupons. There is the impression that the Farmers Market denies food stamps.

In fact, most survey respondents had no opinion (54.1%) and only some strongly agreed (8.3%) or agreed (23.2%) with the statement that the Farmers Market takes food stamps.

I have not been there. It is too costly.

Many of us are not eligible for food coupons like the seniors. How can we afford the Market?

Individual Kitchen Facilities

Nearly all of the survey respondents had cooking utensils (95.5%), running water (97.6%), a refrigerator (95.8%), stove (93.3%), and a microwave (92.8%) in their kitchen, while slightly fewer, but still a majority, had a freezer (84.4%) and storage for fresh food (82.9%).

HIV/ AIDS Population

The subpopulation (N=51) of HIV/ AIDS patients responding to the community food survey differed from the entire study population in just a few ways. They reported

only half (5.9%) of the special needs related to special diets, and even fewer (13.7%) special, disability-related and elderly (2.0%) needs. In addition, an even greater number of these folks reported never (78.0%) having eaten at soup kitchens (although nearly one-fourth---22.0%---had eaten at soup kitchens). More had refrigerators (98.0%), stoves (95.9%), microwaves (96.0%), freezers (93.8%), cooking utensils (98.0%), and fresh food storage (87.5%) in their own kitchens. About the same number (64.0%) as the total study population were eligible for food stamps, received (56.0%) them, and used (56.0%) them.

III. PRACTICAL REALITIES

Respondents identified a number of everyday life issues, challenges, and realities that were related to their participation in the Toledo community's food system. Some of these included where and how far they go to shop, transportation systems, frequency of meals they eat, and calendar-related food resources.

End of the Month Problem

Responses from several focus groups (N=6) were pretty uniform that food usually "runs out in the third week of the month." They spoke to the fact that "most food pantries give out food infrequently---once a month," and that food stamps just won't meet their needs for a month:

Food stamps cover about one Kroger trip! I try to budget them out, but it is hard to eat balanced meals. They should be made to last all month.

Feed Your Neighbor site managers indicated in a focus group that consumers are not educated to effectively shop for the whole month. Some consumers agreed that they could use classes on "how to make food stamps last." The first weeks of the month folks admit that they have more money and may not eat "the healthiest diet." In terms of overall meals eaten by survey respondents (N=221), the majority (71.8%) reported eating 2-3 meals per day, but a sizeable group (18.7%) report eating 0-1 meals per day.

Shopping for Food/ Transportation for Shopping

Survey respondents indicated that they shop often (49.0%) at larger grocery stores, while many also use neighborhood stores sometimes (30.1%) or often (34.7%). Discount stores were used often (26.3%) more than convenience stores (11.5%) to shop for food. Most (42.2%) travel 1-2 miles to buy food, and most (75.2%) shop at only 1-2 different stores in a week.

The majority (53.8%) of respondents reported never riding the bus to get food, and almost no one uses taxis (4.3%) or bicycles (9.3%) once a week, but some (28.0%) folks used the bus to go grocery shopping once a week. Only about a quarter (23.1%) of respondents never drive a car to go food shopping, and most (39.0%) get a ride from someone to buy food once a week.

Barriers to Getting Food

Health and disability reasons were cited by a minority (21.0%) of respondents as an obstacle to getting food, but those food consumers still represent a crucial group of needy community members. The cost of taxis was a clear issue for most (89.0%) people, as was not having food stamps (40.2%) when they were asked what made it hard to get food, but vouchers were seen as a barrier by fewer (22.4%) folks. Few (14.2%) saw distance to the store as an obstacle to grocery shopping, despite the distances they traveled, as mentioned above.

HIV/ AIDS Population

The survey subpopulation of HIV/ AIDS patients (N=51) reflected the responses of the overall sample in general; however, some differences are notable. They were even more likely (70.8%) to shop at larger grocery stores, but about as likely (78.0%) to shop at 1-2 different stores in a week. Focus group members indicated that most had cars, and, in fact, this subpopulation was even more likely (69.0%) to never have ridden the bus to go grocery shopping, and half as likely (12.8%) to never have driven their car, as well as to have never walked (55.6%) to food shop. They were slightly more likely (45.2%) to have never gotten a ride for grocery shopping, but slightly more likely (12.0%) to ride a bicycle once a week for food shopping. These HIV/ AIDS-affected folks were slightly less (35.3%) to report a lack of food stamps as an obstacle to getting food and to report not having vouchers (17.6%) as an obstacle, but their need was still clear.

IV. COMMUNICATION & ISOLATION

A persistent theme from the focus groups emerged in the voices of group participants who spoke of communication and isolation issues for them as community members and food consumers. Evidence of this theme came from discussions of special populations, meals eaten by food consumers, neighborhood issues, and volunteerism.

Special Populations

One set of responses focused on communication and isolation experienced and perceived by special populations of food consumers:

Some populations such as those with mental illness can't get to where they can get food.

People with mental illness feel especially isolated and challenged to understand the system.

Interestingly, few (12.0%) survey respondents mentioned special needs related to persons with mental illness, although any needs that surface need to be addressed by the community. The voices of and on behalf of special populations continued:

The visually-impaired find it hard to shop by themselves; they cannot see or see well...don't trust carry-out services...feel neighborhood is not safe.

For older folks, Mobile/ Meals on Wheels are good---they even check on recipients.

Food consumers often don't know where programs are---they feel alone and helpless.

Transient folks have no base from which to take classes and receive delivered help.

Eating Patterns

As discussed below in Section V, there are financial roots of the patterns of food consumption reported by community folks. Looking at these same patterns from an isolation perspective, the responses from the survey findings are also of interest. The issue of the time of the month and food purchasing and eating patterns was discussed above in Section III. Overall, there was moderate reporting of eating out at restaurants by survey respondents---one-third (66.7%) reported eating 1-4 meals outside the home per week. Interestingly, one-third also (33.2%) reported eating 5-10 meals at home per week, over one-fourth (26.5%) reported eating 11-15 meals at home, and nearly another one-fourth (23.7%) reported eating more than 15 meals at home. These patterns may vary according to the time of the month and other issues.

Neighborhood Isolation

One's own neighborhood can become a "special" and isolating social status:

Prices are higher in the inner city where folks have less money---that is isolating!

I won't shop in the slum, and you have to go across town not to do that.

East Toledo has more churches and agencies but fewer food banks than in some areas.

In higher needs areas, there is a lower quality of food at the food banks---why would that be?

Most pizza places won't deliver in my neighborhood...No deliveries after a certain time of night in my area.

Cost of gas is a problem---I feel isolated; can't get to other areas of the city.

Volunteerism & Other Antidotes to Isolation

Some clear voices of an antidote to communication gaps and isolation via optimism and sharing emerged as well, though:

We have social and quality of life needs---yes, we gather to get food, but more to relax, play games, make friends.

Sometimes I pick up groceries for homebound folks; I deliver food to homebound elderly.

In fact, survey respondents overwhelmingly indicated an encouraging level of volunteerism. Many agreed (52.2%) or strongly agreed (22.9%) with the statement that they helped out other people in the community. When asked to respond to a statement that they had been a volunteer in their community, over one-third (34.5%) agreed and 18.6% strongly agreed. These findings echo the optimism and sharing of the focus group members mentioned above.

HIV/ AIDS Population

In terms of the theme of isolation, the HIV/ AIDS subpopulation (N=51) was much less likely (6.0%) to report never eating outside of the home, and the greatest majority (80.0%) reported eating 1-4 meals per week outside the home. Their reports of meals eaten at home per week did not differ from the overall study population.

V. POVERTY & SOCIAL CLASS

The comments of focus group participants related to poverty and social class echo even more acutely the themes discussed elsewhere in this report. The sub-themes that emerge from these comments address actual financial need, diet-related poverty and hunger issues, frustration with and perceptions of the food system, and demographic factors in addition to income.

Financial Need

Poverty and social class inevitably intersect in the comments of focus group members:

It really is hard for low-income folks to buy bulk foods---no cash flow, no space to store it, too expensive.

People have less money in the inner city....producers are more expensive too....Neighborhood stores there are more expensive! I want to shop cheap, but can't in the inner city.

There is nothing my family does not have access to. It is just a problem of money.

Survey findings certainly echoed these comments from the focus groups---76.6% of survey respondents reported that money was a reason it was hard to get food! And cheap food was definitely a goal, since nearly one-half (48.6%) reported eating bulk food, free, or reduced-price food.

Dietary Need/ Hunger

Financial and dietary concerns clearly overlap:

We all know what healthier food is but we can't afford it! Healthy costs too much. We'd like to be able to buy fish, for example.

To combat lead poisoning---a problem in poor housing---you need to eat more fresh greens. I already know that, but knowing is not enough.

Pre-packaged foods are too expensive.

There is just not enough money to eat the right foods.

You cannot get a balanced diet with food stamps and they are not worth what you have to go through!

Survey responses showed that folks do know what to eat and manage to do that when they can---over three-fourths (78.0%) reported that they eat fresh and healthy food. Of course, fast foods and easy-to-make meals also figure in their diets despite their cost; just over half (53.2%) did not report eating these foods, leaving a sizeable proportion (46.8%) who did. When asked specifically about restaurant food, however, only just over one-third (35.8%) reported eating it. Eating actual diet foods was only reported by a small portion (9.6%) of the survey respondents.

Hunger issues were explicitly addressed in the surveys. Quite a few people (42.9%) of the survey population reported never being hungry in a week, still leaving a substantial portion of the group hungry at least 1-3 days per week.

Several survey questions explored hunger specifically in terms of choices food consumers may have had to make. For example, nearly one-fourth (22.2%) reported having had to choose between medicine and food, nearly twice as many (42.2%) had to choose between utility bills and food, nearly one-third (30.7%) between housing and food, and over one-third (34.9%) between clothing and food. All of these reported choices exhibit the base of hunger in the survey population. Table V-1 examines the choice between medicine and food by hunger. Predictably, those who were never hungry (92.0%) did not have to make that choice; however, over one-fourth (27.0%) of those who were hungry 1-3 days per week did have to choose between medicine and food.

Table V-1: Hunger BY Medicine or Food Choice

Choose between Medicine or Food?			
Number of Days per week Hungry	No	Yes	Total
Never Hungry	81 92.0%	7 8.0%	88 100%
Hungry 1-3 Days/week	65 73.0%	24 27.0%	89 100%
Hungry 4-5 Days/Week	12 63.2%	7 36.8%	19 100%
Hungry 6-7 Days/Week	5 38.5%	8 61.5%	13 100%
Total	163	46	209 100%
X ² = 25.67 df = 3 Signif. = .000			

Tables V-2 and V-3 depict the same choice situations for utility bills and housing, respectively. Table V-2 also shows a majority (75.3%) of those never reporting hunger as not having to choose between food and utility bills, but other relationships indicate struggles in the form of choices. Over half (57.3%) of those reporting hunger 1-3 days per week do have to make such a choice, as do over half (52.6%) of those reporting more frequent hunger 4-5 days per week. Of those hungry nearly every day (6-7 days) of the week, over half (53.8%) do not report having to make a choice between utility bills and food---a possible indicator of homelessness. Table V-3 shows the same comparison for choices between housing and food and a similar (82.0%) group of folks never reporting hunger and never having to choose. Those hungry 1-3 days per week apparently do not (61.8%) have to choose, nor do those hungry most days per week (69.5%)---perhaps more indicators of homelessness, but nevertheless interesting.

Table V-2: Hunger BY Utility Bills/Food Choice
Choose Between Utility Bills and Food?

Number of Days per week Hungry	No	Yes	Total
Never Hungry	67 75.3%	22 24.7%	89 100%
Hungry 1-3 Days/Week	38 42.7%	51 57.3%	89 100%
Hungry 4-5 Days/Week	9 47.4%	10 52.6%	19 100%
Hungry 6-7 Days/Week	7 53.8%	6 46.2%	13 100%
Total	121 57.6%	89 42.4%	210 100%
X ² = 20.38; df = 3; Signif. = .000			

Table V-3: Hunger BY Housing/Food Choice

Choose between Housing and Food?			
Number of Days per week Hungry	No	Yes	Total
Never Hungry	73 82%	16 18%	89 100%
Hungry 1-3 Days/week	55 61.8%	34 38.2%	89 100%
Hungry 4-5 Days/Week	9 47.4%	10 52.6%	19 100%
Hungry 6-7 Days/Week	9 69.2%	4 30.8%	13 100%
Total	146 69.5%	64 30.5%	210 100%
X ² = 13.47; df = 3; Signif. = .004			

Another dimension of hunger by use of food distribution resources is illustrated by Table V-4. Of those never reporting hunger, most (71.0%) logically never eat at soup kitchens, but neither do those reporting the most frequent (61.5%) hunger. There is a possible trend for mid-level reported hunger (40.2%, 47.4%) to be associated with mid-level (1-3 meals) soup kitchen usage.

Table V-4: Hunger BY Soup Kitchen Usage

Number of Days per Week Hungry					
Number of Meal per Week Eaten at Soup Kitchens	Never	1-3 Days	4-5 Days	6-7 Days	Total
Never	64 71.9%	36 41.4%	5 26.3%	8 61.5%	113
0-1 Meals	21 23.3%	35 40.2%	9 47.4%	4 30.8%	69
2-3 Meals	2 2.2%	14 16.1%	5 26.3%	0 0%	21
More Than 3 Meals	3 3.3%	2 2.3%	0 0%	1 7.7%	6
Total	90 100%	87 100%	19 100%	13 100%	209 100%
X ² = 32.12 df = 9 Signif.=.000					

Frustrations & Perceptions

One focus group member suggested that our food system bureaucracies are giving “not enough attention to the ‘working poor’.” Another mentioned that very low amounts--such as \$10.00 per month---given out hardly meet their needs. Others were more specific and direct:

I feel stigmatized when I ask for help... You have to tell them you have an illness to get help...The carts lock up like they think you are going to steal them! And then you have to carry your groceries so much farther. I am not going to steal their cart!

It is a matter of integrity, dignity, pride---people must really be desperate before they go to a food bank.

Homeless shelters have very low quality food, not like in other areas or at other sites.

Some, though, recognized work that was being done in the community:

FYN sites are feeding the working poor...and the young poor with no food stamps.

Demographic Factors

Feedback from focus group and survey participants unmistakably include demographic patterns, including family issues:

I buy for my kids first; they are my first priority. I only buy food for myself if I can.

I am a single black father and there is so much sexism and racism...I keep having to prove I have custody of my kids and can take care of them.

Single men don't cook and others have no utensils and facilities.

Asking for help may be generational.

Survey responses document the actual demographics of that population. The vast majority was Black/ African-American (38.3%) or White/ European-American (51.5%), and females (52.4%) outnumbered males (47.6%) in the survey population. Over half (51.5%) of those folks reported household incomes of less than \$5000 per year---an undeniable indicator of poverty as well as social class. The mean age of the survey population was reported as 43.6.

In terms of reported family structure and care-giving patterns, the majority of respondents (35.0%) have 1-2 children, while over one-third (35.4%) reported having no children. More than half, however, have 1-2 (31.2%) or 3-4 (19.0%) children to care for. The vast majority (80.4%) reported no grandchildren to care for, but quite a few have 1-2 (26.4%), 3-4 (8.1%), or 5 or more (2.5%) grandchildren in a free or reduced lunch program.

Tables V-5 and V-6 look at family structure by gender. In Table V-5, females are, not surprisingly, much less likely (26.4%) than men (73.6%) to report having no children, and much more likely (67.4%) to have 3-4 children. Of those with 5 or more children, men (53.3%) and women (46.7%) are not as different. The gender distribution of survey respondents' replies about children and grandchildren in free or reduced lunch programs in Table V-6 reveals that men (60.2%) are more likely than women (39.8%) not to have children or grandchildren in such programs. However, women are much more likely than men to have children or grandchildren in these programs.

Table V-5: Number of Children BY Gender

Number of Children	Gender		Total
	Male	Female	
0	53 73.6%	19 26.4%	72 100%
1-2	23 31.9%	49 68.1%	72 100%
3-4	15 32.6%	31 67.4%	46 100%
5 or more	8 53.3%	7 46.7%	15 100%
Total	99	106	205
$X^2 = 30.87; df = 3; signif. = .000$			

Table V-6: Number of Children/Grandchildren in Free or Reduced Lunch Program BY Gender

Number of Children/Grandchildren in Free and Reduced Lunch Program	Gender		Total
	Male	Female	
0	74 60.2%	49 39.8%	123 100%
1-2	13 25.0%	39 75.0%	52 100%
3-4	4 25.0%	12 75.0%	16 100%
5 or More	2 40.0%	3 60.0%	5 100%
Total	93	103	196
$\chi^2 = 21.83$; $df = 3$; $signif. = .000$			

HIV/ AIDS Subpopulation

Compared to the overall survey population, the HIV/ AIDS focus group participants (N=51) varied on several dimensions of poverty and social class. Almost twice (41.2%) as many of these folks said that money was not a reason it was hard to get food. Even a greater proportion than the overall population (82.4%) reported eating fresh and healthy food, and more said they did not eat bulk, free, or reduced-price food (64.7%) or diet (94.1%) food. However, more (54.9%) reported eating fast food and easy-to-make meals, and many more (56.9%) reported eating in restaurant compared to the overall survey population. Two-thirds (66.7%) reported never being hungry in a week, and the hard choices between food and other necessities were reported as not being necessary between medicine (92.2%), utility bills (76.5%), housing (82.4%), and clothing (76.5%) for this special, disease-related population.

In contrast to the overall survey population, this group of respondents was composed of two-thirds (66.0%) males---perhaps another characteristic of this HIV/ AIDS subpopulation in this community. This group also reported somewhat higher household incomes, with 40.8% less than \$5000, and 10.2% greater than \$30,000. Many more (56.9%) reported having no children, and more (74.5%) had no children to care for. This subpopulation was only slightly older, with a mean age of 44.8.

VI. FOOD SYSTEM BUREAUCRACY & PROCESSES

Feedback from both focus group and survey participants shed light on the agency and organizational processes that exist within the community's food access and delivery

system. This feedback focused on subpopulation needs targeting, specific skills-building mechanisms, and consumer perceptions of system processes.

Targeting Need

Special subpopulation needs must be targeted, as several focus group members pointed out:

Literacy levels are an issue when it comes to navigating the food bureaucracies.

It is especially hard for the homeless with the messed up guidelines---there is massive red tape, very tight rules....they need a place of residence to get anything.

There is no food bank for HIV folks---they need special support and knowledge.

Bus drivers are not trusted by visually-impaired folks.

Skills Building

From classes to other consumer services, folks had ideas:

We would like cooking classes---Chinese food, in our neighborhoods, at our health center...some have time demands that make usual ones hard to attend...I cook for my family, that was my class all my life! But we could share skills---we could teach those classes!

Many survey respondents strongly disagreed (15.3%) or disagreed (22.8%) that they would take cooking classes in the community, and a good number of folks (27.0%) had no opinion on cooking classes being offered. In terms of whether they would take nutrition classes in the community if offered, almost one-third (32.5%) of survey respondents agreed they would, and 12.6% strongly agreed they might take advantage of such skills-building classes.

Most people don't know about emergency food processes---which churches have it, where sites are---can't we get that information out regularly? Could there be a better phone service that could tell where to get the help you need? Basic info---like more about the Buckeye Card.

There really are services needed for basic skills and equipment---paying rent, giving life tools/ skills, couch, fridge, bed, table, helping set up utilities.

Consumer Perceptions

Focus group participants suggested that changes to benefit the food systems as well as food consumers are in order:

WIC vouchers----50% don't get used, so WIC has losses to its program too.

Need facilities at distribution sites as well as at our homes---to store meat, fresh eggs, milk...all the fresh foods.

The new governor's administration is "still setting up" a food program for seniors---will there really be any changes?

Others' views of the food system bureaucracy were more self-directed:

I feel manipulated by the system...it is a very impersonal system.

Somebody needs to get caseworkers to answer calls!

Shelters kick in food stamps, but you are told to be grateful and take help...you need your own address even if you have a job.

Food stamps are not worth the hassle.

The system only pays back four times a year!

Much of the distributed food is way out of date.

Survey respondents gave feedback on community food systems as well, and their views were often mixed. When asked to react to a statement that the food stamp system works well in the community, over one-fourth either disagreed (13.8%) or strongly disagreed (12.2%), while just over one-half either agreed (35.2%) or strongly agreed (15.8%) that the food stamp system was working well. In general, they agreed (47.6%) or strongly agreed (31.4%) that most places where they shopped accepted food stamps. While food stamps are not designed to meet all the needs of an individual consumer, a substantial proportion of the survey respondents agreed (28.9%) or strongly agreed (13.7%) that food stamps met their needs---still leaving however, many whose needs were not met.

HIV/ AIDS Subpopulation

The survey subpopulation of HIV/ AIDS group participants (N=51) only differed from the overall survey population in one respect---their view of the shopping sites that accepted food stamps. Even though some portion of these folks had no opinion about the issue (17.4%), as a group they did not disagree at any level with a statement that most places where they shopped took food stamps. Thus, their perceptions of food stamp potential usage were even more optimistic than the overall study population.

VII. IMPROVING FOOD SYSTEM SECTORS

Both focus groups (N=6) and surveys (N=221) provided suggestions for improving connections between sectors of the community food system. These suggestions included transportation, Farmer's Market, emergency food, food stamp/s vouchers, community food options, and general system changes.

Transportation

Buses took the brunt of the criticisms and suggestions for improvement given by focus group participants:

They are not realistic for food shopping! How much can a person carry on the bus! Change the rules about that.

Bus service is limited on the weekends.

Van transportation for seniors needs to be more locally coordinated.

Consumers with disabilities (blind, etc.) have to take TARTA TARPS, and that is a special service.

Farmers Market

Logistics and practicality were behind the suggestions made for Toledo's Farmers Market:

There is "a Farmers Market policy problem"....need more signage for WIC vouchers, especially for the elderly.

Tables are scattered---the layout is hard to understand.

Why can't they let you buy smaller quantities? Coupons are only in \$3 and \$4 increments.

Emergency Food

Comments about food systems and food quality that they would seek in a financial emergency were both colorful and practical!

The food services are more targeted toward families with kids, not toward those who are disabled and cannot work.

There needs to be a special store (like a bank) for meat, milk...that is open on demand...that includes food with vitamins you can't get elsewhere.

The old commodities programs actually worked...no meat but useful. Are there agencies that could revive those programs? Federal? Local?

The Salvation Army will pay some bills for you...they have canned---not outdated, like most food banks and pantries---food and rice for families.

When asked if they would go somewhere for food if they ran out of money to buy food, survey respondents clearly indicated that they would, for the most part, seek help. Nearly half (46.2%) agreed with the statement, and almost one-third (30.8%) strongly agreed with it. While Feed Your Neighbor sites comprised over half (59.3%) of the study population, emergency intent as well as need is indicated.

Food Stamps

Focus group respondents asked direct questions about food stamps:

Why couldn't food stamps be obtained twice a month? Even more often?

Why don't you get yourself a better caseworker?! A good one will successfully advocate for you.

Couldn't there be a credit card style for vouchers? That would get more stores involved.

Community Food Options

A number of dimensions of the quality of and nature of food system options for individual food consumers in the community were especially revealed by the responses of survey participants. Many agreed (42.5%) and some strongly agreed (20.2%) with a statement that the food given out in the community is good quality. Looking at that sentiment by study sites, Table VI-1 shows that FYN site food consumers were most likely (26.1%) to strongly agree with the statement about the quality of food given out in the community, that both FYN respondents (48.7%) and JFS respondents (42.9%) agreed with the statement, and that HSC respondents were most likely (47.8%) to have no opinion on the food quality.

Table VII-1 Site Type BY Community Food Quality

Community Food Quality Good?	Site Type			Total
	Feed Your Neighbor	Health Science Campus	Jobs & Family Services	
Strongly disagree	8 6.7%	3 6.5%	1 3.6	12
Disagree	1 0.8%	2 4.3%	3 10.7%	6
No Opinion	21 17.6%	22 47.8%	11 39.3%	54
Agree	58 48.7%	12 26.1%	12 42.9%	82
Strongly Agree	31 26.1%	7 15.2%	1 3.6%	39
Total	119 100%	46 100%	28 100%	193 100%
$X^2 = 30.49$ $df = 8$ $Signif.. = .000$				

Over half either agreed (32.3%) or strongly agreed (15.8%) that they were interested in helping to grow a community garden. The interest was even higher for those agreeing (39.8%) or strongly agreeing (21.9%) that they would be interested in growing their own backyard garden.

General System Changes

Overall ideas for food system sector changes also came out of focus group comments:

How can I get help to get more fish? I can afford it.

Closed-out stores are a community problem.

Some sites and the Ability Center have nutrition classes, but cooking classes are hard if there is no kitchen.

Health food stores are too expensive---we need more access to canned meats, vegetables, fish---can't someone help coordinate that?

Salvation Army has good food, but how do you get it? We sometimes don't even know what we don't know.

Agencies can only help within the HUD definitions of homelessness for individuals and families.

At JFS, you have to continually prove you are poor! Even when they already have the documentation...You have to declare your address, which is hard for the homeless and they get turned down.

Who can help HIV/ AIDS folks with their special diets? We have the same worries but special needs.

HIV/ AIDS Subpopulation

The subpopulation of the study (N=51) comprised of HIV/ AIDS group members differed from the overall study population on only a couple of dimensions---emergency food seeking and interest in community gardens. Fewer (35.6%) agreed that they would go somewhere for food in a financial emergency. Even more (50.0%) reported having no opinion on community gardens when compared to the full study population.