

A SEAT AT THE TABLE

ENGAGING COMMUNITIES IN DEFINING RACIALLY-EQUITABLE FOOD ACCESS SOLUTIONS



Angela Zhang
Bill Emerson National Hunger Fellow
Just Harvest
March 2023

TABLE OF CONTENTS

Key Terms	01
Introduction	03
Executive Summary	04
Background	07
Framework	09
Survey Findings	18
Appendix A: Methods	23
Appendix B: Survey	24

KEY TERMS

PREDOMINATELY WHITE ORGANIZATION (PWO)

An unofficial designation of any organization in which the majority of board members or employees are white folks.

GRASSROOTS ORGANIZING

An approach to change that engages residents—of a given district, region or community—in sustained efforts to collectively investigate and address mutual concerns through the exercise of power and collective mobilization.

COMMUNITY-BASED PARTICIPATORY ACTION RESEARCH (CBPAR)

A collaborative approach to research that involves all stakeholders throughout the research process, from establishing the research question, to developing data collection tools, to analysis and dissemination of findings. It is a research framework that aims to address the practical concerns of people in a community and fundamentally changes the roles of researcher and who is being researched.

FOOD JUSTICE

Communities exercising their right to grow, sell, and eat healthy food. Healthy food is fresh, nutritious, affordable, culturally-appropriate, and grown locally with care for the well-being of the land, workers, and animals. People practicing food justice leads to a strong local food system, self-reliant communities, and a healthy environment.

FOOD APARTHEID

A system of segregation that divides those with access to an abundance of nutritious food and those who have been denied that access due to systemic injustice.

FOOD INSECURITY

The limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.



ACKNOWLEDGEMENTS

My deepest gratitude to the community leaders who worked with us to conduct surveys, do outreach and make their communities a better place for their neighbors. Additionally, we are thankful for the individuals who filled out our survey and participated wholeheartedly in discussions on improving food access in their community.

I would also like to thank:

- The staff at Just Harvest; particularly, Dana Dolney for her expertise in community-based work and grassroots organizing which has added immeasurably to the quality of this report, and for the time she has dedicated to this project as a co-creator and mentor; Dawn Marie Clepper-Hall for their direction and supervision of objectives; Emily Cleath for her help in online survey dissemination and communications; Ann Sanders for providing feedback around this work; and finally, Executive Director, Ken Regal, for organizing the necessary resources around this effort and sharing his institutional knowledge.
- The staff at the Congressional Hunger Center; Tony Jackson and Paige Clay, for their guidance and the opportunity to serve through the Bill Emerson Hunger Fellowship.

INTRODUCTION

For a long time, BIPOC community leaders have been excluded from decisions about their own communities. When they have been included they are often tokenized or uncompensated. This report recognizes that lived experience is a form of expertise and shares steps for valuing, incorporating, and uplifting that expertise by way of co-creation.

This report aims to provide a framework for working with community partners and members with lived experience to design racially-equitable, sustainable, and community-based food access solutions. This impetus for this work comes from past research in Pittsburgh that has revealed the need for community-specific solutions targeting food access barriers [1]. Furthermore, **there are growing calls among community leaders and advocacy groups for predominantly-white organizations to engage community members and partners with lived experience meaningfully.** Finally, this report emerged from Just Harvest's efforts to better address and adapt to these needs in their programmatic work.

This framework is informed by in-depth interviews with community and nonprofit leaders, academic literature on grassroots organizing and community-based participatory action research, and field observations. Additionally, the report presents survey findings that aim to capture high-level insights related to food access in Pittsburgh. These findings should serve as a basis for knowledge sharing with and further inquiry alongside community partners.

This report targets predominately white, nonprofit organizations that aim to design equitable, sustainable solutions to neighborhood food insecurity. The framework will help predominantly white organizations better support and engage community leaders in neighborhoods most affected by food insecurity. It will provide a process for the co-creation of food access solutions. Finally, while the context of the report is situated in Pittsburgh, the framework can be applied in other geographies.

**"Black people want a seat at the table
and we want to be paid."**

- Ayanna Jones, CEO, Sankofa Village Community Garden and Farms

EXECUTIVE SUMMARY

Over the past two years, the pandemic has revealed wide racial disparities in food security outcomes. In response to this, many faith-based and community-led organizations in Pittsburgh stepped up to meet the rapidly changing needs of their constituents [2,3]. These efforts have illustrated the power of grassroots solutions. Not only were these organizations able to quickly identify the unique concerns of their community, but they also built upon their relationships and existing resources to accomplish aims. These stories point to the value of engaging community leaders in defining equitable, community-specific, and asset-based solutions.

Grassroots organizers and researchers have recognized the value of community-embedded work for decades. Furthermore, literature on CBPAR points to its importance in reaching groups affected by health disparities by designing interventions closely suited to their unique needs and preferences [4]. Alongside qualitative insights from interviews, we take principles and best practices from grassroots organizing and CBPAR to construct a framework for defining food access solutions, base-building, and launching advocacy campaigns.

Framework

This framework aims to design food access solutions that are racially equitable, sustainable, community-specific, and asset-based. All organizations can implement this framework to better support community partners in designing, implementing, and evaluating food access solutions that satisfy these criteria. Furthermore, relationships built from this effort can be leveraged to achieve systems change through policy advocacy.



1 | Develop org structure

Develop roles and identify funding sources to support the framework



2 | Relationship building

Identify and convene a group of community leaders



3 | Community assessment

Assess the unique strengths, needs, and opportunities in the neighborhood with community partners



4 | Co-develop solutions

Work with community partners to develop neighborhood-specific solutions based on needs, wants, and assets of the community



5 | Implement solutions & evaluate

Work with community partners to implement and iterate on solutions. Leveraging existing networks to conduct outreach.



6 | Reflection

With partners, reflect on framework and note improvements that can be made to the process

Community-based Participatory Action Research (CBPAR)

CBPAR is an approach to research that democratizes the research process in communities. This approach has been adopted by many researchers who seek to incorporate community members' and grassroots perspectives in the co-creation of inquiry and solutions.

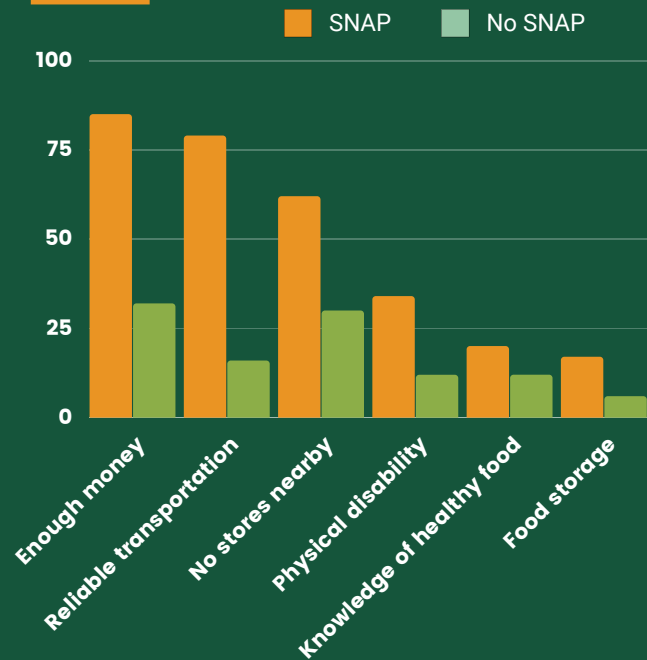
Grassroots Organizing

Grassroots organizing engages residents in sustained efforts to collectively investigate and address mutual concerns through the exercise of power and collective mobilization. These principles are not new and have been built and constantly refined for over more than 70 years.

Survey Findings

- **54.4%** of paper survey respondents (n=241) were food insecure
- The highest barriers for SNAP users to acquiring healthy foods were **lack of sufficient money (59.4%)**, **reliable transportation to stores (55.2%)**, and **absence of stores selling food nearby (43.3%)**
- The top barriers to online grocery ordering for delivery were the **cost of delivery fees**, **uncertainty about the quality of foods**, and **uncertainty about actually receiving the foods bought**.
- **46.7%** of food insecure individuals (n=199) believed online grocery ordering with free delivery would improve their food access
- For food insecure individuals, **farmer's markets (56.7%)**, **free or reduced-cost public transit (47.2%)**, and **local stores with healthy/fresh options (46.7%)** would help increase their food access the most
- Survey respondents asked for...
 - **"Better public transportation"**
 - **"More SNAP benefits"**
 - **"Offering a prepared meal service with healthy foods that accept food stamps"**
 - **"Free delivery with SNAP"**
 - And more

Barriers for SNAP clients vs non-SNAP clients (n=143)



Barriers to online grocery ordering for delivery (n=84)



350 survey respondents; **241** paper, **109** digital

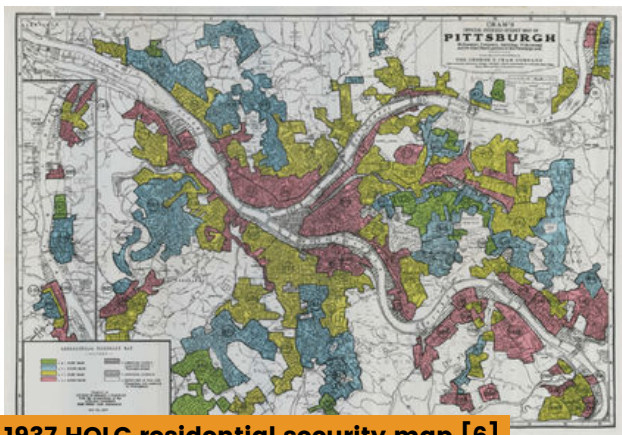


BACKGROUND

History of food apartheid in Pittsburgh

Many predominately-black Pittsburgh neighborhoods have been greatly impacted by historical, structural racism. One example of historically racist policies that have a great impact on present-day conditions is redlining. Redlining is the process of neighborhood evaluation developed by the Home Owners Loan Corporation (HOLC) in the 1930s to help modernize the mortgage market. These methods of neighborhood appraisal were often biased against older, desegregated neighborhoods of color. As a result, appraisals led to economic disinvestment in many predominately-black and mixed-race neighborhoods [5].

In 1940, around 76.7% of black Pittsburghers lived in red-rated areas as compared to 33.5% of non-immigrant, white Pittsburghers [6]. Furthermore, research has found that historically redlined areas in Pittsburgh had persisting concentrations of poverty and vacancy from 1970 to 2000 [6]. Alternatively, areas receiving positive HOLC grades maintained historic advantages. For example, these areas had high homeownership, above-average incomes, and high real estate values as compared to neighborhoods with low HOLC grades.

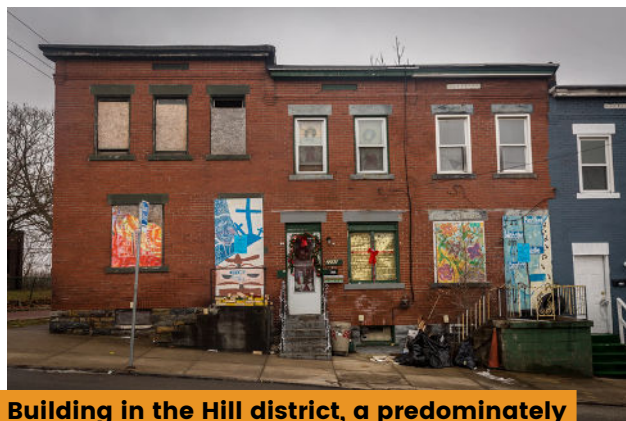


1937 HOLC residential security map [6]

Pandemic food Insecurity & racial disparities

Today, the legacy of these policies results in racial disparities in food insecurity and access. For example, in 2020, overall food insecurity rates were estimated at 11% in Allegheny county [7]. However, rates for Black/African American, Latino, and White residents of Allegheny county lie closer to 24%, 18%, and 7%, respectively [7]. That means Black/African American residents of the county were over three times more likely to be food insecure than their White counterparts.

In addition to health disparities, over time, redlining and economic disinvestment have led to the development of food apartheid in Pittsburgh—areas where fresh, affordable, and culturally-available food is not available due to systemic injustice. During the pandemic, this has led to disproportionate impacts in neighborhoods of color. A RAND study in Homewood and the Hill district, two predominantly black, historically-redlined neighborhoods found that food insecurity increased from 21% to 40% from 2018 to 2020 [8]. These neighborhoods showed an 80% increase in food insecurity rates as compared to 60% nationally.



Building in the Hill district, a predominately Black neighborhood in Pittsburgh

The case for BIPOC and bottom-up grassroots solutions

While these neighborhoods have been victim to structural racism and disinvestment, they have not been helpless in the face of adversity. During the pandemic, before emergency federal funding and policy waivers were deployed to buffer the impacts of the pandemic, grassroots and faith-based organizations in these neighborhoods filled a crucial gap by adapting quickly and providing aid to residents hit hard by food insecurity [3]. For example, in Pittsburgh, many faith-based organizations, local businesses, and neighbors mobilized to provide emergency food relief in the East End.

While the pandemic saw the rise of many grassroots efforts, these programs did not appear spontaneously. Black-led faith-based organizations, urban farmers, and community organizations have been working to improve their communities for decades. As a result of established relationships, many were able to adapt and respond to pandemic-related needs.

For example, when existing distrust of government institutions and barriers for low-income individuals led to uneven vaccine rollout in predominantly-black neighborhoods, a number of faith-based organizations in and around Pittsburgh stepped up to fill the gap in outreach [9, 10]. These organizations leveraged their strong relationships with black community members to instill trust in the vaccination process [11]. Their ability to understand changing community needs and rapidly shift priorities accordingly points to the value of deeply engaging community partners. Additionally, there is much to be gained from leveraging grassroots relationships and networks. As future threats to the food system persist and present-day inequities are yet to be resolved, cross-sector collaboration that achieves systems-wide change is crucial.

Produce Marketplace in Clairton, a corner store supplying fresh, culturally appropriate foods that serves low-income residents



"The collective lesson of these examples is that one size does not fit all: solutions must include and engage neighborhood residents and businesses together with more influential stakeholders and must reflect actual conditions in each community."

- Zachary Murray, previous Emerson Fellow, from the report: "A Menu for Food Justice" (2013)

Current approach to addressing racial disparities and defining solutions

Past and present racial disparities, grassroots efforts, and previous research show that racially-equitable, community-specific, and asset-based solutions are both necessary and viable [1].

However, limitations exist in common approaches. Many traditional PWOs follow a top-down process for researching, designing, and refining programs: conduct a needs assessment based on the PWO's research questions, assemble a team, create a program plan, launch the program. However, at times this process can lend itself to capacity constraints and lack of representation of those with lived experiences. This can happen due to an overreliance on "expert" knowledge, data that is not disaggregated, and overly broad research questions. As a result, these limitations can lead to research and programs that do not cater to the particular needs and wants of the community PWOs aim to serve.

It is evident that, due to historical racism and structural policies, communities of color require unique solutions. However, a pathway to designing sustainable and equitable solutions is not clear. The current paradigm puts power and funding in larger nonprofits that may not best understand the needs of particular communities. Thus, a key recommendation of this report involves presenting a new approach to defining food access solutions and program design: co-creation of community-based solutions that results in capacity building for community-based organizations.

FRAMEWORK

Food access solutions of the future must be

1. **Racially-equitable:** Partnering with BIPOC community leaders and members ensures that those with lived-experience and deep knowledge of their communities are given a seat at the table. More specifically it ensures that their needs, wants, and concerns are accurately represented in the decision making process.
2. **Community-specific:** Each community has a unique set of barriers to food access that depend on its demographic, geography, history, resources, and more. Programs that have lasting power will take these considerations into account and customize their features to address unique needs.
3. **Asset-based:** By partnering with trusted community organizations, allied organizations will have access to a larger base for outreach, organizing, and research. By utilizing assets within a community rather than reinventing the wheel with new programs, allied organizations can save resources while building capacity for community businesses and organizations.

We present a framework for engaging community members in defining food access solutions that meet the aforementioned criteria.

The approach proposed in this report draws on two paradigms of community-led and engaged work: grassroots organizing and CBPAR. These paradigms accomplish different aims: grassroots organizing is aimed at creating political or economic movements while CBPAR is an approach to research that engages members of studied populations as co-creators. However, both approaches are guided by shared principles. To the right is a summary of the principles inherent in both approaches that lend themselves to solutions that are racially equitable, community-specific, and asset-based.

Principles of grassroots organizing [12]:

- Organization is about building relationships
- Meet people where they are, not where you want them to be
- Action or mobilization oriented
- Diverse and inclusive coalitions are stronger

The case for applying grassroots principles to programmatic design

Previous examples exemplify the power of community relationships and grassroots efforts in satisfying shifting community needs. They also show that community leaders are experts in responding to the needs and concerns of their constituents. By incorporating these leaders and community members in designing solutions and strategies for outreach, programs can reach targeted groups faster and anticipate needs more accurately.

"It doesn't take a lot of people to get something moving. Just like [now]. I think that what we learn or what we talk about here should carry over into other conversations, like when we talk with our friends or our families."

– East End Senior Focus Group Participant

Principles of CBPAR [13]:

- Community knowledge is irreplaceable and provides key insights
- Complex social issues cannot be well understood or resolved by "expert" research
- Interventions from outside the community have often had disappointing results
- Communities should have equal inclusion and collaboration in the identification, research, and resolution of community issues.
- Value and legitimacy in the knowledge of individuals, families, and other members of the community.

Table 1: CBPAR impacts of community participation [13]

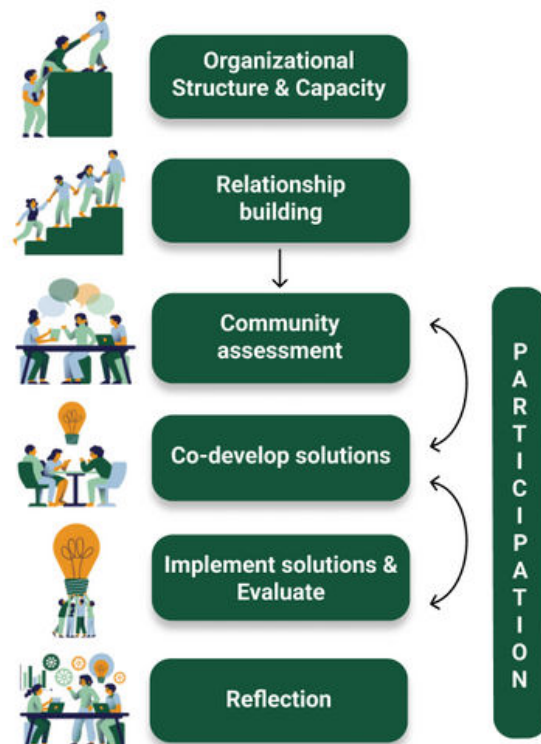
Community participation in...	Results in...
Identifying issues faced by the community	Increased alignment with critical issues experienced from community; empowering communities to take action on these identified issues
Development of a research plan	Increased acceptability of study approach by stakeholders; increased interest of funders due to community-engaged work
Development of data collection tools	Increased specificity and relevance of research questions to population being studied
Data collection	Delegation of efforts to those with knowledge of residents, events, and neighborhood safe spaces. Improved rapport with research participants leading to stronger relationships and increased validity of findings
Analysis, interpretation, translation, and dissemination of findings	Improved validity of results; increased likelihood of translating findings into action
Development and implementation of action plan	Greater cultural and social relevance of solutions to community wants and needs; increased likelihood of lasting solutions

The case for applying CBPAR to needs assessments and programmatic design

The most crucial aspect of CBPAR is its commitment to integrating community participation in every aspect of the research process. The value of community participation is summarized in **Table 1**.

The combination of a grassroots organizing and participatory research approach results in the following framework for designing and improving food access interventions in local communities (**Figure 1**). In this framework, grassroots organizing can serve as a set of practices that encompass a CBPAR project. Grassroots principles provide the foundation of community relationships upon which a CBPAR project must be developed. The CBPAR project itself will aim to assess problems within the community, answer any research questions community members have, and provide a foundation of community knowledge and expertise to build solutions. Once food access solutions/interventions are developed, grassroots practices can mobilize the necessary partners and individuals to achieve implementation. Over time, policy concerns may enter the conversation as non-profit and community partners encounter recurring barriers both in their research and solutions. Again, grassroots organizing can provide a set of tools for carrying out policy advocacy based on these concerns.

Figure 1: Framework for defining racially-equitable, community-specific, and asset-based food access solutions



1/ DEVELOP ORGANIZATIONAL STRUCTURE

In order to carry out this work, there must be proper organizational structures, policies, and skills in place. To do this work well, it cannot and should not be restricted to the role of a single person within the organization.

Strategy 1.1 Identify responsibilities and reimagine roles

Recommended milestones:

- Before pursuing work in any community, ensure that staff are all informed of and in agreement with the proposed strategy
- Have staff conversations about updating roles and responsibilities to reflect this work. Negotiate individual and shared responsibilities in executing the framework
- Continue to communicate in a clear manner about individual and collective expectations as new responsibilities or complications arise
- Document process for engaging community members in written protocols to ensure accountability and transparency
- Documents should be shared with staff and community partners

Strategy 1.2 Explore new ways to fund this work and identify components of the process that will require new funding: include compensation of community advisory board, research participants, and outreach partners in future grant proposals

Recommended milestones:

- Create a client compensation plan or standard operating procedure (SOP) to standardize compensation of community members who will be engaged as co-creators, advocates, and research participants
- Identify initial funding sources for compensating community members and any new team members
- Create social media and communications toolkit to share new framework with potential donors and stakeholders
- Seek out grants that specifically fund CBPAR or community-engaged work such as those from the Robert Wood Johnson Foundation

Strategy 1.3 Identify and attend necessary trainings

Recommended trainings:

- De-escalation training - Tensions can get high when working in areas impacted by high rates of poverty or crime. This leads to situations that can be unsafe for both community members and staff
- Trauma training - Individuals impacted by poverty, crime, and racism often need trauma-informed care

2/ RELATIONSHIP & BASE-BUILDING: IDENTIFY COMMUNITY LEADERS AND TRUSTED ORGANIZATIONS

Relationship building is a crucial part of both CBPAR and grassroots organizing. In CBPAR it is important to engage community members and relevant community-organizations from the very beginning to establish goodwill and eliminate miscommunication around intentions within the community. Additionally, practitioners of community organizing note that relationships are central to building power for campaigns [14, 15]. Thus, this step is a crucial foundation for the rest of the framework.

Strategy 2.1 Identify and begin to engage with individuals, stakeholders and organizations within the community from the BEGINNING

Building Trust

At this stage, staff should not operate under the assumption that trust is given. Trust will be demonstrated through ACTION. Historical trauma elicited by decades of systemic racism in low-income, predominantly-black neighborhoods should not be brushed aside.

Principles of trust building include:

1. Understanding that building trust requires consistent effort applied over time. It is not the work of a single person within the organization and must be a concerted effort from all staff.
2. Engaging leaders within the community who have been serving their communities for years.
3. Acknowledging historical trauma and racism the community has endured; Describing how the nonprofit staff are here to learn and co-create solutions not take power from community leaders.
4. Meeting community members where they are; addressing immediate concerns first.
5. Clear and consistent communication about project details and capacity constraints as they change.
6. Develop resources for spreading the word and informing community members of work being done in their community.
 - o One example of a resource for building trust is a communications pamphlet that provides clear and transparent communication about how the project will help residents, what has been done, and what current progress has been made [16].

Partner Engagement

Strategies for engagement will be different for each group. A few are outlined below:

- **Local businesses, organizations, RCOs, and public sector:** Identify priority concerns of organizations and find ways to build capacity for these organizations based on existing resources.
- **Local businesses, organizations, RCOs, and public sector:** Hold convening meetings to share relevant data/policy knowledge in a timely manner and answer questions. Through various resource/information sharing meetings, identify relevant community leaders who are interested and have the capacity to further engage.
- **Individuals:** Support individuals by sharing organizational resources. For example, Just Harvest shares resources for their SNAP application assistance, tax assistance programs, and more.
- **Individuals:** Hold informal interviews and focus groups to determine top-of-mind concerns within the neighborhood and assess ways individuals are able and willing to engage.

Strategy 2.2 Convene a team of local stakeholders known as a Community Advisory Board (CAB)

Recommendations & Best Practices

- The team should be a diverse representation of organization representatives, residents/community leaders, food retail workers or store owners, etc.
- The team will work collaboratively, provide updates, and work through challenging situations together
- A kickoff meeting launched in a timely manner-within a few weeks of conducting outreach-should clarify each organization's capacity and resources they can bring to the project.
- The meeting should discuss the project objectives, work that has already been done, and next steps with opportunities for input and questions. This meeting should also help identify next steps of interest to the community in regards to community research on food access barriers and needs. Decide on a mechanism for updating partners periodically (e.g. email updates every month, virtual-reconvening every 3 months, etc).
- Start with transparent, preemptive communication ESPECIALLY with difficult conversations about budgets (diminishing or not), need for funding, evolving team capacity - organizational changes, and desire for community benefit. This avoids any miscommunication or misunderstanding if certain tasks are not carried out because they are dependent on internal changes. Often silence or lack of follow-up can signal negligence if internal or capacity changes are not communicated proactively [16].

"[Relationship building] is that difference between transactional and transformative relationships and work. Is it just tit for tat? Or is it like, I'll show up for you and you'll show up for me and together we'll set a path and goals that overlap."

- Director of a PWO in Pittsburgh

Studies utilizing CBPAR have found that *"once there is a working relationship among partners and a mutual respect, it is relatively easy and often comfortable to discuss ways to address issues of importance"* [17].



3/ COMMUNITY ASSESSMENT: ASSESS THE STRENGTHS, NEEDS AND OPPORTUNITIES OF EACH COMMUNITY

A deep understanding of the problem is crucial for solving complex problems such as food insecurity and food apartheid. A community assessment with aims created by a CAB can ensure that research aims are relevant to the community.

Strategy 3.1 Convene the CAB to identify research aims that need to be satisfied before solutions are explored. Compile and share any research that has already been conducted in the neighborhood on needs, assets, or barriers to stakeholders.

Recommendations & Best Practices:

- Meeting with the CAB. With partners, identify a set of methods and data relevant to investigating the decided aims.
- Identify the best group(s) to engage as participants (e.g. seniors, mothers, etc.).
- Outline a plan for analysis and specific research questions the team wants answered.
- Different communities will be at varying levels of solution development. Some organizations may have a solution in mind with resident buy-in while others may have just started thinking about potential solutions. Depending on where community stakeholders are at, project-leading organizations should identify if it is appropriate to fast-track certain aspects of the framework.
- In communities where little to no prior work has been done by organizations to assess the landscape of food access, propose starting with a review of assets, barriers, and opportunities for food access.
- See table below for suggested tools for particular research aims.

Table 2: Summary of Potential Research Tools and Aims

Tool	Research Aim	Resources
Surveys	Get quick, broad insights usually for data that is represented by numbers (e.g. number of people interested in online grocery delivery)	<u>Urban Institute Community-Engaged Surveys</u>
Interviews	Get open-ended data on individual experiences	<u>USDA Community Food Security Assessment Questions</u>
Focus groups	Get open-ended data and discussion on individual and group experiences. More conversational / open-ended than interviews	<u>USDA Community Food Security Assessment Questions</u>
Participatory mapping	Determine existing resources, assets and actors within a community. Determine preferences for locations, new assets to be added	<u>NJ Transportation Planning Authority Best Practices</u>

Strategy 3.2 Carry out data collection with CAB members. Allow CAB to participate in data collection as surveyors, focus group leads, or in other capacities. Identify other community leaders if capacity is needed.

Best practices

- Leverage community leaders' connections and rapport to perform data collection in neighborhoods. For example, community elders often command respect from community members. When surveying, elders are able to get more responses, faster due to the respect they hold. This effect is multiplied when community leaders' are part of community-serving and faith-based organizations.
- Taking into account capacity constraints, the best projects will include the most participatory methods as shown in the participation continuum of a CBPAR project shown below.



PARTICIPATION CONTINUUM OF A CBPAR PROJECT

LESS
PARTICIPATION

MORE
PARTICIPATION

PWO identifies issues and research questions; Community answers questions

Community helps identify issues and research questions and provide some responses. PWOs conduct research, analysis, dissemination, and solution design

Community helps identify research question, provides responses, and helps generate solutions based on findings. PWOs collect and analyze data, disseminate findings, develop solution based on suggestions.

Community leads and controls research. Community defines the issue and research questions, creates, data collection tools, recruits participants and collects data, analyzes data, disseminates findings, generates and carries out action plans. Full collaboration at all stages

Adapted from [13]

4/ CO-DEVELOP SOLUTIONS: CO-DEVELOP SOLUTIONS WITH COMMUNITY PARTNERS BASED ON ASSETS AND WANTS OF COMMUNITY

Strategy 4.1 Information sharing meeting - Convene a meeting with the CAB to present findings to help interpret results, “ground-truth” the data, and discuss next steps.

Strategy 4.2 Shape and discuss solutions with CAB. Once CAB is fully informed, have one or multiple conversations to shape and discuss intervention priorities. These priorities should be informed by the results of community research. Once priorities are established, the conversations around actual solutions can be pursued.

Recommendations and best practices:

- Ensure that time is dedicated to discussing work that has already been done in the community (in the previous step) and elsewhere in addition to solutions that were effective in the past so community members can make informed decisions.

Example: The results may show that the most pressing concerns for participants are the cost of fresh foods or the lack of education about preparing healthy food; in this case, the intervention priorities would be low-cost produce and education. Once these priorities are extracted from community research results, discussions can then center around interventions that address multiple factors.

Strategy 4.3 Allow community leaders to shape narratives around solutions with policy and food access program input. Working from an established set of programs (e.g. the food systems policy framework developed through the Healthy Food Policy Project [18]), develop an intervention or several interventions that tackle the priorities outlined in the previous step.

Recommendations & Best Practices

- When choosing interventions to pursue, evaluate options based on impact, existing resources, capacity, potential funding sources etc.



5/ IMPLEMENT & ITERATE SOLUTIONS: CENTERING EXPERTISE OF CAB, DEVELOP UNIQUE PROGRAMS OR VERSIONS OF EXISTING PROGRAMS

Strategy 5.1 Work with the CAB to create an implementation plan and timeline that provides an outline for the solution decided upon previously, goals, resources required, and roles for each CAB member and other partners. Determine materials and metrics for partners to collect in order to evaluate the effectiveness of the program (e.g. survey measures, quantitative assessment (pre and post-intervention)). Once the final implementation plan is completed, share with external partners for approval.

Strategy 5.2 Hold one or several community meeting(s)—depending on the size of the community—to inform residents of the proposed plan, answer questions and solicit feedback on the implementation plan before finalizing.

Strategy 5.3 Aid stakeholders in implementing steps in the plan. Troubleshoot any problems and adjust plans according to issues that arise unexpectedly. Work with CAB to produce an outreach plan and get approval for any outreach materials.

Strategy 5.4 Ask partners to complete observation logs on outreach or educational materials and observation of clients. A set of guiding questions for those observing/directly involved in the intervention would also be helpful at this stage. Revise materials, intervention design, and strategies based on this feedback. Engage additional partners if needed returning to step two of the framework.



6/ REFLECT: REFLECT ON FRAMEWORK WITH CAB AND NOTE IMPROVEMENTS THAT CAN BE MADE

Strategy 6.1 Continuously reflect on the process as it unfolds. Update written materials and adjust protocols in response to feedback from CABs and other community partners. The framework should be a living document where best practices and considerations are updated along the way. When the solution is deployed, gather the CAB and the project team once more to reflect on the execution of the framework.



POTENTIAL CONCERNS WITH APPROACH

1/ GATEKEEPING

Some partners or community residents may be concerned that those engaged in the intervention team do not represent the community or will become gatekeepers of information and resources within their communities. For this reason, proper vetting of partners is necessary. Performing due diligence as an organization is crucial in the initial steps of this process. Furthermore, it is important to establish ground rules promoting a culture of transparency both within the CAB and among the community members with whom the team will interact.

2/ INTEGRATION WITH POLICY ADVOCACY WORK

While the examples in this framework highlight food access programs in particular, policy advocacy should not be considered separate from food access work. As our survey results will show, the cost of food is the biggest barrier to food access. As such, federal-level social safety net policies and other policies lifting individuals out of poverty are food access interventions.

Organizations can think of the previous framework outlined as a base-building process, gaining rapport with

community members and leaders and educating them about how policies such as SNAP/WIC affect their communities; then leveraging this rapport with community members to advocate towards a shared goal. Regardless of the intervention type (advocacy vs. programmatic), it is crucial that an advocacy campaign or a corner store program involves community members as co-creators.

Advocacy campaigns can also arise after a community food access intervention is implemented. Stakeholders with whom the team has developed strong relationships may naturally look for next steps and ways to create more impact with their work and findings. Across different communities where this work is being pursued, it is possible that common policy barriers—such as the amount of monthly SNAP benefits—arise. At this point, it is possible to convene multi-community or regional meetings to discuss advocacy campaign ideas. Because the groundwork has been laid in terms of developing a strong base through the framework, and the commitment of the PWO demonstrated through the neighborhood community food access intervention, collective action toward policy change is no longer a lofty goal.

SURVEY FINDINGS

Study Area & Demographics

Here we present a summary of key survey findings aggregated across the study area. Methods are detailed in Appendix I. Over a period of two months, 350 people completed our paper or online surveys. Breakdowns of surveying locations by neighborhood and medium are listed in **Table 3**. Because we used relatively small sample sizes across a large area, survey results should not be interpreted as a representative picture of food insecurity and access barriers in Pittsburgh. Instead, they should be understood as preliminary findings to build upon in future investigation and community-engaged work.

Table 3: Surveying location by neighborhood demographics and medium

Neighborhood	Digital surveys	Paper surveys	Total
Clairton	9	48	57
Duquesne	5	66	71
East End*	18	16	34
Mckees Rocks	2	97	99
Mckeesport	24	4	28
Perry Hilltop	5	-	5
Sheraden	14	-	14
The Hilltop**	32	10	42

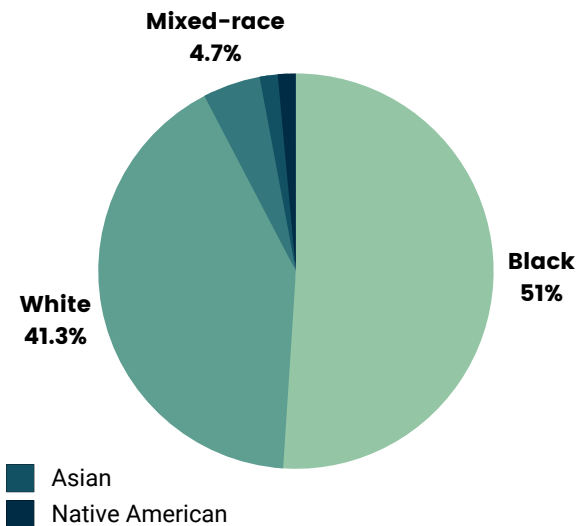
*Homewood, Larimer, East Liberty

**Allentown, Beltzhoover, Arlington, and Carrick

Race, ethnicity, and gender

Of those who disclosed their race (n=339), 51% of survey respondents were African American while 41% were White. The remaining 8% were mixed-race, Asian, or Native American (**Figure 2**). Compared to overall Census population estimates for Pittsburgh, our survey reached more African American respondents [19]. This is in line with expectations as surveys were collected in a number of predominantly-black and mixed-race neighborhoods (**Table 3**).

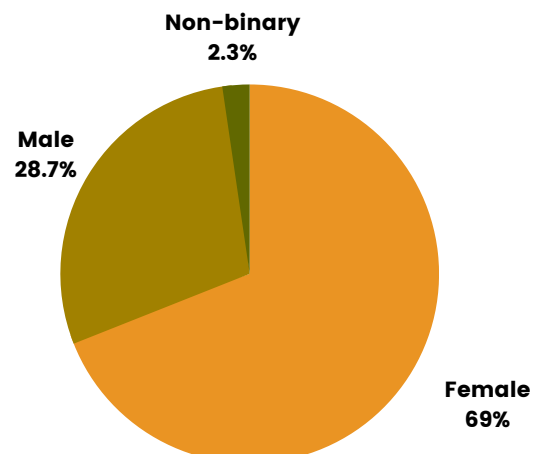
Figure 2: Breakdown of race among survey respondents



The majority of respondents who responded to the question on ethnicity (n=331) were not Hispanic or Latino. Pittsburgh city and Allegheny county have a low population of Hispanics and Latinos at 3% and 2% of the population respectively.

Finally, we had an overwhelming number of female-identifying respondents fill out our survey (**Figure 3**).

Figure 3: Breakdown of gender among survey respondents

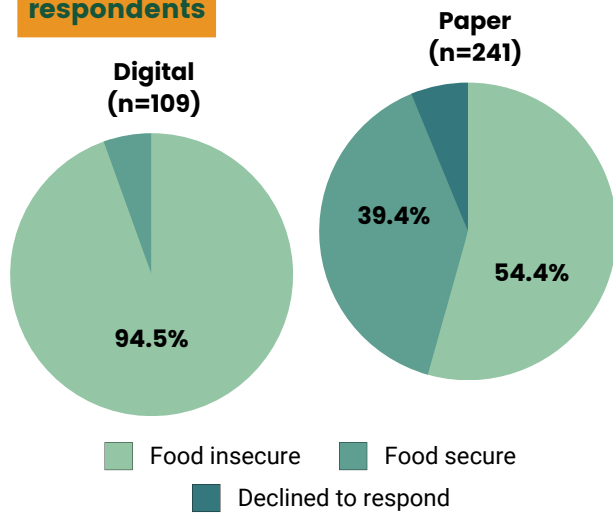


Food insecurity

Our results showed that most of our survey respondents were food insecure across both survey formats. Because the survey was advertised on social media to target those facing food access problems, most people who took the digital survey were food insecure. On the other hand, paper survey respondents had higher variation in food insecurity status with 42% of respondents indicating that they were food insecure (Figure 4).

*"The cost of gas, heat, electric, water, sewage, health maintenance has sky rocketed, pricing us out of our homes."
- Survey respondent*

Figure 4: Food insecurity status of survey respondents



54.4% of paper survey respondents were food insecure

Food Access Barriers

Food access barriers can vary based on various economic, social, and environmental factors. We looked into a variety of these high-level factors to identify differences in barriers for each group. Generally, we found that for SNAP users, the highest barriers to acquiring healthy foods were lack of sufficient money, reliable transportation to stores, and absence of stores selling food nearby.

Figure 5: Barriers for SNAP clients vs non-SNAP clients (n=211)

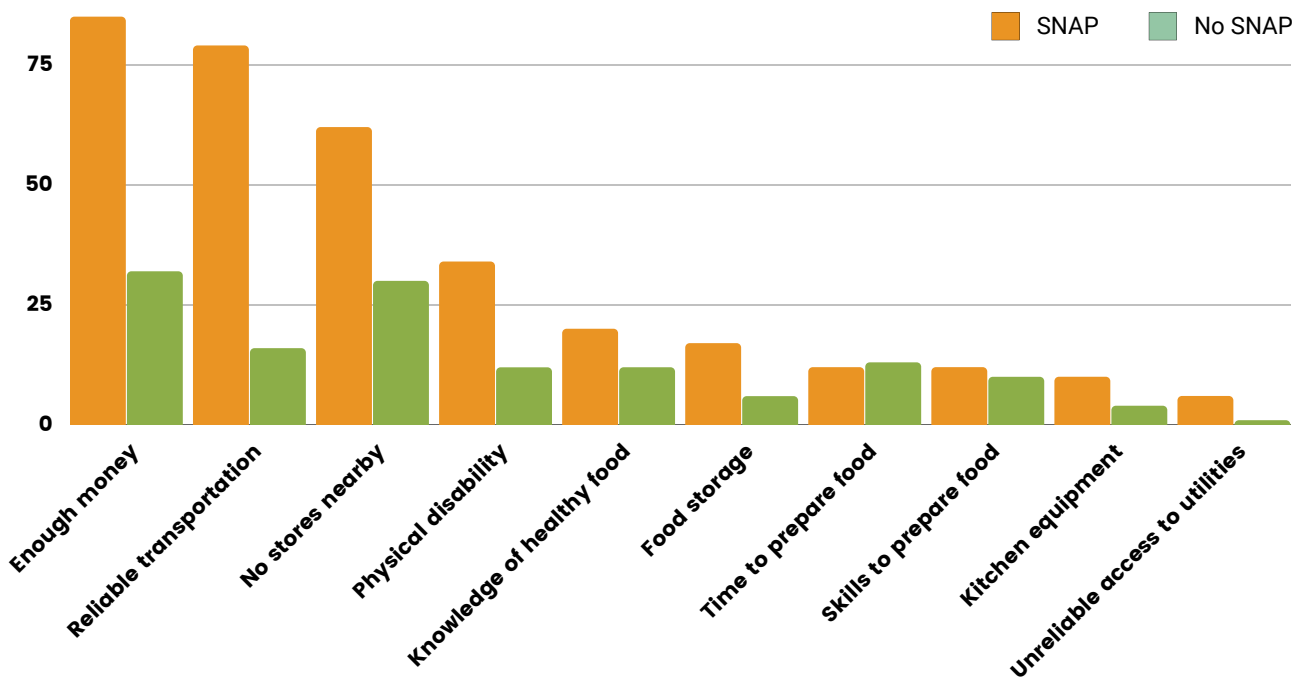
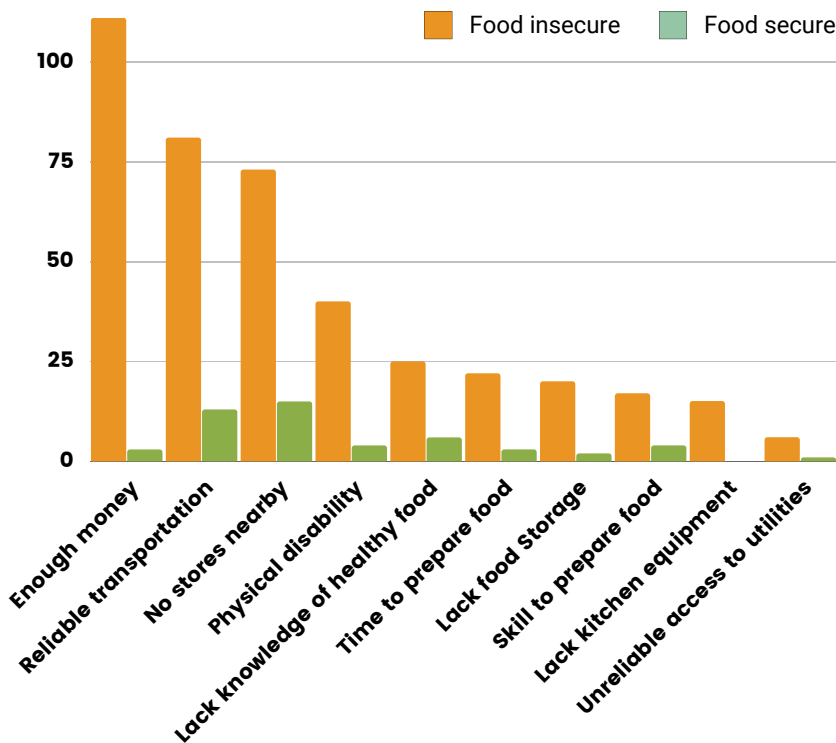


Figure 6: Barriers to healthy food access for food insecure / food secure individuals (n=205)



"They don't have fresh fruits or veggies around any more."

"Fresh produce and healthier foods are more expensive."

"Food banks are [open] during work hours."

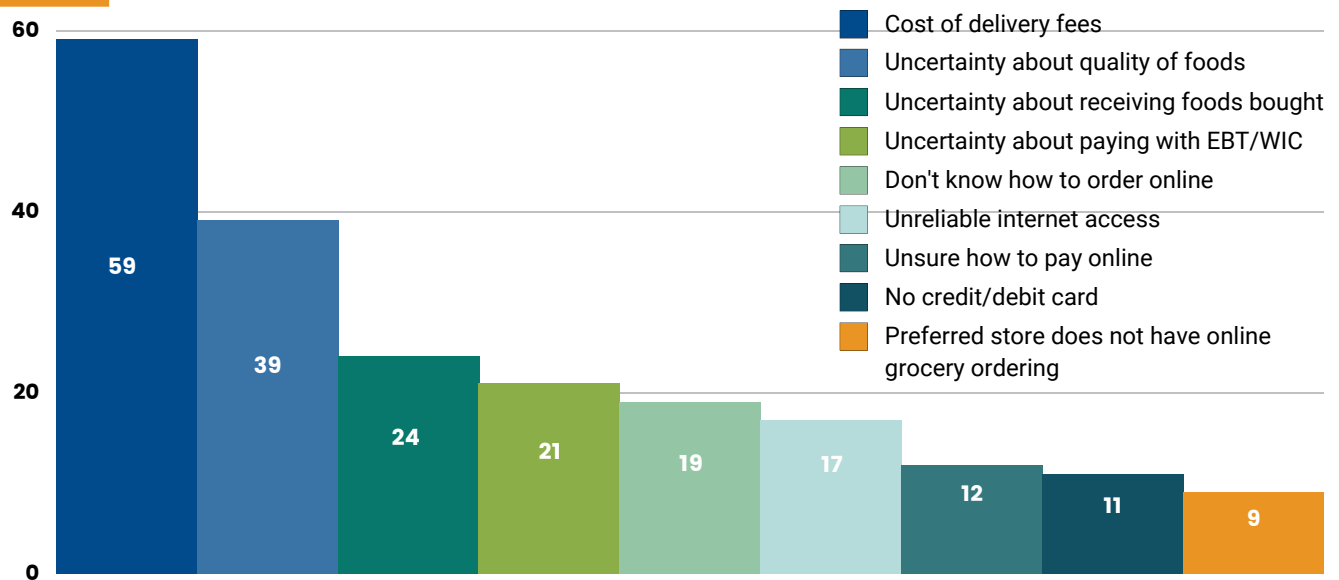
"Immunocompromised and can't go into stores but there are no local stores that do curbside."

- Survey respondents

Online Grocery Delivery Barriers

Due to the growth of grocery delivery services during the pandemic, our survey also measured participants' interest in and barriers to online grocery ordering and home delivery. For respondents that indicated barriers to ordering groceries online, we found that the main barriers were the cost of delivery fees, uncertainty around quality of foods, and uncertainty about receiving the foods they ordered. Notably, we also found that those who filled out a digital survey were much less likely to experience any of the barriers to online grocery ordering listed.

Figure 7: Barriers to online grocery ordering for delivery (n=84)



Supported Solutions

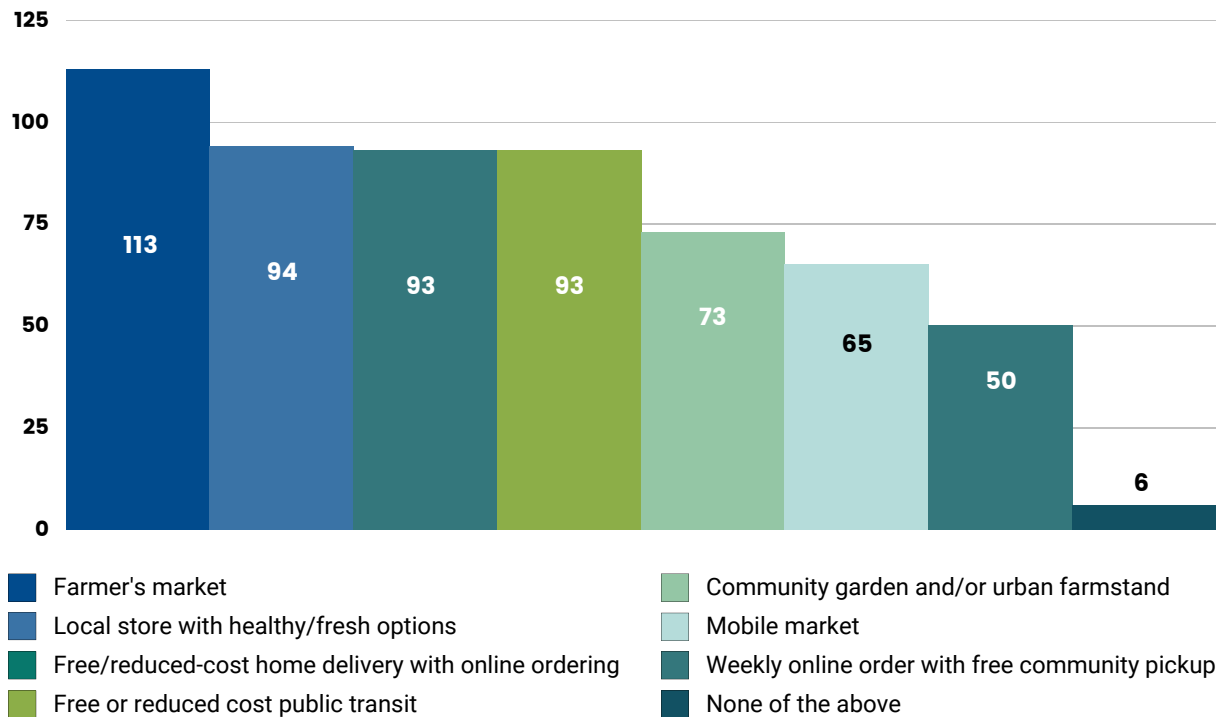
While these results are useful for understanding solutions community members would be interested in, they should not determine which solution should be pursued in a community. To choose the optimal solution, there must be a holistic understanding of the assets and barriers within a neighborhood that affect the efficacy and feasibility of each solution.

We found that for food-insecure individuals, farmer’s markets and free or reduced-cost public transit were the most preferred options. Coming third and fourth were local stores with healthy/fresh options and free/reduced-cost home delivery with online ordering (Figure 8). For SNAP recipients these rankings did not change. These supported solutions are consistent with previously indicated barriers to food access regarding the lack of stores selling healthy foods nearby and the lack of reliable transportation (Figure 6). Home delivery with online ordering effectively addresses both these barriers, but as shown in Figure 7, poses its own challenges.

"If they have this program that's going to take place where you can get free delivery...then we wouldn't have the accessibility problem anymore. So then it would lead back to only the pricing problem. So if we could get the accessibility problem answered by ordering online, the only thing we would have to be concerned with is then pricing."

- East End focus group participant

Figure 8: Solutions supported by food-insecure survey respondents (n=199)



56.8% of food insecure individuals who responded (n=199) believed a farmer's market would improve their food access

Survey respondents also asked for...

- "Better public transportation."
- "Help with jitney costs."
- "More monetary subsidies."
- "More snap benefits."
- "Offering a prepared meal service with healthy foods that accept food stamps."
- "Free delivery with SNAP."
- "More stores that accept EBT for online shopping."
- "Putting a better grocery store in the area and local stores that are open more."

Finally, our survey of the top five food items residents wanted to see in their local stores found that the top food groups were fruit and vegetables (and greens). The top individual food items were apples, bananas, bread, potatoes, and lettuce (Table 4). Essentially, fresh produce was prioritized over meats, legumes, dairy, and processed foods (Figure 9).

Table 4: Top food items people want to see in local stores

Food	Total
Fruit	74
Apple	63
Banana	61
Vegetables	54
Bread	49
Potato	49
Greens	47
Lettuce	46

Figure 9: Top foods respondents wanted to see in their neighborhood





APPENDIX A: METHODS

Framework methods

The framework was developed through experiences in the field, interviews, and a review of literature pertaining to CBPAR and grassroots organizing [14-17, 20-29].

Experiences in the field led to personal insights from running focus groups, helping organize community meetings, and speaking with community leaders.

This work consisted of six interviews with organizations and individuals working to improve food access and community members in Pittsburgh. These interviews aimed to understand the landscape of food access solutions in Pittsburgh; how community-led organizations wanted to be engaged; and how PWOs were engaging community partners. These interviews also sought to understand how organizations aimed to make more efforts towards racial equity work and engage community members.

Determining study and surveying areas

To determine areas of need, we conducted a GIS analysis of various census tracts within and around the Pittsburgh study area. Data on median household income, percentage of households with vehicle access, and retail food outlets were presented on separate maps. Using map intersects, we determined the census tracts with low vehicle access and low median household income.

Separately, Just Harvest staff compiled a list of neighborhoods based on a lack of knowledge about food access barriers, existing efforts, and other qualitative insights into those neighborhoods. These neighborhoods were then cross-referenced with the areas of need determined by our GIS analysis. Our final list of neighborhoods is included below:

1. East-End: Homewood, East Liberty, Larimer, Lincoln-Lemington-Belmar
2. Northside: Perry Hilltop, Fineview
3. Southside Hilltop: Allentown, Mt. Washington, Knoxville, Carrick
4. Mckees Rocks
5. Duquesne
6. Sheraden
7. Clairton
8. Mckeesport

Survey design

Survey items consisted of a validated two-item food insecurity measure, questions about participant demographics, barriers to food access, preferred food stores, online grocery ordering and barriers, and supported food access solutions. There was a mix of multiple-choice and short-answer responses. Multiple choice measures on barriers to food access and online grocery shopping were selected based on previous qualitative and quantitative research exploring these topics [30, 31]. The survey was vetted by several Just Harvest staff members and then piloted in Clairton. Revisions were made and the survey was finalized (See community food access surveys in **Appendix B**).

Surveying and data collection

We compensated and provided community leaders with materials to conduct outreach and surveys. In neighborhoods with existing organizational relationships, we were able to quickly identify community leaders: East End and Duquesne. In other neighborhoods, we conducted outreach and built relationships with our community leaders: Southside, Mckees Rocks, Clairton. In some neighborhoods, we were unable to establish strong relationships with community members and only deployed an online version of the survey: Mckeesport, Sheraden, Northside. Our community leaders had varied roles in their neighborhoods. Some were workers who regularly saw and had relationships with community members, others were very experienced in survey work, and some worked or volunteered for a nonprofit serving their community. Because it took time to identify community members suitable for this work, surveying was carried out from November 2022 to January 2023.

To increase survey numbers and reach a different demographic, we also deployed an online survey using SurveyMonkey in the following neighborhoods using Facebook ads. Due to the nature of Facebook ads, some responses from other neighborhoods were captured as well. The breakdown of survey numbers in each neighborhood is captured in the table below. (consider moving this somewhere else)

Data for the paper surveys were entered in SurveyMonkey and then exported alongside data from the online survey into an excel spreadsheet.

APPENDIX B: SURVEY



Food Access Survey (V3)

412-643-2349

SNAP helpline: 412-431-8960 (option 3)

JUST HARVEST and several community stakeholders are working together to assess the community's needs regarding food access. It is vital that we have feedback from the community as we attempt to address this critical issue. **Please take a few moments to complete this 10-minute survey.**

-
1. **What is your zip code?** _____
 2. **What is your race?** African American/Black | White | Asian | Native American | Other _____
 3. **Are you hispanic or latino?** YES | NO
 4. **What is your gender?** Female | Male | Non-binary
 5. **What are the ages of people in your household (including you)?** _____
 6. **Please indicate if the statement is often true, sometimes true, or never true for your household.**
Within the past 12 months, we worried whether our food would run out before we got money to buy more.
A. Often true
B. Sometimes true
C. Never true
Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.
A. Often true
B. Sometimes true
C. Never true
 7. **Do you have trouble getting or buying healthy food in your neighborhood?** YES NO
 8. **If YES to 7, what barriers do you experience when it comes to getting healthy food? (circle all that apply)**
A. I don't have enough money to purchase healthy food
B. I don't know what foods are healthy
C. I don't have reliable transportation to stores that sell healthy food
D. There are no stores selling healthy food nearby
E. I have a physical disability or limitations
F. I don't have storage for fresh or cooked foods
G. I don't have time to prepare healthy food
H. I don't have skills to prepare healthy food
I. I don't have kitchen equipment
J. I don't have reliable access to utilities (clean water, gas, or electricity)
K. OTHER: _____
 9. **Which of the above barriers affects you the most? (select one, A-K)** _____
 10. **What other barriers, if any, do you face when trying to get healthy food?** _____
-
11. **What type of transportation do you use most often to do your food shopping? (select one)**
Ride from friend/family | Bike | Jitney | My/shared car | Public transportation | Uber / Lyft / Taxi
Shuttle service / ACCESS / NAMS | Walk | OTHER: _____
 12. **How do you pay for your groceries? (select all that apply)**
Cash SNAP/EBT WIC Checks Debit Credit
 13. **Where do you regularly shop to get most of your groceries?**
Store name: _____
Location (street/intersection if known) _____

14. A corner store is "a store with extended opening hours and in a convenient location, stocking a limited range of household goods and groceries." What corner store do you shop at the most?

Store name: _____

Location (street/intersection if known) _____

15. If any, what corner store do you shop at the most to buy fresh fruits or vegetables?

Store name: _____

Location (street/intersection if known) _____

16. Have you heard of Produce Marketplace?

YES NO

17. If you have heard of Produce Marketplace, have you used it to buy fresh fruits or vegetables?

YES NO

18. If YES to 17, how often do you use Produce Marketplace to buy fresh fruits or vegetables?

Less than once a month | 1-2 times per month | 1-2 times per week | 3-4 times per week

19. Do you have reliable access to the internet in your home? YES NO

20. Have you ordered groceries online for delivery before? YES NO

21. If YES to 20, have you used SNAP/EBT to pay for online grocery delivery before? YES NO

22. If NO to 20, are you interested in ordering your groceries online for delivery? YES NO

23. Do you have any concerns about ordering groceries online for delivery? YES NO

24. If YES to 23, what concerns do you have with ordering groceries online for delivery? (select all that apply)

The cost of delivery fees is too high

I have unreliable internet access

I don't know how to order food online for delivery

I am not sure about the quality of foods I'm buying (I want to pick out the food myself)

I am not sure if I will receive the foods I'm buying

I have no credit/debit card

I am not sure how to pay online

I am not sure if I'm able to pay with SNAP/EBT

My preferred store doesn't have online grocery ordering and delivery

Other: _____

25. Which solutions would help you access food more easily (select all that apply)

Free or reduced cost public transit

Community garden and/or urban farmstand

Farmer's market

Local store with healthy/fresh options

Free/reduced-cost home delivery with online ordering

Weekly online order with free community pickup

Mobile Market (large vehicles that go to different locations with grocery items for sale, limited days and hours)

Other: _____

26. What are the top 5 kinds of produce and products you would like to see carried at your local food store? _____

Would you like to be included in future conversations about solutions to Food Access problems?

YES NO MAYBE

CONTACT INFORMATION (*Optional*):

NAME _____

ADDRESS _____

EMAIL _____

PHONE _____ Text? YES NO

REFERENCES

1. Murray, Z. (2013). A Menu for Food Justice: Strategies for Improving Access to Healthy Foods in Allegheny County [Review of A Menu for Food Justice: Strategies for Improving Access to Healthy Foods in Allegheny County]. In <https://www.hungercenter.org/wp-content/uploads/2013/07/A-Menu-for-Food-Justice-Murray.pdf>.
2. Loew, R. (2022, March 24). Pittsburgh restaurant workers reflect on the pandemic's impact. PublicSource. <https://www.publicsource.org/pittsburgh-restaurant-workers-reflect-on-pandemic-mutual-aid/>
3. Gannon, J. (2022, April 21). Divine Restoration Church expands outreach from its new home in Duquesne. NEXTpittsburgh. <https://nextpittsburgh.com/features/divine-restoration-church-expands-outreach-from-its-new-home-in-duquesne/>.
4. Wallerstein, N. B., & Duran, B. (2006). Using Community-Based Participatory Research to Address Health Disparities. *Health Promotion Practice*, 7(3), 312–323. <https://doi.org/10.1177/152483990628937>
5. Greer, J. 2013. The Home Owners' Loan Corporation and the development of the residential security maps. *Journal of Urban History* 39 (2):275–96.
6. Rutan, D. Q., & Glass, M. R. (2018). The Lingering Effects of Neighborhood Appraisal: Evaluating Redlining's Legacy in Pittsburgh. *The Professional Geographer*, 70(3), 339–349. <https://doi.org/10.1080/00330124.2017.1371610>
7. Hake, M., Engelhard, E., & Dewey, A. (2022). Map the Meal Gap 2022: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2020.
8. Dubowitz, T., Dastidar, M. G., Troxel, W. M., Beckman, R., Nugroho, A., Siddiqi, S., Cantor, J., Baird, M., Richardson, A. S., Hunter, G. P., Mendoza-Graf, A., & Collins, R. L. (2021). Food Insecurity in a Low-Income, Predominantly African American Cohort Following the COVID-19 Pandemic. *American Journal of Public Health*, 111(3), 494–497. <https://doi.org/10.2105/AJPH.2020.306041>
9. Hedlin, C. (2021, March 18). Pittsburgh's Black churches dispel COVID myths, improve vaccine access. PublicSource. <https://www.publicsource.org/pittsburgh-black-churches-improve-access-to-covid-19-vaccine>
10. Starsky, F. (2021, February 18). As a community health nurse, I know a barrier to health care when I see it. The COVID vaccine signup process is one that can cost lives. PublicSource. <https://www.publicsource.org/first-person-community-health-nurse-barriers-to-covid-vaccination-allegheny-county/>
11. MacDonald, J. (n.d.). Churches in predominantly Black communities can play a key role in vaccinating against COVID-19. Faith and Leadership. Retrieved March 19, 2023, from <https://faithandleadership.com/churches-predominantly-black-communities-can-play-key-role-vaccinating-against-covid-19>
12. Warpehoski, C. (n.d.). 7 Principles of Community Organizing. <https://www.icpj.org/blog/wp-content/uploads/2016/07/7-Principles-of-Community-Organizing.pdf>
13. Burns, J., Cooke, D., & Schweidler, C. (2011). A Short Guide to Community Based Participatory Action Research (T. Bonilla & T. Farris, Eds.) [Review of A Short Guide to Community Based Participatory Action Research]. Advancement Project - Healthy City. <https://hc-v6-static.s3.amazonaws.com/media/resources/tmp/cbp-ar.pdf>
14. Warren, M. R. (1998). Community Building and Political Power. *American Behavioral Scientist*, 42(1), 78–92. <https://doi.org/10.1177/0002764298042001007>
15. Wood, R.L. (1997). Social capital and political culture—God meets politics in the inner city. *American Behavioral Scientist*, 40(5), 595–605.
16. Hicks, S., Duran, B., Wallerstein, N., Avila, M., Belone, L., Lucero, J., Magarati, M., Mainer, E., Martin, D., Muhammad, M., Oetzel, J., Pearson, C., Sahota, P., Simonds, V., Sussman, A., Tafoya, G., & Hat, E. W. (2012). Evaluating Community-Based Participatory Research to Improve Community-Partnered Science and Community Health. *Progress in Community Health Partnerships: Research, Education, and Action*, 6(3), 289–299. <https://doi.org/10.1353/cpr.2012.0049>
17. Daley, C., James, A. S., Ulrey, E., Joseph, S., Talawyma, A., Choi, W. S., Greiner, K. A., & Coe, M. K. (2010). Using Focus Groups in Community-Based Participatory Research: Challenges and Resolutions. *Qualitative Health Research*, 20(5), 697–706. <https://doi.org/10.1177/1049732310361468>

REFERENCES

18. Food Systems Framework. Healthy Food Policy Project. (2022, November 22). <https://healthyfoodpolicyproject.org/framework>
19. U.S. Census Bureau QuickFacts: Pittsburgh city, Pennsylvania. (2022). Census Bureau QuickFacts. <https://www.census.gov/quickfacts/fact/dashboard/pittsburghcitypennsylvania/PST045222>
20. Fernandez, M. A., & Raine, K. D. (2021). Digital Food Retail: Public Health Opportunities. *Nutrients*, 13(11), 3789. <https://doi.org/10.3390/nu13113789>
21. Minkler, M., Blackwell, A. G., Thompson, M., & Tamir, H. (2003). Community-Based Participatory Research: Implications for Public Health Funding. *American Journal of Public Health*, 93(8), 1210–1213.
22. Rhodes, S. D., Mann-Jackson, L., Alonzo, J., Simán, F. M., Vissman, A. T., Nall, J., Abraham, C., Aronson, R. E., & Tanner, A. E. (2017). ENGAGED for CHANGE: A community-engaged process for developing interventions to reduce health disparities. *AIDS Education and Prevention: Official Publication of the International Society for AIDS Education*, 29(6), 491–502. <https://doi.org/10.1521/aeap.2017.29.6.491>
23. Wallerstein, N. B., & Duran, B. (2006). Using Community-Based Participatory Research to Address Health Disparities. *Health Promotion Practice*, 7(3), 312–323. <https://doi.org/10.1177/1524839906289376>
24. Weiner, J., & McDonald, J. A. (2013). Three Models of Community-Based Participatory Research.
25. Holkup, P. A., Tripp-Reimer, T., Salois, E. M., & Weinert, C. (2004). Community-based Participatory Research. *ANS. Advances in Nursing Science*, 27(3), 162–175.
26. Horowitz, C. R., Goldfinger, J. Z., Muller, S. E., Pulichino, R. S., Vance, T. L., Arniella, G., & Lancaster, K. J. (2008). A Model for Using Community-Based Participatory Research to Address the Diabetes Epidemic in East Harlem. *The Mount Sinai Journal of Medicine, New York*, 75(1), 13–21. <https://doi.org/10.1002/msj.20017>
27. Christens, B. D. (2010). Public relationship building in grassroots community organizing: Relational intervention for individual and systems change. *Journal of Community Psychology*, 38(7), 886–900. <https://doi.org/10.1002/jcop.20403>
28. Christens, B. D., & Inzeo, P. T. (2015). Widening the view: Situating collective impact among frameworks for community-led change. *Community Development*, 46(4), 420–435. <https://doi.org/10.1080/15575330.2015.1061680>
29. Christens, B. D., & Speer, P. W. (2015). Community Organizing: Practice, Research, and Policy Implications: Community Organizing. *Social Issues and Policy Review*, 9(1), 193–222. <https://doi.org/10.1111/sipr.12014>
30. Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Cook, J. T., Ettinger de Cuba, S. E., Casey, P. H., Chilton, M., Cutts, D. B., Meyers A. F., Frank, D. A. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. *Pediatrics*, 126(1), 26-32. doi:10.1542/peds.2009-3146.
31. Gearing, M., Dixit-Joshi, S., & May, L. (2021). y. Barriers that Constrain the Adequacy of Supplemental Nutrition Assistance Program (SNAP) Allotments: Survey Findings [Review of y. Barriers that Constrain the Adequacy of Supplemental Nutrition Assistance Program (SNAP) Allotments: Survey Findings]. USDA Food and Nutrition Service. <https://fns-prod.azureedge.us/sites/default/files/resource-files/SNAP-Barriers-SurveyFindings.pdf>

