

**PERCEPTIONS AND EXPERIENCES OF  
FOOD INSECURITY-RELATED STIGMA IN  
THE UNITED STATES**

by

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A dissertation submitted to the Faculty of the University of Delaware in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Human Development and Family Sciences

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## **ABSTRACT**

Stigma, defined as a multi-level social process, can result in social exclusion, reduced opportunities, and adverse health outcomes for target individuals or groups.

Understanding and addressing manifestations of stigma related to the use of government (i.e., SNAP and WIC) and emergency (i.e., food banks, pantries, and cupboards) food assistance, and their impacts on program access among eligible adults, is pivotal for achieving health equity. This dissertation, guided by the Stigma and Food Inequity Framework, included three studies with the following aims: 1) conduct a scoping review of the literature to evaluate individual- and structural-level stigma associated with both government and emergency food program utilization, 2) conduct a qualitative study with emergency food program clients regarding individual-level experiences of food insecurity-related stigma, and disclosures related to participation in emergency food programs, and 3) conduct a qualitative study with emergency food program clients examining experiences of structural-level stigma. This dissertation offers important insights into food insecurity-related stigma and its manifestations within government and emergency food programs in the U.S., driving intervention strategies aligned with the Stigma and Food Inequity Framework.

## **Chapter 1**

### **INTRODUCTION**

This introduction presents a foundational review of issues critical to understanding the topic of food insecurity-related stigma and public and private food assistance program usage in the United States. It begins with a summary of food insecurity and important issues influencing food policy and then describes the two theoretical frameworks guiding this project: The Stigma and Food Inequity Framework and Intersectionality Framework. In subsequent chapters, I will present three distinct studies, all evaluating food insecurity-related stigma in the U.S. The final chapter will include a conclusion and recommendations for future research.

#### **Food Insecurity in the United States**

Approximately 18 million United States (U.S.) households (13.5%) reported experiencing food insecurity in 2023 (Rabbit et al., 2024). The United States Department of Agriculture (USDA) defines food (in)security using four labels, which capture the ranging severity of the issue in terms of both quality and quantity of food: 1) high food security, 2) marginal food security, 3) low food security, and 4) very low security (Economic Research Service [ERS], 2023a). Households are considered food insecure if they fall within the low or very low security categories. Low food security emphasizes dietary quality, with or without reduced quantity, and can be defined as, “reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake” (para. 4), whereas very low food security emphasizes both quality and quantity and can be defined as, “reports of multiple indications of

disrupted eating patterns and reduced food intake” (para. 5). Food insecurity, which is measured at the household level and results from economic or social constraints, is distinct from hunger, which is measured at the individual level and reflects a physiological state that can result from food insecurity (ERS, 2023a).

Food insecurity rates increased by 3.3% between 2021 and 2023 (Rabbitt et al., 2024). This increase raises concerns as food insecurity has been linked to a multitude of negative health outcomes including chronic disease (e.g., diabetes, cardiovascular disease, obesity) (Gundersen & Ziliak, 2015; Seligman et al., 2007; Seligman et al., 2010), poor mental health (e.g., psychological distress, depression, anxiety) (Gundersen & Ziliak, 2015; Heflin et al., 2005; Heflin & Ziliak, 2008; Hromi-Fiedler et al., 2011; Myers, 2020; Whitaker et al., 2006), and poor diet quality (Gundersen & Ziliak, 2015; Morales & Berkowitz, 2016).

Within the U.S., public (i.e., Supplemental Nutrition Assistance Program [SNAP], Special Supplemental Nutrition Program for Women, Infants, and Children [WIC] and private (i.e., food banks, pantries, cupboards, soup kitchens) food assistance programs play an integral role in improving food security and health (Bazerghi et al., 2016; Carlson & Keith, Jennings, 2018; Carlson & Neuberger, 2021). However, research demonstrates that underutilization of these programs is a significant issue, with millions of individuals not accessing benefits for which they are eligible (Cheyne & Vollinger, 2022; Kessler et al., 2023; Vigil & Rahimi 2024).

### **Framing Food Policy**

Neoliberalism is a structural-level factor that plays an important role in shaping food assistance service provision in the United States (de Souza, 2023). Definitions of neoliberalism are not widely agreed upon. However, it is generally thought to be a philosophical view or form of governance in which a society’s policies, services, and

practices are increasingly privatized, relying primarily on capitalist and market ideals, with minimal government involvement (Harvey, 2007; Massey & Rustin, 2013; Thorsen, 2010). In the 1970s-1980s, neoliberal policymaking was used to roll back funding for government assistance, create paternalistic administrative burdens to deter federal program participation, and drive harmful narratives of individuals living in poverty (de Souza, 2019; Villegas et al., 2024).

Individualism, self-sufficiency, and personal responsibility are prioritized from a neoliberal perspective (Bruckner et al., 2021; de Souza, 2019). As a result, food assistance is often portrayed as a handout, and individuals who seek it are stereotyped as “lazy,” “greedy,” or “irresponsible” (de Souza, 2019; de Souza, 2023; Mott, 2022). The negative narratives surrounding poverty and food assistance have become deeply entrenched in the U.S., and are often internalized by both those who are distributing and receiving food assistance (Mott, 2022; Villegas et al., 2024).

By framing poverty as a problem driven by individual-level behaviors and practices (e.g., laziness, poor budgeting, excessive spending), neoliberalism largely ignores structural-level factors that drive disparities in poverty and food insecurity (de Souza, 2019). For example, free market thinking fails to account for factors such as systemic racism and capitalism, which have resulted in disinvestment in historically marginalized racial and ethnic groups (Bowen et al., 2021). Instead, this line of thinking perpetuates the false notion that wealth inequality is representative of hard work among deserving, White populations and laziness or irresponsibility among their unworthy racial minority counterparts (de Souza, 2019, de Souza, 2023).

Neoliberal governance also exacerbates suspicion toward emergency food program clients’ intentions and behaviors, implying that they are more untrustworthy than their more “responsible” higher-income counterparts (de Souza, 2023; Mott, 2022). These suspicions are often reflected in administrative and bureaucratic

paperwork and monitoring policies that require clients to prove their deservingness. Paternalistic policies have been shown to exacerbate feelings of stress and embarrassment among emergency food program clients (Bruckner et al., 2021). Therefore, although many emergency food assistance policies and practices are seemingly race- and gender-neutral, they often perpetuate inequality and power imbalances by negatively influencing service provision for historically marginalized groups.

Neoliberal policymaking also impacts stigma manifestations, described in more detail below, at the individual level (de Souza, 2023). For example, neoliberal ideals of suspicion and surveillance are often reflected in organizations' policies and operations, which are then administered interpersonally by staff or volunteers (Bruckner et al., 2021; de Souza, 2023). Research regarding the broader social safety net recognizes that organizational actors have some discretion over certain policy choices and their implementation (de Souza, 2023; Ray et al., 2023; Soss et al., 2011). Because neoliberalism maintains that food assistance is a handout, instead of a human right, clients' deservingness, intentions, and behaviors are often questioned, leading to undignified experiences when obtaining food from emergency food assistance programs (de Souza, 2019; de Souza, 2023; Hill & Guittar, 2023; Mott, 2022).

Furthermore, under neoliberal governance, private food assistance is often prioritized over federal government assistance programs (Hopper, 2022). Although these emergency food assistance programs fill important gaps in the U.S. food system, they are primarily donation driven, and are not equipped to fully meet families' needs (Morello, 2021). For example, because these programs are reliant on donations, they may lack the ability to control the amount, types, quality, or safety of food received. Specifically, research demonstrates that many participants are not satisfied with the quality or safety of food obtained from emergency programs as they are often highly

processed, spoiled, or expired (Cahill et al., 2019; Hill & Guittar, 2023; Long et al., 2023). Food has been shown to play a role in the formation of collective and individual identity statuses, so distributing low quality food may negatively impact clients' self-perceptions (Stokes & Atkins-Sayre, 2016; Wright et al., 2021). Thus, the inability to serve high quality, nutrient dense, culturally relevant foods that meet community needs is a representation of structural-level stigma which may deter individuals from accessing needed food assistance (Simmet et al., 2017; Villegas et al., 2024).

### **Stigma, Health, and Food Assistance**

Stigma is a social process occurring at both the structural and individual that results from labeling, stereotyping, separation, status loss, and discrimination (Link & Phelan, 2001). Stigma mechanisms, or the ways in which stigma is expressed and experienced, undermine health outcomes through several mediating mechanisms, including access to resources, social isolation, psychosocial and behavioral processes, stress, and household food environments (Earnshaw & Karpyn, 2020; Hatzenbuehler et al., 2013). For example, stigma serves as a stressor (Hatzenbuehler et al., 2013) that increases individuals' risk for disease, including anxiety (Williams et al., 2003), depression (Kane et al., 2019; Livingston & Boyd, 2010; Williams et al., 2003), cardiovascular disease (Panza et al., 2019), HIV (Earnshaw et al., 2013; Kane et al., 2019), and substance use disorders (Earnshaw, 2020; Kane et al., 2019). Furthermore, stigma perpetuates health disparities by deterring individuals with stigmatized social statuses from accessing necessary resources such as housing, education, food, healthcare, and income, all of which support health and well-being (Earnshaw et al., 2018; Earnshaw et al., 2022; Hammarlund et al., 2018; Katz et al., 2013; Schnyder et al., 2017; Williams & Collins, 2001).

Associations between stigma and health are well studied in the fields of mental health (Goffman, 1963; Thornicroft et al., 2016), chronic disease (e.g., HIV, epilepsy) (Earnshaw et al., 2013; Earnshaw et al., 2018; Goffman, 1963; Turan et al., 2017), substance use disorder (Bielenberg et al., 2021; Earnshaw et al., 2019; Earnshaw, 2020; Earnshaw et al., 2024a; Earnshaw & Fox, 2024), and race, gender, and sexual orientation (Earnshaw et al., 2024b). Although research demonstrates that stigma is a barrier to food assistance program participation (Bruckner et al., 2021; de Souza et al., 2023; Gaines-Turner et al., 2019; Greer et al., 2016; Leone et al., 2022; Powell et al., 2015), to date, few studies have systematically assessed the relationship between food insecurity-related stigma and public and private food assistance program participation. Therefore, this dissertation seeks to fill this gap in the literature.

There is a growing interest among policymakers and food assistance program staff and volunteers to understand stigma manifestations associated with food assistance programs in the U.S. Additionally, healthcare, government, and nonprofit environments are actively screening for food insecurity, elevating the importance of understanding stigma manifestations, and potential intervention strategies, in the context of food. Given the importance of this issue, its political relevance for food policy, and the growing emphasis on social determinants of health, this dissertation is timely and needed.

## **Theoretical Frameworks**

### **Stigma and Food Inequity Framework**

The Stigma and Food Inequity Framework, recently established by Earnshaw and Karpyn (2020), provides a foundation for this proposal (see Figure 1). The framework recognizes that stigma is a social process, existing within a power context,

resulting from labeling, stereotyping, separation, status loss, and discrimination. According to this framework, food insecurity, often a result of poverty, is a stigmatized social status. As a result, individuals accessing food assistance may experience exclusion, devaluation, exploitation, discreditation or domination (Benuto et al., 2020; Major et al., 2018; Phelan et al., 2008).

This framework also acknowledges that poverty often intersects with other stigmatized statuses (e.g., women, LGBTQ+, marginalized racial and ethnic groups, immigrants) (Crenshaw, 1989; Crenshaw, 1991; Earnshaw & Karpyn, 2020; Few-Demo, 2014). By adopting an intersectional perspective, this framework highlights the gendered and racialized nature of food assistance program provision in the U.S., which renders individuals with multiple stigmatized characteristics (e.g., Black women experiencing poverty) more susceptible to food insecurity (Crenshaw, 1991; Rosenthal, 2016).

### **Levels of Stigma**

Within this framework, the impact of stigma is manifested at two levels: individual and structural (Earnshaw & Karpyn, 2020).

#### **Individual-Level Stigma**

At the individual level, stigma is enacted upon *targets* - those with stigmatized statuses who are mistreated and “othered” as a result of stigma - by *perceivers*, also referred to as stigmatizers or perpetrators (Earnshaw & Karpyn, 2020). Perceivers are those who observe stigma in society and project that stigma onto the targets.

Within the context of food insecurity, perceivers may include staff or volunteers at emergency food distribution sites (e.g., food banks, pantries, cupboards), cashiers working at WIC- or SNAP-authorized retailers, customers at grocery stores,

etc. Perceivers can explicitly or implicitly (Ashford et al., 2019; Dovidio & Gaertner, 2004; Phelan et al., 2019) manifest stigma in three ways (Brewer, 2007; Corrigan et al., 2018): 1) stereotypes: “group-based beliefs applied to individuals” (Earnshaw et al., 2022, p. 237), 2) prejudice: “negative emotions and feelings towards a person based on group membership” (Earnshaw et al., 2022, p. 237), and 3) discrimination: “unfair or unjust treatment of group members” (Earnshaw et al., 2022, p. 237).

On the other hand, targets of food insecurity-related stigma may include emergency food program clients, WIC and SNAP participants, or individuals experiencing food insecurity. Targets can experience four main types of stigma: 1) anticipated stigma, 2) enacted stigma, 3) stereotype threat and 4) internalized stigma.

Anticipated stigma (Stangl et al., 2019) refers to “expecting to experience prejudice, stereotypes, and discrimination from others in the future” (Earnshaw & Karpyn, 2020, p. 1353). Enacted stigma (Stangl et al., 2019) refers to “perceptions of prejudice, stereotypes, and discrimination from others in the past or present” (Earnshaw & Karpyn, 2020, p. 1353). Stereotype threat (Steele & Aronson, 1995) refers to “perceiving that one is at risk of confirming a stereotype about one’s group and can result in stereotype-confirming behavior by depleting cognitive resources” (Earnshaw & Karpyn, 2020, p. 1353). Finally, internalized stigma (Stangl et al., 2019) refers to “awareness and endorsement of negative beliefs and feelings about one’s group and the application of these beliefs and feelings to the self” (Earnshaw & Karpyn, 2020, p. 1353).

### Structural-Level Stigma

In addition to these stigma manifestations at the individual level, this theory posits that stigma can also be manifested at the structural level (Earnshaw & Karpyn, 2020). Numerous structural-level factors have been shown to drive food inequities

(e.g., food policy, targeted marketing practices, neighborhood infrastructure, school food environment) (Block et al., 2004; Bowen et al., 2019; Glanz et al., 2012; Harris et al., 2015; Powell et al., 2007). Two of these structural-level factors – food policy and neighborhood infrastructure – are particularly relevant for this analysis (Earnshaw & Karpyn, 2020).

Structural stigma can be manifested through food policy decisions that reduce individuals' ability to access healthy food resources (Earnshaw & Karpyn, 2020). For example, low WIC participation rates (approximately 51.2% of those eligible do not participate) are partially driven by policy decisions that require arduous enrollment procedures and benefit redemption processes (Caulfield et al., 2022). Structural stigma can also be manifested through neighborhood infrastructure (e.g., availability and locations of emergency food distribution sites, retail food environments, restaurants), which influences the accessibility, availability, affordability, and quality of food within communities. For example, neighborhoods with more residents from stigmatized groups (e.g., Black and low-income), have been shown to have less access to high-quality foods (Powell et al., 2007; Radulescu, 2021).

### Mediating and Moderating Mechanisms

Mediating and moderating mechanisms are also important to consider within the Stigma and Food Inequity Framework (Earnshaw & Karpyn, 2020). Three main mediating mechanisms - access to resources, household food environments, and psychosocial and behavioral processes in response to stigma - are discussed in this framework and can help to explain how stigma perpetuates food inequities. An individual's access to resources is heavily influenced by the infrastructure of the neighborhood in which they live. For example, individuals' purchasing and consumption patterns are dependent upon the availability and visibility of quality

foods in the neighborhood as well as the availability of transportation options to and from food distribution sites (e.g., grocery stores, food banks).

Home food environments are the second mediating mechanism included within the model (Earnshaw & Karpyn, 2020). The availability and quality of foods in the home, the visibility of these items, and the portion sizes in which they are consumed may all mediate the relationship between stigma manifestations and food inequities (i.e., diet quality and food insecurity). Furthermore, a target’s food purchasing and consumption behaviors are often affected by the third mediating mechanism, which are psychosocial processes that arise in response to stigma. Targets of stigma may cope with the stress of stigma in a variety of ways. For example, they may engage in resistance (e.g., only purchasing brand name foods to resist labels associated with poverty) or adopt unhealthy eating behaviors (e.g., disordered eating).

In addition to these mediating mechanisms, this framework also highlights moderating factors (e.g., history, culture, and human development). These moderating factors represent the contexts in which the processes linking stigma to food inequities occur (Earnshaw & Karpyn, 2020).

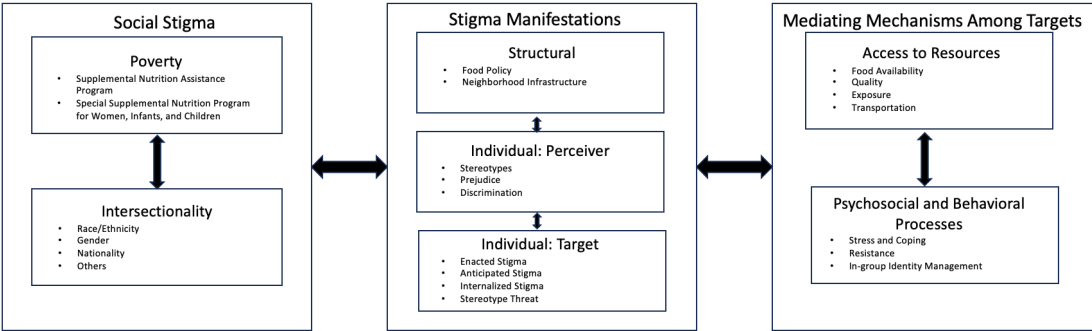


Figure 1 Stigma and Food Inequity Framework

By identifying the pathways, players, and processes that illustrate how stigma is being perceived and perpetuated within emergency food program environments,

from the perspective of both perceivers and targets, we can better understand how to support interventions and policy decisions that support equitable access to these nutrition supports.

### Intersectionality Framework

Efforts to understand stigma are also informed by intersectionality.

Intersectionality is a theoretical framework, developed by an American legal scholar named Kimberlé Crenshaw (1989), that can be applied to understand how systems of power and oppression in the U.S. including the patriarchy, homophobia, classism, racism, etc. intersect to make certain social positions the vehicle for privilege or oppression.

Crenshaw drew insights from Black feminist scholars (e.g., Combahee River Collective) whose work previously demonstrated that multiple axes of oppression intersected to shape outcomes, particularly those of Black women, which were often unacknowledged within the law and within the second wave of feminism (Combahee River Collective, 1977; Collins, 2019; Cooke & Few-Demo, 2021; Smith, 2013; Syed & Ajayi, 2018).

Intersectionality posits that individuals and families are not simply the sum of several binary social statuses (e.g., White vs. Black; female vs. male, high income vs. low income) (Velez & Spencer, 2018). Instead, these statuses are dynamic and interacting such that they must be considered together.

Intersectional approaches also demonstrate that, when operating together, individuals' overlapping social statuses can afford them unique privileges or disadvantages that influence their health and well-being (Collins, 2019). For example, individuals with different social statuses have differential access to a variety of resources, opportunities, or constraints (e.g., access to high quality food, housing,

education) that play an important role in shaping their life experiences (Collins, 2019; Few-Demo & Allen, 2020). Intersections of these different social statuses can also make individuals more or less susceptible to stigma.

Applications of intersectionality may help to explain the substantial disparities in the prevalence of household food insecurity in the U.S., many of which are driven by structural factors such as discrimination and systemic racism (Bowen et al., 2021). In particular, Black, Hispanic, American Indian or Alaska Native, and multiracial households report food insecurity rates of 22.4%, 20.8%, 23.0%, and 22.7% respectively, which are approximately twice as high as rates among White (9.3%) and other, non-Hispanic households (11.0%) (Hall, 2023; ERS, 2023b).

Throughout U.S. history, Black women have faced both racial and gender discrimination, which has shaped their labor market prospects in ways that differ from their Black male and White female counterparts (Banks, 2019; Soss et al., 2011). Dominant discourses of Black women have long portrayed them as more fit for work, and less fit for stay-at-home child care, than White women. However, racial discrimination has limited their job prospects to low-wage service jobs, while reserving higher paying jobs, or stay-at-home roles, for White women. At the same time, gender discrimination in the workplace disadvantages Black women compared with Black men (Banks, 2019). As such, it is evident that Black women's gender and racial minority statuses interact to make this population vulnerable to labor market discrimination, and subsequently, poverty. This discrimination has also led to negative stereotypes of Black women which reflect the belief that they are "unfit mothers" or "welfare queens" taking advantage of the welfare system (Soss et al., 2011).

As the example above demonstrates, policies and practices that fail to acknowledge the intersecting elements of families' identities, and the multiple stigmas

they experience, may be ineffective in reducing the prevalence of poverty and food insecurity.

#### Author Positionality Statement

As a White, middle-class researcher who has not personally experienced food insecurity, I recognize that my background may limit my understanding of the lived realities of food-insecure populations or those participating in government assistance or free food programs. Additionally, I obtained my degrees from predominantly White academic institutions, and I acknowledge that I will never fully understand the experiences of historically marginalized racial and ethnic groups, including the effects of systemic racism. However, I am committed to continuously challenging my assumptions and biases, actively listening to, and uplifting, the voices of individuals with lived experience, and forming collaborative, mutually beneficial, and lasting research partnerships. Ultimately, I hope that my research findings will directly inform more equitable policies and practices aimed at reducing food insecurity-related stigma and discrimination within emergency food and government assistance programs.

#### Dissertation Overview

The purpose of this dissertation is to obtain a comprehensive understanding of food-insecurity-related stigma in the U.S. via three separate studies. The first study involves a scoping review of the literature to evaluate individual- and structural-level stigma associated with both government (i.e., SNAP, WIC) and emergency food program (i.e., food banks, pantries, and cupboards) utilization. The second study involves qualitative interviews with emergency food program clients in Pennsylvania and Delaware to evaluate their expectations and experiences of food insecurity-related stigma as well as their disclosure experiences related to their participation in

emergency food programs. The third study involves qualitative interviews with emergency food program clients in Pennsylvania and Delaware to examine their experiences of structural stigma within the emergency food system. By understanding how people experience and enact food insecurity-related stigma, researchers can launch interventions and policies that alleviate stigma manifestations that serve as barriers to public and private food assistance program involvement.

## Chapter 2

### STUDY 1: FOOD INSECURITY-RELATED STIGMA IN THE UNITED STATES: A SCOPING REVIEW

#### Abstract

*Objective:* To characterize individual- and structural-level stigma associated with government SNAP, WIC) and emergency food programs (i.e., food banks, pantries, cupboards, soup kitchens) utilization in the US. *Data Source:* Five databases (PubMed, PsychINFO, Web of Science, CINAHL, Sociological Abstracts) were searched in June 2024. *Study Inclusion and Exclusion Criteria:* Included peer-reviewed articles (January 2004 - June 2024), in the US, in English, original research or systematic reviews, and report on data closely related to food insecurity, government and emergency food program participation, and stigma manifestations. *Data Extraction:* Data on study characteristics and stigma were extracted using a structured template. *Data Synthesis:* Descriptive statistics and thematic analysis were used. *Results:* Our search yielded 99 articles. Most articles studied individual-level stigma (57.4%), used qualitative designs (62.6%), and were conducted with college student populations (21.2%). Anticipated stigma (29.8%) was the most commonly reported stigma manifestation, deterring program participation. *Conclusion:* This review underscores the significance of addressing food insecurity-related stigma to enhance the effectiveness of food assistance programs. Given the extensive evidence of the impact of stigma on program participation, policymakers and program administrators should design, implement, and test strategies to address stigma. Future

research should explore intersectional stigma, develop a food insecurity-related stigma measure, and evaluate stigma-reduction interventions longitudinally and across program settings.

### **Introduction**

In 2023, approximately 18 million United States (U.S.) households (13.5%) reported experiencing food insecurity, defined by the United States Department of Agriculture (USDA) as the limited availability of nutritionally adequate and safe foods or the ability to acquire food in socially acceptable ways (Rabbitt et al., 2024). Between 2021 and 2023, the prevalence of food insecurity in the U.S. significantly increased by 3.3%. This increase, which was driven in part by high inflation and the sunsetting of many COVID-19 pandemic relief policies (Hall et al., 2023), poses concerns as food insecurity has been linked to poverty (Wight et al., 2014), poor diet quality (Gundresen & Ziliak, 2015; Morales & Berkowitz, 2016), and deleterious physical (e.g., cardiovascular disease, obesity, diabetes) (Gundresen & Ziliak, 2015; Seligman et al., 2010; Seligman et al., 2007) and mental (e.g., psychological distress, anxiety, and depression) (Gundresen & Ziliak, 2015; Heflin et al., 2005; Heflin & Ziliak, 2008; Hromi-Fiedler et al., 2011, Myers, 2020; Whitaker et al., 2006) health outcomes.

Within the U.S., federal nutrition assistance programs such as the Supplemental Nutrition Assistance Program (SNAP) and the Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC), as well as private emergency food programs (i.e., food banks, pantries, cupboards, soup kitchens), also referred to as charitable food programs or free food programs, have demonstrated the ability to improve food security, nutrition quality, and health (Bazerghi et al., 2016;

Carlson & Keith, Jennings, 2018; Carlson & Neuberger, 2021). However, underutilization of these programs remains a problem, with many individuals not accessing benefits for which they are eligible (Kessler et al., 2023; Vigil & Rahimi 2024). Stigma, defined as a social process manifested through labeling, stereotyping, discrimination, and status loss, is one factor that contributes to this underutilization (Earnshaw & Karpyn, 2020; Link & Phelan, 2001).

Although stigma is often cited as a barrier to food program participation (Bruckner et al., 2021; Chauvenet et al., 2019; De Souza, 2023; Gaines-Turner et al., 2019; Greer et al., 2016; Leone et al., 2021; Powell et al., 2015), systematic analyses of food insecurity-related stigma manifestations, and their impact on participation in food assistance programs, particularly emergency food programs, are lacking. It remains unclear how and when manifestations of stigma are most prominent and how well the recently developed Stigma and Food Inequity Framework (Earnshaw & Karpyn, 2020) aligns with the literature. This study aims to conduct a scoping review of individual- and structural-level stigma associated with government (e.g., SNAP, WIC) and emergency food programs (e.g., food banks, pantries, soup kitchens). The goal is to understand stigma in these programs and draw insights to inform interventions using the Stigma and Food Inequity Framework.

### **Stigma and Food Inequity Framework**

The Stigma and Food Inequity Framework postulates that stigma is manifested, or expressed and experienced, at two levels: individual and structural (Earnshaw & Karpyn, 2020). At the individual level, stigma is enacted upon *targets* by *perceivers*. Targets are those with the stigmatized statuses who are mistreated and “othered” as a result of stigma (e.g., individuals experiencing food insecurity or

accessing food assistance programs). Perceivers, are also referred to as stigmatizers or perpetrators, and may be staff and volunteers at emergency food distribution sites, cashiers working at grocery stores, or other customers.

#### Individual-Level Stigma Manifestations

Targets experience four stigma types: 1) anticipated, 2) enacted, 3) internalized, and 4) stereotype threat (Earnshaw & Karpyn, 2020). Anticipated stigma arises when individuals expect future prejudice or discrimination (Major et al., 2018). Enacted stigma occurs when targets face stereotypes, prejudice, or discrimination in the past or present. Internalized stigma occurs when individuals adopt stereotypes or prejudice about their group, leading to low self-esteem or negative self-perception. Stereotype threat arises when individuals fear confirming stereotypes about their group, draining cognitive resources and potentially reinforcing the stereotypes (Steele & Aronson, 1995).

Perceivers (stigmatizers) manifest stigma through stereotypes, prejudice, and discrimination (Brewer, 2007; Dovidio, 2010). Stereotyping occurs when perceivers apply group beliefs to individuals (e.g., viewing individuals experiencing food insecurity as lazy). Prejudice involves expressing negative emotions toward stigmatized individuals (e.g., discomfort around a SNAP participant). Discrimination refers to unfair treatment of stigmatized individuals (e.g., delaying WIC participants at checkout). Stigma can be explicit (with awareness) or implicit (without awareness) (Ashford et al., 2019, Phelan et al., 2019).

The present study examined articles which included data from perceivers and/or targets.

## Structural-Level Stigma Manifestations

Structural-level stigma can be manifested through food policies and neighborhood infrastructure that reduce individuals' ability to access healthy food, such as arduous WIC enrollment and benefit redemption processes or the lack of geographic access to affordable, nutritious food (Caulfield et al., 2022; Powell et al., 2007).

## Other Stigma Manifestations and Constructs

*Perceived (externally observed) stigma.* Refers to perceptions of societal and cultural beliefs, feelings, and behaviors toward individuals with stigmatized statuses (e.g., individuals experiencing food insecurity or accessing food assistance) (Fox et al., 2018). For clarity, perceived stigma differs from “perceivers (stigmatizers)” mentioned above because it does not reflect an individuals' own beliefs (stereotypes), feelings (prejudice), or behaviors (discrimination) toward individuals experiencing food insecurity. Instead, it involves individuals' perceptions or external observations of societal beliefs or the experiences of others.

*Cognitive Dissonance.* Cognitive dissonance occurs when individuals gain a stigmatized status (e.g., becoming food insecure) and become aware of negative societal views about that status. During this process, they explore their new identity and may struggle to reconcile it with their previously positive self-image. This tension arises when the negative stereotypes linked to their new identity conflict with how they previously saw themselves, creating discomfort and inner conflict (Martz, 2004; Rosario et al., 2011).

*Intersectional Stigma.* Intersectionality is a theoretical framework that challenges the ways in which our economic, social, and political systems are structured (Crenshaw, 1989) including how multiple systems of power and oppression (i.e., societal hegemonies) in the U.S., such as patriarchy, racism, classism, homophobia, etc. intersect and make certain social positions the vehicle for privilege or oppression. Individuals experiencing food insecurity often have other stigmatized statuses (e.g., age, gender, race/ethnicity, substance use, homelessness, immigration status), and multiple stigmas intersect to influence disparities in food access and health.

## **Method**

### **Data Sources**

The research team, including a research librarian, conducted the search of five bibliographic databases including PubMed, APA PsycINFO (ProQuest), CINAHL Plus with Full Text, and Sociological Abstracts. The search was developed in PubMed and modified for all other sources using a combination of keywords and controlled vocabulary. Keywords were grouped into two main categories: 1) stigma-related terms (e.g., social stigma, shame, discrimination, stereotyping, prejudice) and 2) food security and food assistance-related terms (e.g., food insecurity, government assistance, food bank, WIC). Full search strategies can be found in Appendix A. A snowball search of reference was also conducted.

### **Inclusion and Exclusion Criteria**

Included articles met the following criteria: (a) published in the last 20 years (January 1, 2004 – June 1, 2024) in peer-reviewed sources, (b) in English, (c) U.S.-

based, (d) containing original research or systematic/meta-analyses, and (e) reporting on food insecurity, SNAP, WIC, or emergency food programs with stigma-related qualitative or quantitative data. Excluded articles were: (a) measurement development studies only, (b) conference abstracts, (c) lacking adequate stigma description, or (d) unrelated to SNAP, WIC, emergency food programs, or food insecurity.

### **Data Extraction**

Articles were imported into Covidence for de-duplication and selection. Two team members screened titles/abstracts and full texts, resolving conflicts by consensus. Data on study characteristics and stigma manifestations were extracted using a structured template.

### **Data Synthesis**

Descriptive statistics and thematic analysis summarized the data, identifying themes. Articles were categorized by location, program focus (e.g., SNAP, WIC, emergency food), study purpose, population (e.g., WIC participants), sample size, participant characteristics (e.g., age, race/ethnicity, gender, food insecurity), study design (quantitative, qualitative, mixed-methods, systematic review), assessed stigma, and findings. The following types of stigma were coded in alignment with the Stigma and Food Inequity Framework: target manifestations: individual-level stigma (i.e., anticipated, enacted, internalized, stereotype threat), perceiver manifestations: individual-level stigma (i.e., stereotyping, prejudice, discrimination), structural-level stigma manifestations, and other stigma manifestations and constructs (i.e., perceived, cognitive dissonance, intersectional). Quotes relevant to multiple programs (e.g., SNAP and WIC) were counted in both categories.

## Results

### Search Results

The initial database search identified 5,966 articles, and after screening, 83 articles were included. Following database screening, a snowball search identified 60 articles and 16 were included. In total, 99 articles were included in this review.

Exclusion details are provided in Figure 2.

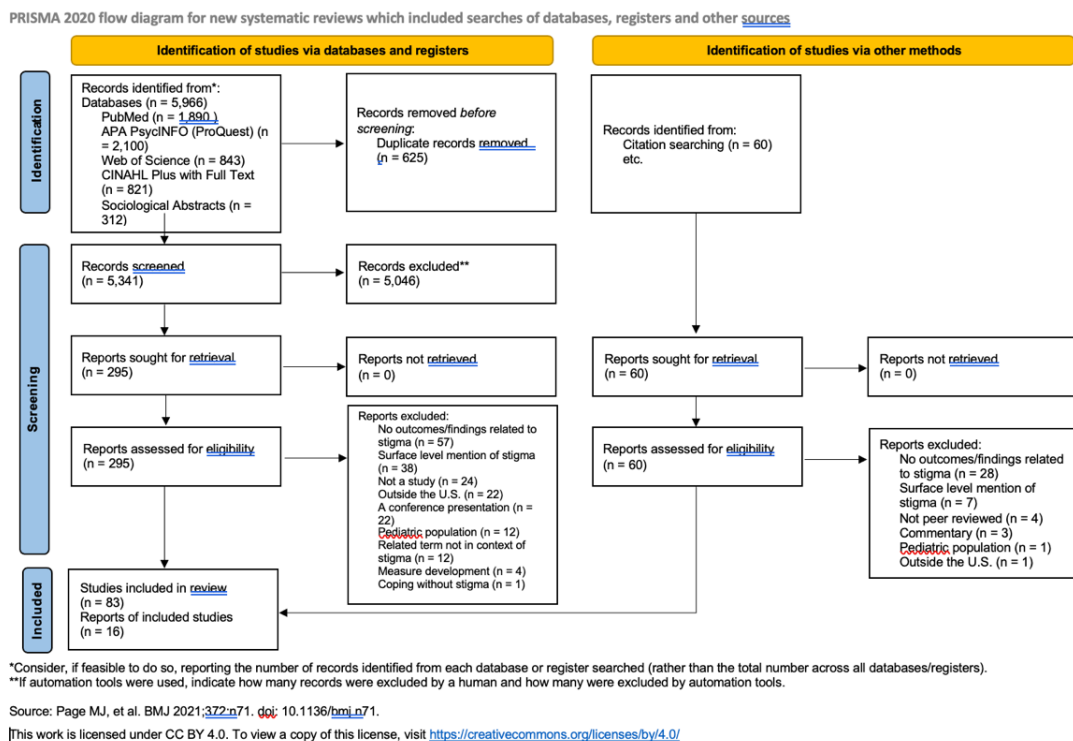


Figure 2 PRISMA Flow Diagram

### Study Characteristics

Characteristics of included articles are included in Appendix B. A majority of articles (n = 62, 62.6%) used a qualitative design. Of the remaining articles, 23 (23.2%) used mixed methods designs, 10 (10.1%) used quantitative designs, and 4

(4.0%) were systematic reviews. In total, 49 states were represented with the majority of articles conducted in California (n = 18), New York (n = 9), Florida (n = 8), North Carolina (n = 8), and Texas (n = 6). Additionally, six articles had national samples.

General food insecurity (n = 39) and emergency food (n = 35) were the most frequently studied programs of focus (Table 1). College students (n = 21, 21.2%) and WIC participants (n = 16, 16.2%) were the most frequently studied populations (Table 1).

Table 1 Program Focus and Population Type

<b>Program of Focus</b>	<b>N</b>	<b>%</b>
General food insecurity	39	39.4
Emergency food	35	35.3
WIC	18	18.2
SNAP	17	17.2
SNAP-Ed	3	3.0
<b>Population Type</b>		
College Students	21	21.2
WIC Participants	16	16.2
Other/General	15	15.2
Staff/Representatives/Leaders of Food Assistance Initiatives	11	11.1
Food Insecure/Low Income Adults	9	9.1
Medical Practitioners or Patients	9	9.1
Food Pantry/Soup Kitchen Clients	9	9.1
Caregivers of Families with Children	6	6.1
SNAP Participants	2	2.1

Most articles ( $n = 95$ , 96%) were conducted in the last decade. The distribution of publication years can be found in Figure 3. Importantly, the data included in this figure are only through June 2024.

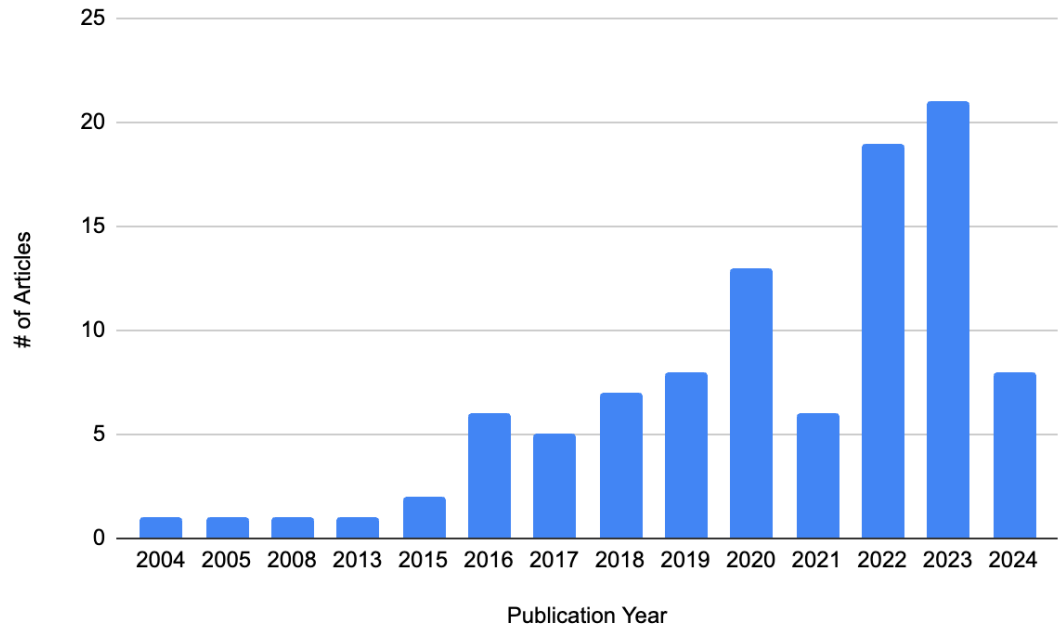


Figure 3 Distribution of Publication Years

### Stigma Manifestations

Stigma manifestation frequencies are presented in Table 2 and exemplar quotes are presented in Table 3. Individual-level stigma, which includes both target-level manifestations (i.e., anticipated, enacted, internalized, stereotype threat) and perceiver-level manifestations (i.e., stereotypes, prejudice, discrimination) was reported more frequently ( $n = 268$ , 57.4%) than structural-level stigma ( $n = 35$ , 7.5%).

Table 2 Stigma Manifestation Frequencies

Type of Stigma	N	%
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Target Manifestations (Individual-Level Stigma)		
Anticipated	139	29.8
Enacted	79	16.9
Internalized	33	7.1
Stereotype Threat	0	0
Perceiver (Stigmatizer) Manifestations (Individual-Level Stigma)		
Stereotyping	10	2.1
Prejudice	4	0.9
Discrimination	3	0.6
Structural-Level Stigma Manifestations	35	7.5
Other Stigma Manifestations & Constructs		
Perceived	74	15.8
Cognitive Dissonance	38	8.1
Intersectional	52	11.1
<b>TOTAL</b>	<b>467</b>	<b>99.9</b>

Table 3 Qualitative Themes and Exemplar Quotes

Type of Stigma	Representative Quotes
<i>Individual-Level Stigma: Target Manifestations</i>	
<b>Anticipated Stigma</b>	Participants noted the checkout experience frequently evoked feelings of anxiety and embarrassment, a direct result of social stigma, which emerged as the most frequently reported perceived barrier to WIC benefit redemption (Theme 3F). Some participants reported they intentionally avoided high volume shopping hours and/or shopped in neighboring counties to avoid being recognized and/or minimize judgment from others (Isaacs et al., 2020).
	“There was definitely a stigma about it. We also were at a point where my husband needed to go get a letter from his command [to enroll in WIC] and he did not want to do that. He was very worried about going to them and asking for something like that” (Non-WIC-Enrolled Focus Group, Participant 2a) (Chokshi et al., 2024).
	Avoiding SNAP was one way to reduce shame, as it was characterized as a weakness, immoral, or a (poor) choice. Connor’s teachers encouraged his mother to join the free lunch program, but she said no because “she didn’t want us to be ostracized by our peers” (Ivancic & Dooling, 2023).
	Caregivers noted that their “pride” or “ego” prevented them from opening up to HCPs [health care providers] about their food needs. One caregiver explained “My pride... People might look down on you, like you’re poor, you’re needy... no it’s not that, I just have bills.” [Caregiver experiencing food insecurity] (Barnidge et al., 2020).

<b>Enacted Stigma</b>	<p>“Even goin' to the checkout, ... it's just like, you almost DREAD it because it was like you do take a long time and people get behind you, you're like "Oh man!" And then like, even the cashiers, like, you know, they just kind of like judge you ... sometimes it was just embarrassing, and like I even had like some cashiers like visually say like, ‘Oh my God!’” [WIC participant] (Isaacs et al., 2020).</p> <p>It’s people being, like, rude about it. Because I do notice the difference when people have a WIC card and when people are using a standard [credit or debit] card. People look at you differently, like, “Oh, look, she’s getting it from the government,” you know? “Other people could’ve got it; you don’t need it” (Reppond, 2024).</p> <p>Across all focus groups, the most frequently mentioned barrier to shopping with WIC was negative attitudes espoused by cashiers (Negative Attitudes of Cashiers, perceived stigma from cashiers; n = 25). Example quote: “People, cashiers, they give you a look when they see that you’re walking up with your WIC folder” (Leone et al., 2021)</p> <p>“When I go to the food bank and some well-intentioned person is escorting me around and looking at everything I choose and directing me, you know, on ... you know things that are there and making comments about what I’m choosing and you know, questioning things and you know, even though the person is trying to be friendly, but it doesn’t feel like freedom. It feels like someone’s trying to control me. Ya know? I like the feeling of having money and having power to just choose and no comments, no judgment, no opinions from anyone. And um, and like, giving up that freedom and being at the mercy of the person who’s assigned to me feels bad. It doesn’t feel like dignity, it feels like there’s a judgment there. I judge myself harshly enough, I don’t need it from someone that’s supposedly trying to help me. It doesn’t feel like help. I mean it is, physically it is, emotionally it’s not” (Bruckner et al., 2021).</p>
<b>Internalized Stigma</b>	<p>Another father (ID #115) said his son was acutely aware that he was struggling to make ends meet. He said, “I think the shame is that he asks me, ‘Dad, can we afford it?’ That makes me cry because I don't want to be a loser. I don't want to say, ‘No we can’t’” (Leung et al., 2022).</p> <p>“It’s extremely painful...like I failed to overcome my life challenges to the point where I can’t even provide myself with food. And that’s a really painful thing to admit to myself and other people. And like, I don’t like thinking about it all the time because it is so upsetting to me that it, you know, it prevents me from doing the things I can do as far as getting myself out of this situation. You keep beating yourself up and it’s just hard to function. I try not to focus on it every minute of every waking hour. But every time I show up at a food bank, I’m forced to</p>

	think about it.” - Participant experiencing food insecurity (Bruckner et al., 2021).
	One mother reported that FI “doesn’t feel good. Because you’re here trying to be a good parent and provide for your kids and you feel like a failure” (Palakshappa et al., 2017).
	"I feel like I'm not as good as a person as others because I use a food pantry". Stigma score is .682 (Kindle et al., 2019).
<i>Individual-Level Stigma: Perceiver (Stigmatizer) Manifestations</i>	
<b>Stereotyping</b>	A respondent from a rural county said, “I came up with a saying to some of the skeptics when I was trying to bring it to our board. It’s, ‘You have to feed the greedy to reach the needy’” (Andrea, rural low-poverty county). This echoes the sentiment that was heard from others, which is that there are some people who are taking advantage of the system whereas others who are truly in need might have nowhere else to turn (Waity, 2019).
	Stigma is often connected to stereotypes and expectations. In some responses to our interview questions, we see links to ideas about laziness or poverty, struggling as showing weakness, or being perceived as somehow “lesser” than others (Peterson et al., 2022).
	One volunteer believed that most clients had received food from food pantries during childhood; “I think that if you are raised food insecure you tend to continue that cycle. And that’s just what they know, so it’s what they do ... I think that breaking that cycle is sometimes very difficult. I don’t think some have the willpower at all to do that” (Wright et al., 2020).
	A few participants who identified as food secure mobilized stereotypes of system abuse during interviews, illustrating how entrenched they are in society (Villegas et al., 2024).
<b>Prejudice</b>	Connected to but also beyond issues of race, respondents distanced themselves from the disorderly behavior they associated with food pantry users, referencing the pushing and rudeness they remembered from visits years ago. Janet, a single mother of three, said: I got discouraged because it's like there'd just be so many people like—well the Asian people and they come, you know what I'm saying. They cut in line. They had a friend hold their spot. Then they bring five people in front of you. You know, it's just frustrating. Then you've got to wait three hours sometimes. It's like, I mean, it was so frustrating, I just said, I can't do it. I mean, even though it is free food, you know what I'm saying, vegetables and whatever and stuff but I was like my sanity. You know, I mean, they're just like, just cutting and they're pushing and they're coughing all over you, ooh, I'm like, don't get me wrong, I'm not prejudice in any kind of way, you know what I'm saying (Fong et al., 2016).

	<p>In rural East Tennessee, FMR [farmers market representatives] from markets where SNAP was not accepted reported that market vendors held prejudiced attitudes about SNAP customers: ‘They [vendors] said we don’t like welfare. We don’t think that people should get free food when we’re out here busting our butts, you know, working hard to get them free food’ (Russomanno &amp; Jabson, 2016).</p>
	<p>Five respondents drew distinctions between the historically black community the pantry was intended to serve and the Asian users who frequented it. Arlene, a 60-year-old black woman living with her two nieces, attributed the long lines at the food pantry to people from outside the neighborhood and labeled such behavior "greedy and disrespectful": The line is around four corners. No, and see I get an attitude. I start having panic attacks when I see them people, and I'm not racist, I'm not prejudice. It's just that's greediness... This is our community. This is our neighborhood. This is where kids go to school, church, the whole nine yards. Why should we come after a person that don't live in our neighborhood? (Fong et al., 2016).</p>
	<p>Negative comments about the pantry's long lines—cited by two-fifths of respondents—and other perceptions of the food pantry experience often reflected judgments about pantry users' behavioral and racial differences. Respondents who drew on direct experiences observing food pantry lines often associated the racial "others" they saw in line with uncouth and immoral behavior that they contrasted to their own. Melvin, a 59-year-old black man living with his sister and his three grandchildren, described a recent experience: “It's about a month ago. I was gonna use [the pantry]—we needed some bread. We were low on funds. I thought about using one of the what they call food banks or one of the things like that, but when I approached the line, it was so many Asians out there that would outnumber us, no offense, I'm not prejudiced or nothing, I just couldn't do it ... It's just, God, the hours would have killed me to stand out there” (Fong et al., 2016).</p>
<p><b>Discrimination</b></p>	<p>Once the soup kitchen volunteers allowed us inside, Rita sparked a conversation with one of the white female volunteers, Bonnie, about how the woman takes too much food. “I know! She steals everything,” Bonnie responded, without hesitation. As de Souza (2019, 123) similarly found, although Bonnie was well-meaning and generally kind to soup kitchen attendees, she “ended up surveilling and policing poor citizens and creating new languages to demarcate the so-called deserving and undeserving poor” (Mott, 2022).</p>
	<p>In rural East Tennessee, FMR [farmers market representatives] from markets where SNAP was not accepted reported that market vendors held prejudiced attitudes about SNAP customers: ‘They [vendors] said we don’t like welfare. We don’t think that people should get free food</p>

	<p>when we're out here busting our butts, you know, working hard to get them free food'(Russomanno &amp; Jabson, 2016).</p> <p>Bettina found the food on offer dehumanizing. When she moved to the housing project nine years earlier, she went with a friend once: "[T]hey gave me some roast beef that was expired ... I mean how come you gonna give away to the community food that is expired?... I mean come on? Are these community pet animal? Not even the animal should eat something bad." For Bettina, who said earlier in the interview that utilizing the food pantry would be "lowering" herself, accepting this poor quality food was to lose some basic human dignity. She also interpreted the food quality as indicative of the pantry's preferences and respect for her, commenting that food pantry volunteers give better food to "their own people ... the best for the blacks and less for Latinos" (Fong et al., 2016).</p>
<i>Structural-Level Stigma Manifestations</i>	
<b>Structural Stigma</b>	<p>Living in states with applicant fingerprinting requirements reduces SNAP participation by about 2.9 percentage points for the full and nonsenior samples. 2) We find a 3 percentage point reduction in participation among nonseniors from fingerprinting requirements, suggesting that reducing stigma is another effective way to increase participation (Jones et al., 2022).</p> <p>One policy involved the amount of food students could access. For example, the campus food pantry instructions clearly stated that its services "must not be abused" or else entitlement might be withdrawn. While the message may have been written as a way to signal limited resources and that campus food dens are not meant to meet the needs of students facing FI long term, it also sends a scarcity message to students and imbue the stigma of taking "too much" while not quantifying it (Villegas et al., 2024).</p> <p>SNAP benefits could be purchased with an electronic benefit transfer card, whereas WIC vouchers could be difficult and stigmatizing to use and it took a long time to print/pick-up at the WIC office according to participants (Weber et al., 2019).</p> <p>Another participant reported that some stores even padlock their garbage bins so that people cannot attempt to salvage the food. She stated, 'It's insane the way they treat people. It's like- they would rather see food be thrown away and go to waste than give it away at a lower cost to people that actually need it.' All of the participants in the group agreed that unjust systemic and structural factors were at play in these situations, leading working people to experience food insecurity while edible food is wasted (Johnson et al., 2020).</p>
<i>Other Stigma Manifestations &amp; Constructs</i>	

<b>Perceived Stigma</b>	Participants felt that WIC and other federal and state assistance programs for those in need were generally perceived negatively within their communities (Isaacs et al., 2020).
	Among military-connected students, 33.9% believed society attributes shame/stigma “quite a lot” or “a great deal” to people who do not have enough food access (see Table 2) (Schinkel et al., 2023).
	“Oh, yeah. They’ll say like, you have a couple of people be like um, like I heard a couple on Facebook, a couple of people talk about that they pay for us to eat, because it’s coming out they tax money. And they don’t think it’s right. Everybody shouldn’t, you should get out there and work, and be able to survive for your kid and stuff. You shouldn’t be able to get food stamps [...] (Mitchell-Walthour & Santos, 2022).
	Participants demonstrated this identity management through articulations of privacy and avoiding embarrassing situations. Sam, a 29-year-old white male sophomore, who identified facing FI as a college student, expressed why his peers would hesitate to share: “It can also be uncomfortable when strangers know your business . . . I think there is a huge social factor of being embarrassed, they don’t want people to really know they are struggling. I think there is a huge stigma with being poor, even though a majority of college students are in a similar situation” (Villegas et al., 2024).
<b>Cognitive Dissonance</b>	One participant's concern stemmed from an encounter she had when she was considering applying for SNAP benefits, "We just didn't make anything. And that's, unfortunately, how it is a lot of the time... you don't make enough money. But we would be like, 'Oh, we can't apply for SNAP 'cause our parents said only poor people do that.' And we would be trashy if we did that" (Chiong et al., 2024).
	‘Stigma of using government assistance programmes was a theme throughout the interviews and made WIC food packages less valuable. One participant was quite conflicted about doing what was right for her child: ‘I submitted all my information for WIC and I had like this weird – “Am I doing the right thing for my baby?” I didn’t want to be another Black woman in the system! And I’m like, I’m educated! I shouldn’t be doing this! But it’s good for your baby, so that conflict was in there. My degree was in education, so I always remember the countless stories about the single mom and she’s having a hard time feeding her children. I’m like, that’s not the case! I just want the proper nutrition for my baby! Do I want to fulfil that stereotype?’ (Caregiver aged 27 years) (Weber et al., 2019).
	"I was raised to take care of myself and not ask for help" (Hardin-Fanning, 2024).
	Lisa shares that she feels a great deal of shame having been thrown into the situation of having to navigate hunger after both she and her husband

	<p>both lost their jobs: “I don’t think we ever thought of ourselves as people that needed help. That is the hardest thing. To be in this place where you constantly depend upon others” (Dutta et al., 2016).</p>
<p><b>Intersectional Stigma</b></p>	<p>So I’ve had people spit on me. I’ve had people yell racial slurs, call me the B word, call me all sorts of words from A to Z, and just tell me to go back to where I came from... now my kids are scared about these people who they don’t know is attacking us... And so I have to wait to find somebody to come, like a sibling or have [my partner] come and watch the kids while I run to the store or Merkel soup store, and just try to get what we can. (Parent, Asian, food insufficient, household received SNAP/WIC benefits) (Larson et al., 2021).</p> <p>In addition, one article found that Hispanic/Latinx households with children were hesitant to seek support in nonprofit organizations or societal institutions because of fear associated with the public charge rule (i.e., US immigrants classified as liable to become a public charge may be denied visas or permission to enter the country because of their disabilities or lack of economic resources) (Varela et al., 2023).</p> <p>For the most part, respondents referred to an individual’s pride preventing him/her from coming in and not the public’s beliefs. Directors reported that the elderly are more likely to have pride issues preventing them from accessing assistance. A director of a pantry in a rural area described the particular barriers facing the elderly, saying “For the elderly, it’s just hard for them to even admit that they need help. They never thought they’d be in that– they’ve never been in their life and it’s really hard. Especially for a woman, she may have had a career, been professional through her life, and now she’s retired and can’t make it, you know, with a spouse gone. And she’s never had to ask for help, and it’s hard for them.” (Christine, rural low-poverty county) (Waity, 2019).</p> <p>In addition to the stress from the experience of food insecurity itself, several participants described the stigma they felt using food assistance, such as food stamps or local food pantries. One Latina mother (ID #141) described feeling very self-conscious about using her food stamps to pay for food at the grocery store. During the interview, she demonstrated how she hid her food stamp card in her sleeve so other shoppers wouldn’t see that she was receiving public assistance. She said, “I know a lot of people have that in their head - all Latinos are all on food stamps. It was embarrassing because I fit that profile of the typical Latina with kids that has food stamps...It made me feel like, ‘Oh my God, I am just like them.’ I fit that stereotype. I was ashamed of it” (Leung et al., 2022).</p>

## **Individual-Level Stigma: Target Manifestations**

### Anticipated Stigma

Anticipated stigma was the most commonly reported stigma manifestation in the literature, with 139 identified instances (29.8%) across 59 articles. Of these, 62 were in relation to emergency food assistance, 40 were in relation to food insecurity or general food assistance, 20 were in relation to WIC, and 17 were in relation to SNAP. Quotes relevant to multiple programs were counted in both categories here and in all subsequent sections.

Embarrassment about disclosing food insecurity or accessing food assistance was the most commonly reported example of anticipated stigma (Anderson et al., 2022; Barnidge et al., 2020; Beam, 2020; Bowen, 2018; Brito-Silva et al., 2022; Dougherty et al., 2018; El-Krab et al., 2024; El Zein et al., 2018; El Zein et al., 2022; Gago et al., 2022; Garner et al., 2020; Greer et al., 2016; Idehai et al., 2024; Isaacs et al., 2020; Ivancic & Dooling, 2023; Leung et al., 2022; Lora et al., 2023; Louie et al., 2020; Marriot et al., 2022; McArthur et al., 2020; Meza et al., 2019; Panzera et al., 2017; Perry et al., 2023; Peterson et al., 2022; Powell et al., 2015; Reppond, 2024; Richards et al., 2023; Rosa et al., 2018; Schinkel et al., 2023; Swales et al., 2020; Tims et al., 2021; Varela et al., 2023; Villegas et al., 2024; Weaver et al., 2022; Zekeri, 2004; Zepeda, 2018.). Participants also described feeling “self conscious” (Johnson et al., 2020; Leung et al., 2022; Marpadga et al., 2019), “uncomfortable” (Louie et al., 2020; Stebleton et al., 2020), “intimidated” (El Zein et al., 2018), “anxious” (El Zein et al., 2022; Isaacs et al., 2020), and “awkward” (Stebleton et al., 2020) when discussing food insecurity or assistance with others. For example, within

healthcare settings, many participants reported that they would feel embarrassment if asked about food insecurity by providers (Henry, 2017).

Societal expectations about gender roles, job status, parenting, and personal responsibility perpetuated anticipated stigma, leading many participants to avoid accessing food assistance, despite need (Allen et al., 2023; Anderson et al., 2022; Andre et al., 2024; Bradley, 2023; Brothers et al., 2020; Dougherty et al., 2018; El Zein et al., 2022; Greer et al., 2016; Hardin-Fanning, 2024; Henry, 2017; Johnson et al., 2020; Kaiser, 2008; Peterson et al., 2022). Additionally, many individuals avoided food assistance because they did not want to be seen at the food pantry or using their SNAP or WIC benefits (Bowen & Irish, 2018; Dutta et al., 2016; El Zein et al., 2018; El Zein et al., 2022; Greenthal et al., 2019; Henry, 2017; Idehai et al., 2024; Leung et al., 2022; Marpadga et al., 2019; Palakshappa et al., 2017; Panzera et al., 2017; Peterson et al., 2022; Richards et al., 2023; Reppond, 2024; Zepeda, 2018). Other participants reported taking measures to reduce the likelihood of being seen such as avoiding busy shopping hours (Isaacs et al., 2020; Zepeda, 2018), shopping in nearby counties (Isaacs et al., 2020; Swales et al., 2020), attempting to conceal their SNAP/WIC cards at checkout (Leung et al., 2022; Perry et al., 2023; Reppond, 2024), going to the food pantry in a “total disguise” (Leung et al., 2022), or not making repeat visits to the same food pantry (Swales et al., 2020).

Anticipated stigma negatively influenced participants’ interpersonal relationships. Many individuals expressed concerns about possible/future judgment, negative reactions, or strained or lost relationships with family, friends, cashiers, other customers, healthcare providers, and community members in response to their need for food assistance or food insecurity (Allen et al., 2023; Barnidge et al., 2020; Brito-Silva

et al., 2022; Chiong et al., 2024; Chokshi et al., 2024; Dougherty et al., 2018; El Zein et al., 2018; El Zein et al., 2022; Hardin-Fanning, 2024; Idehai et al., 2024; Leone et al., 2021; Peterson et al., 2022; Pulvera et al., 2024; Schinkel et al., 202; Swales et al., 2020; Villegas et al., 2024; Zepeda, 2018). As a result, many individuals did not disclose their struggles (Dougherty et al., 2018; El-Krab et al., 2024; Henry, 2017; Kindle et al., 2019; Leung et al., 2022; Richards et al., 2023; Stebleton et al., 2020; Swales et al., 2020; Villegas et al., 2024; Zepeda, 2018). In some instances, the inability to discuss food insecurity or food assistance utilization exacerbated feelings of isolation among participants (Stebleton et al., 2020).

Participants also stated that their pride, ego, and dignity prevented them from accessing assistance because they didn't want to be perceived as weak, helpless, vulnerable, or immoral (Anderson et al., 2022; Barnidge et al., 2020; Henry, 2017; Ivancic & Dooling, 2023; Stebleton et al., 2020; Villegas et al., 2024). In fact, some participants reported they would rather skip meals and go hungry than risk the embarrassment and guilt of accepting assistance (Dutta et al., 2016; Dougherty et al., 2018; Greer et al., 2016). However, in other instances, concerns about survival overpowered these feelings of anticipated stigma, leading participants to access needed resources despite embarrassment (Savin et al., 2021).

### Enacted Stigma

Enacted stigma was the second most frequently reported stigma manifestation in the literature, with 79 identified instances (16.9%) across 35 articles. Of these, 31 were in relation to WIC, 25 were in relation to emergency food, 18 were in relation to SNAP, and nine were in relation to food insecurity or food assistance in general (categories are not mutually exclusive).

Examples of enacted stigma predominantly included rude or disrespectful treatment by a variety of individuals including grocery store cashiers, WIC/SNAP program staff, pantry staff and volunteers, and other customers (Barnes et al., 2023; Bowen & Irish, 2018; Bruce et al., 2017; Cacioppo et al., 2023; Greer et al., 2016; Hill & Guittar, 2023; Ivancic & Dooling, 2023; Panzera et al., 2017; Powell et al., 2015; Reppond, 2024; Weber et al., 2019). In particular, participants noted that these individuals often shamed, embarrassed, or humiliated them through verbal judgements and unprofessional, insensitive, or unhelpful actions (e.g., surveilling clients at food banks) (Allen et al., 2023; Barnidge et al., 2020; Crutchfield et al., 2020; Dutta et al., 2013; Greer et al., 2016; Leung et al., 2022; Louie et al., 2020). Verbal judgements often included derogatory comments about individuals' food choices or budgeting (Bruckner et al., 2021), or wasting tax dollars, using the government, or "cheating the system" (Garner et al., 2020; Reppond, 2024). Occasionally, these judgments were also expressed by family members or acquaintances (Dutta et al., 2016).

In addition to these verbal judgements, participants reported experiencing enacted stigma through nonverbal body language from cashiers, other customers, and food bank staff, which exhibited irritation, annoyance, or anger. Examples of these nonverbal judgments included staring, "giving a look," or making negative facial expressions (Barnidge et al., 2020; Brothers et al., 2020; Bruckner et al., 2021; El Zein et al., 2022; Larson et al., 2021; Leone et al., 2021; Reppond, 2024; Vissing et al., 2017), physically moving away from the participant (Bowen & Irish, 2018; Ivancic & Dooling, 2023), "blowing their breath" (Chauvenet et al., 2019), "sucked teeth at me" (Leone et al., 2021), being nosy (Reppond, 2024), or other body language that communicates judgment (Isaacs et al., 2020). This poor treatment elicited a sense of

shame amongst participants, deterring many from wanting to use these resources in the future.

### Internalized Stigma

We identified 33 instances of internalized stigma (7.1%) across 20 articles. Of these, 19 were in relation to food insecurity or food assistance in general, 12 were in relation to emergency food, one was in relation to SNAP, and one was in relation to WIC.

Shame was the most frequently reported example of internalized stigma (Allen et al., 2023; El-Krab et al., 2024; Knowles et al., 2018; Palakshappa et al., 2017; Swales et al., 2020; Yamoah et al., 2023; Zepeda, 2018). Shame led participants to blame and judge themselves (Bruckner et al., 2021; El-Krab et al., 2024), “beat themselves up” (Bruckner et al., 2021), and form a negative self-worth (Henry, 2017). Specifically, experiencing food insecurity left them feeling like a “failure” (Bruckner et al., 2021; Palakshappa et al., 2017; Yamoah et al., 2023), “incompetent” (Barnidge et al., 2020), “guilty” (El-Krab et al., 2024), “like the lowest of the low” or a “low point in their life” (Greer et al., 2016; Schinkel et al., 2023), and “feel less[er]” (Reppond, 2024). One participant stated, “I feel like I’m not as good as a person as others because I use a food pantry” (Kindle et al., 2019). This shame stemmed from the inability to afford food, having to rely on others for assistance, struggling to feed their kids and family, and fulfilling racial stereotypes of mothers on food stamps (Leung et al., 2022). One participant described food insecurity as being an “extremely painful” experience to admit to themselves and others (Bruckner et al., 2021).

Shame was particularly prominent among parents as many felt it was their responsibility to provide food for their children (Barnidge et al., 2020). The inability

to provide for their families made participants feel bad (Palakshappa et al., 2017), and like they were unfit parents (Knowles et al., 2018). In particular, participants described feeling like “a bad mother” (Leung et al., 2022) or “a substandard father and husband” (El Zein et al., 2022). Another father expressed that he often cries because he “doesn’t want to be a loser” and not be able to feed his children (Leung et al., 2022). One participant felt ashamed when her children offered to use money from their savings accounts to help her buy food for the family (Leung et al., 2022). Another mother compensated for the lack of food she could provide her family by signing her children up for extracurricular activities through scholarships (Leung et al., 2022). In addition to parents, shame was also commonly expressed by veterans and military connected students (Schinkel et al., 2023).

Internalized stigma was also elicited by the low-quality food participants received from emergency food assistance sites (double coded with structural stigma). For example, participants referred to their experience as “eating other people’s trash” (Johnson et al., 2020), and said that the low-quality foods exacerbated feeling of shame (Lindow et al., 2022), made them feel bad about themselves (Johnson et al., 2020), feel poor (Lindow et al., 2022), and have a “low sense of self worth” (Fong et al., 2016).

### Stereotype Threat

We identified zero instances of stereotype threat in the literature.

## **Individual-Level Stigma Manifestations: Perceiver (Stigmatizer) Manifestations**

### Stereotyping

We identified 10 instances of stereotyping (2.1%) (of note two instances were double coded with intersectional stigma), across six articles. Of these, seven were in relation to emergency food assistance and three were in relation to government food assistance or food insecurity in general.

Within food pantry settings, many individuals held stereotypes of clients related to substance use or illegal activity. For example, food pantry volunteers and clients noted that many individuals who access the pantry are “drug users”, “have drug problems” (Fong et al., 2016), are “drug or alcohol addicts” (Wright et al., 2020), or are “crackheads” (Fong et al., 2016). Another individual noted that other food pantry clients engage in illegal behavior and are “really different.”

Another stereotype commonly raised by participants was that of system abuse (Villegas et al., 2024). Specifically, participants perceived that individuals who did not need food assistance were taking advantage of available resources, leaving fewer resources for needier individuals. For example, one participant reported that they believe that government assistance often goes to the “wrong people” and that it then takes away from those who actually need it such as the elderly (Peterson et al., 2022). This sentiment was echoed by a participant in another study who stated, “you have to feed the greedy to reach the needy” (Waity, 2019).

Additionally, stereotypes about individuals’ work ethic, willpower, education, and decision making were also raised. For example, when discussing individuals who access food assistance, “laziness” was often mentioned (Peterson et al., 2022; Wright et al., 2020). In one example, a volunteer at a food pantry shared their belief that

clients lacked the willpower to change intergenerational cycles of poverty, such that those who were raised food insecure were going to be food insecure themselves because “that is what they know, so it’s what they do (Wright et al., 2020). Furthermore, one individual noted that people who used their local pantry “lack a good education”, making them more prone to physical violence (Fong et al., 2016). Another participant commented that the individuals who access the pantry “made poor life decisions” (Wright et al., 2020).

Stereotypes of other clients were perpetuated by individuals of several races and ethnicities. For example, when asked about other individuals at the food pantry, a Hispanic woman referred to the other clients as “dirty” and stated, “they’re Black, it’s like they barge in” (Fong et al., 2016). Furthermore, when discussing other food pantry patrons, a Black man referenced “rude, disrespectful Asians” who he perceived did not appreciate or need the resources as much as he did (Fong et al., 2016).

### Prejudice

We identified four instances of prejudice (0.9%) (of note, three instances were double coded with intersectional stigma), across two articles. Of these instances, three were in relation to emergency food assistance and one was in relation to SNAP.

Within emergency food environments, participants living in a predominantly Black neighborhood expressed frustration and negative attitudes towards Asian pantry clients, citing behaviors perceived to be rude and disrespectful such as “pushing”, “cutting”, “bringing five people in front of you” (Fong et al., 2016). Regarding SNAP, farmers market representatives reported a dislike of government assistance because they worked hard and didn’t think their money should be helping others receive free food (Russomanno & Jabson, 2016).

## Discrimination

We identified three instances of discrimination (0.6%) across two articles. Of these, two were in relation to emergency food assistance and one was in relation to SNAP.

Within emergency food environments, volunteers discriminated against clients by surveilling them to make sure they weren't stealing and using language signifying that some clients are deserving of assistance whereas others are not (Mott, 2022). In relation to SNAP, farmers market representatives refused to accept SNAP because they dislike welfare and believe it is unfair for them to be working hard to give others free food (Russomanno & Jabson, 2016).

## Structural-Level Stigma Manifestations

We identified 35 instances of structural-level stigma (7.5%) across 20 articles. Of these, 20 were in relation to emergency food assistance, eight were in relation to SNAP, five were in relation to food insecurity or general food assistance, and two were in relation to WIC.

Structural stigma was manifested in a variety of ways, one of which was through program administrative processes. Examples of structural stigma within the emergency food system included burdensome application paperwork (e.g., proving financial hardship, requiring certification that clients will not abuse the system) (Bruckner et al., 2021; Villegas et al., 2024), long lines (Fong et al., 2016), surveillance of clients (Bruckner et al., 2021), and treating clients "like a number" (Swales et al., 2020). Structural stigma was also perpetuated through scarcity messaging at food pantries (e.g., snack bags for "starving students" or pantry

instructions stating that services “must not be abused”) (Idehai et al., 2024; Villegas et al., 2024).

Structural stigma was also manifested through the poor quality of food distributed at emergency food sites. Many participants stated that receiving expired or non-nutritious foods (e.g., ramen noodles, sugary breakfast cereals, boxed rice dinners) was “dehumanizing,” “contributed to a low sense of self worth,” and made them feel “second class” (Fong et al., 2016; Johnson et al., 2020; Lindow et al., 2022). One participant said that the donated food was like eating “people’s leftovers” or “garbage” and compared their experience to dumpster diving which made them feel bad about themselves (Johnson et al., 2020). Participants believe that the poor food quality was an indicator of the pantry’s lack of respect for the clients, with one individual saying, “people think they can just throw food at us” (Dutta et al., 2013) and another stating “Are these community [members] pet animal[s]? Not even the animal should eat something bad” (Fong et al., 2016). Concerns about the safety of pantry food were echoed by another participant who expressed that they did not feel comfortable giving their children expired food (Hill & Guittar, 2023). Participants also stated that these low-quality foods exacerbate stereotypes of the poor, with one participant reflecting that they are forced to eat unhealthy foods and are then stigmatized for being overweight (Johnson et al., 2020). Another participant perceived that the way in which pantry volunteers distributed food was discriminatory stating, “... the best for the blacks and less for Latinos” (Fong et al., 2016).

Structural stigma was also identified within government assistance programs. For example, some states require individuals to undergo fingerprinting during the SNAP application process, which reduces participation rates (Jones et al., 2022).

Participants also expressed confusion about how to use their SNAP tokens at farmers markets (Chaufan et al., 2012), stated that their WIC vouchers were challenging and time consuming to redeem (Weber et al., 2019), and stated that there were several learning curves associated with the transition from paper vouchers to eWIC, which resulted in initial experiences of stigma (Savin et al., 2021).

Immigration concerns, largely driven by misinformation in the media, were another example of structural stigma in the literature. Participants reported avoiding food assistance programs that required government forms or police checkpoints due to fear of public charge, issues with their path to citizenship, deportation, detainment, and sponsorship of family members (Bowen et al., 2023; Calloway et al., 2022; Cooksey Stowers et al., 2020; Kaiser, 2008; Louie et al., 2020; Payán et al., 2022; Varela et al., 2023; Villegas et al., 2024). In many instances, these structural stigma manifestations forced individuals to travel to locations that do not require administrative documentation. One participant stated they were aware that these concerns negatively impact the quality of food they were able to feed their children, but they were not willing to risk negative consequences of being apprehended and deported (Payán et al., 2022). Systems that elected not to provide information in participants' primary language also deterred some families from receiving food assistance (Calloway et al., 2022).

## Other Stigma Manifestations and Constructs

### *Perceived Stigma.*

We identified 75 instances of perceived stigma (15.8%) across 37 articles: 27 related to emergency food assistance, 23 to food insecurity or general food assistance, 16 to SNAP, and 10 to WIC (categories are not mutually exclusive).

Participants noted general societal and community stigma around food assistance, preventing many from seeking help (Allen et al., 2023; Barnidge et al., 2020; Calloway et al., 2022; Chiong et al., 2024; De Marchis et al., 2019; DePuccio et al., 2022; Hickey et al., 2019; Isaacs et al., 2020; Ivancic & Dooling, 2023; Marpadga et al., 2019; Panzera et al., 2017; Perry et al., 2023; Powell et al., 2015; Russomanno & Jabson, 2016; Schinkel et al., 2023; Swales et al., 2020; Thompson et al., 2005; Villegas et al., 2024; Zepeda, 2018). Media narratives contribute to this stigma, portraying food assistance recipients as undeserving, lazy, or reliant on the system by choice (Cooksey Stowers et al., 2020; Mitchell-Walthour & Santos, 2022; Perry et al., 2023; Reppond, 2024; Russomanno & Jabson, 2016; Swales et al., 2020; Zepeda, 2018). Perceptions of food assistance as welfare or a tax burden further drive stigma, as does the belief that working individuals should not need such programs (Allen et al., 2023; Mitchell-Walthour & Santos, 2022; Powell et al., 2015; Thompson et al., 2005). Two studies reported stereotypes that food assistance users prefer unhealthy foods (Russomanno & Jabson, 2016; Stowers et al., 2020).

Cultural norms also contribute to stigma. In Vietnamese and Chinese communities, reliance on assistance was seen as shameful (Dutta et al., 2016; Louie et al., 2020). Among military-connected individuals, the expectation of self-reliance creates barriers to accessing assistance, seen as a "failure" or "handout" (Chokshi et

al., 2024; Schinkel et al., 2023). Rural residents may face more stigma due to limited privacy (Calloway et al., 2022).

In addition to societal-level perceptions of stigma, stigma was also reported by observers who describe how the identified types of stigma were experienced by others. For example, individuals such as SNAP outreach staff, emergency food staff, healthcare providers identified instances of anticipated stigma (e.g., embarrassment) as an observed (perceived) barrier preventing food-insecure individuals from seeking help (Alvis et al., 2024; Barnidge et al., 2020; Calloway et al., 2022; De Marchis et al., 2019; DePuccio et al., 2022; Dutta et al., 2016; Fricke et al., 2015; Jordanova et al., 2024; McArthur et al., 2020; Panzera et al., 2017; Peterson et al., 2022; Powell et al., 2015; Runkle & Nelson, 2021; Stenmark et al., 2018; Varela et al., 2023; Villegas et al., 2024). They also noted manifestations of cognitive dissonance (DePuccio et al., 2022; Fricke et al., 2015; Runkle & Nelson, 2021; Varela et al., 2023; Villegas et al., 2024; Waity, 2019; Wright et al., 2020), internalized stigma (DePuccio et al., 2022; Schinkel et al., 2023), and intersectional stigma tied to immigration concerns (Knowles et al., 2018; Stenmark et al., 2018; Stowers et al., 2020).

#### *Cognitive Dissonance.*

We identified 38 instances of cognitive dissonance (8.1%) across 24 articles: 17 related to emergency food assistance, 10 to food insecurity or general food assistance, six to WIC, and five to SNAP.

Individuals reported struggling with joining a group they did not identify with or that conflicted with their self-expectations (e.g., being an independent adult) (Allen et al., 2023; Anderson et al., 2022; Bowen & Irish, 2018; Brothers et al., 2020; Bruckner et al., 2021; Darby et al., 2023; Peterson et al., 2022; Schinkel et al., 2023).

This often led to distancing themselves from others facing food insecurity, emphasizing they were different, such as not being the type to seek help or accept benefits (Bruckner et al., 2021; Chokshi et al., 2024; Darby et al., 2023; Dutta et al., 2016; Gago et al., 2022; Hardin-Fanning, 2024; Idehai et al., 2024; Louie et al., 2020; Oemichen & Smith, 2016; Swales et al., 2020; Villegas et al., 2024; Weaver et al., 2022).

Factors like pride (Chokshi et al., 2024; Hardin-Fanning, 2024; Louie et al., 2020; Schinkel et al., 2023; Villegas et al., 2024; Weaver et al., 2022), stubbornness (Weaver et al., 2022), and ego (El Zein et al., 2022; Powell et al., 2015) contributed to avoiding assistance. Others expressed a desire to survive or provide for themselves (Henry, 2017; Louie et al., 2020) and to avoid confirming stereotypes (e.g., poor, trashy) (Chiong et al., 2024; Meza et al., 2019; Swales et al., 2020; Weber et al., 2019). Some accepted assistance but felt discomfort, not identifying as someone who should need it.

### *Intersectional Stigma*

We identified 52 instances of intersectional stigma (11.1%) across 28 articles: 18 related to SNAP, 17 to emergency food assistance, 12 to food insecurity or general food assistance, and six to WIC (categories are not mutually exclusive).

Twelve articles highlighted intersections with race and ethnicity. Historically marginalized communities avoided food assistance due to prior racist experiences (e.g., slurs, negative expressions) (Bowen et al., 2023; Bowen & Irish, 2018; Bruce et al., 2017; Greer et al., 2016; Larson et al., 2021; ), fear of perpetuating stereotypes (e.g., being seen as another Black or Latina woman in the system) (Leung et al., 2022; Peterson et al., 2022; Weber et al., 2019), and cultural shame around dependence,

particularly in Vietnamese, Tongan, and Chinese communities (Crutchfield et al., 2020; Louie et al., 2020; Peterson et al., 2022). Barriers such as cultural views on masculinity and eligibility complexities discouraged Latino men and Asian individuals from seeking assistance (Louie et al., 2020; Wright et al., 2020).

Nine articles linked food insecurity stigma to immigration stigma (Bowen et al., 2023; Calloway et al., 2022; Kaiser, 2008; Knowles et al., 2018; Louie et al., 2020; Payán et al., 2022; Stowers et al., 2020; Varela et al., 2023; Villegas et al., 2024). Fears of deportation, government forms, police checkpoints, public charge policies, language barriers, and misinformation deterred access to assistance, especially where documentation was required.

Four articles discussed age-related stigma. Younger participants experienced enacted stigma (Bowen & Irish, 2018; Brothers et al., 2020), while older participants experienced anticipated stigma (Anderson et al., 2022; Waity, 2019).

Three articles identified gender-related stigma, noting men were more reluctant than women to seek assistance due to pride (Hardin-Fanning, 2024), ego (Peterson et al., 2022), or beliefs about male roles as providers, with assistance viewed as for women and children (Swales et al., 2020).

Substance use stigma (Mott, 2022) and homelessness stigma (Hill & Guittar, 2023) also intersected with food insecurity stigma.

## **Conclusions**

This review applies the Stigma and Food Inequity Framework to 99 articles, highlighting the frequent occurrence of food insecurity-related stigma and its growing recognition in recent research (96% published in the last decade). Our findings show that individual-level stigma (57.4%) is more commonly studied than structural-level

stigma (7.5%), with anticipated stigma most frequently reported. Anticipated stigma often deters program participation, especially among marginalized and immigrant populations, and is exacerbated by fears of deportation, public charge policies, and paperwork. Addressing intersecting stigmas related to food insecurity, immigration, and race is critical as these issues gain national attention (Kaplan & Inguanzo, 2023; Lee et al., 2019). Discrimination is closely tied both to stigma and racism, grounded in structural and systemic factors that cause distrust and contribute to health inequity. Food assistance programs should engage with the community and their volunteers to discuss ways to reduce fear, embarrassment, and shame in their interactions and outreach efforts.

Enacted stigma (16.9%) was the second most reported individual-level manifestation, often involving disrespectful treatment by program staff, as seen in other fields like substance use and HIV stigma (Amaro et al., 2021; Earnshaw et al., 2024a). Addressing enacted stigma requires training programs for food assistance staff, designing strategies to address volunteer hesitancy to change, and creating anonymous feedback mechanisms for clients and volunteers. Internalized stigma (7.1%) contributes to shame, low self-esteem, and avoidance of help-seeking, echoing findings in other areas linking stigma to poorer mental health and reduced social support (Kalichman et al., 2009; Mak et al., 2007).

Interestingly, stereotype threat was absent in the literature, despite its relevance in other fields like education and obesity (Brochu & Dovidio, 2014; Steele & Aronson, 1995). Perceiver (stigmatizer)-level stigma was underrepresented, comprising only 3.6% of stigma manifestations. Research on perceiver beliefs and behaviors is needed to inform interventions targeting stereotyping, prejudice, and discrimination.

Structural stigma (7.5%) was most often linked to administrative barriers (e.g., fingerprinting, long lines, surveillance) and poor food quality. Addressing these requires structural changes, such as revising documentation requirements, improving the cultural familiarity and quality of food, and hiring staff reflective of the communities served (Cooksey Stowers et al., 2020). A stigma mitigation checklist could guide future efforts and could be expanded to programs like Food as Medicine.

Cognitive dissonance (8.1%) was identified, reflecting internal conflicts when individuals with stereotypes about food insecurity face their own need for assistance. This tension may lead to acceptance or rejection of stereotypes, shaping outcomes like internalized stigma or resilience (Cass, 1979; Martz, 2004). Addressing cognitive dissonance can reduce stigma and improve program participation, but requires more focused research and measurement. One strategy is to train trusted agents in communication approaches to address stereotypes.

We also identified instances of social comparison. While similar to stigma, social comparison is defined as a distinct factor from stigma (Anderson et al., 2022). Participants often avoided food assistance, believing others were worse off and more deserving, even skipping meals to preserve resources for others (Anderson et al., 2022; Brito-Silva et al., 2022). Future research should explore whether this behavior stems from anticipated stigma or cognitive dissonance and its implications for food insecurity interventions.

Importantly, only 10% of studies on food-related stigma are quantitative, and no standardized measurement tools exist. As such, developing such tools is essential to evaluate stigma's impact, design interventions, and assess long-term effects on health and mobility. Additionally, mass media and education campaigns have successfully

reduced stigma in other contexts (Babalola et al., 2009; Hull et al., 2013). Similar strategies, including targeted messaging and partnerships with community organizations, could reduce food-related stigma. Messaging should prioritize providing information in multiple languages and using inclusive imagery (Anderson et al., 2022; DePuccio et al., 2022).

### **Strengths and Limitations**

We conducted a comprehensive search of five databases that captured health and medical sciences, psychology, sociology, and other social sciences. We also searched the reference sections of the articles to identify relevant literature. However, it is possible that some articles capturing food insecurity-related stigma were housed in databases that were not searched, and thus not identified. Additionally, we excluded articles that were outside of the U.S., not written in English, and focused on children (e.g., school meals) in this review. Therefore, future research should focus on these contexts and populations. Furthermore, due to the large scope of this review, we did not include grey literature, which may mean that pertinent information related to food insecurity-related stigma was not captured. Thus, future research should investigate this literature. In addition, because this study is a narrative synthesis, quality assessment or quantitative analyses across articles were not possible. Finally, it is important to note that the methodological decisions of researchers may have influenced the instances of stigma reported, and findings here are not intended to describe the prevalence of the phenomenon in society.

## **SO WHAT**

What is already known on this topic?

Underutilization of food assistance programs remains a problem, with many individuals not accessing benefits for which they are eligible. Stigma, despite being understudied, is one factor that contributes to these disparities.

What does this article add?

This review characterizes food insecurity-related stigma in the U.S., in alignment with the Stigma and Food Inequity Framework, across 99 studies. Individual-level stigma was more commonly studied than structural-level stigma. Anticipated stigma was the most frequently reported manifestation, deterring program participation.

What are the implications for health promotion practice or research?

Results from this study make clear the need for the development of new strategies for intervention aligned measures and policy guidance to reduce individual- and structural-level stigma manifestations among food insecure households.

### Chapter 3

#### **STUDY 2: EXPECTATIONS AND EXPERIENCES OF FOOD INSECURITY-RELATED STIGMA AND DISCLOSURE AMONG EMERGENCY FOOD PROGRAM CLIENTS**

##### **Abstract**

*Objective:* To characterize emergency food program clients' experiences of individual-level food insecurity-related stigma, and participation disclosure, in alignment with the Stigma and Food Inequity Framework. *Method:* We conducted 45-minute semi-structured interviews with 18 emergency food program clients in Pennsylvania and Delaware. Discussion guide topics included individual-level stigma (i.e., anticipated, enacted, internalized, stereotype threat), perceived stigma, and disclosure experiences. Demographic and food insecurity (Hunger Vital Sign screener) data were also collected. Data were analyzed using a hybrid inductive and deductive coding approach. *Results:* Participants experienced multiple forms of stigma while accessing emergency food program assistance, which negatively impacted their well-being and prevented them from returning to certain pantries. Anticipated stigma in the form of embarrassment and nervousness was the mostly commonly reported individual-level stigma manifestation, followed by enacted stigma (e.g., poor treatment by pantry staff). Despite these stigmatizing experiences at food pantries, clients received predominantly positive responses from family and friends upon disclosing their emergency food assistance usage. *Conclusion:* Interventions such as staff training, anonymous feedback mechanisms for clients and staff, word of mouth

recommendations and peer support pantry models, and large-scale marketing efforts may be promising strategies for decreasing individual-level and perceived stigma within emergency food assistance contexts.

## Introduction

Approximately 13.5% of U.S. households experience food insecurity (Rabbitt et al., 2024). The health risks associated with food insecurity are well-documented: those facing food insecurity have an increased risk of chronic diseases such as cardiovascular disease, obesity, and diabetes (Gundersen & Ziliak, 2015; Seligman et al., 2007; Seligman et al., 2010). Food-insecure individuals also experience lower diet quality and reduced nutrient intake (Gundersen & Ziliak, 2015; Morales & Berkowitz, 2016) and are more likely to suffer from psychological distress, including anxiety and depression (Gundersen & Ziliak, 2015; Heflin et al., 2005; Heflin & Ziliak, 2008; Hromi-Fiedler et al., 2011; Myers, 2020; Whitaker et al., 2006). Further, Black, Hispanic, American Indian or Alaska Native, and multiracial households report approximately twice the food insecurity rates observed among White (9.3%) and other non-Hispanic households (11.0%) with rates of 22.4%, 20.8%, 23.0%, and 22.7%, respectively (Hall, 2023; ERS, 2023a). These disparities underscore the systemic barriers that disproportionately impact marginalized communities in accessing consistent, nutritious food.

The emergency food system, which includes food banks, pantries, and community cupboards, serves as a critical resource for more than 50 million individuals in the U.S. (Feeding America, 2024). Often referred to as charitable food or free food assistance, this system comprises over 200 food banks and 60,000 food pantries and meal programs, with the majority operating within the Feeding America network (Feeding America, 2023; UCONN RUDD Center for Food Policy and Health [CONN RUDD], n.d.). While the term "emergency food" implies short-term, crisis-driven need, research indicates that many Americans rely on these programs

consistently and over extended periods. For example, nearly three-quarters (74%) of food pantry clients report using a pantry for a year or more, and over three-quarters (77%) access these resources at least once per month (UCONN RUDD, n.d.).

Although emergency food assistance does not fully eliminate food insecurity, it remains an essential resource for many households, particularly for those who are ineligible for, or reluctant to use, federal nutrition programs.

Stigma is a well-recognized barrier to food assistance participation, yet the experiences of pantry clients regarding stigma are not systematically documented. According to the Stigma and Food Inequity Framework, stigma is a social process that manifests both structurally and individually (Earnshaw & Karpyn, 2020). At the individual level, stigma occurs when perceivers (stigmatizers) internalize societal biases and project them onto targets, or those who are stigmatized. Individuals accessing emergency food may encounter multiple forms of stigma (Earnshaw & Karpyn, 2020; Stangl et al., 2019). *Anticipated stigma* refers to the expectation of prejudice or discrimination, causing anxiety and leading some to avoid program participation. *Enacted stigma* is direct exposure or experience of discriminatory treatment, while *internalized stigma* occurs when individuals adopt the negative societal beliefs within themselves (i.e., I am worthless), leading to shame. *Stereotype threat* describes the fear of confirming negative stereotypes, which can result in stress-induced behaviors that reinforce stigma (Earnshaw & Karpyn, 2020; Steele & Aronson, 1995).

In addition to these individual-level stigma manifestations, people often hold perceptions of what society believes or feels about individuals with stigmatized statuses, a phenomenon known as perceived stigma (not to be confused with the term

perceivers) (Fox et al., 2018). These beliefs are not held by the individual themselves, but are instead perceived to be held by others or society in general. In the context of emergency food systems, clients may note that society perceives themselves or others who access this assistance negatively, but do not share this belief.

It is important to note that those that experience stigma often struggle to tell (disclose) others about their status. Indeed, the fact that one accesses emergency food is a concealable stigmatized identity, meaning individuals can choose whether to disclose their participation (Chaudoir & Fisher, 2010; Quinn & Earnshaw, 2013). Research demonstrates that individuals who have not disclosed their health conditions are less likely to access care or treatment (Quinn & Earnshaw, 2013). It may also be the case that lack of disclosure of food insecurity is a barrier to accessing food assistance. Better understanding of disclosure decisions has led to intervention opportunities in other public health areas (Chaudoir et al., 2011; Earnshaw et al., 2019; Earnshaw et al., 2021; Earnshaw et al., 2024c; Mousavi et al., 2024; Overstreet et al., 2013), and may be an avenue for supportive intervention, as negative reactions can discourage continued use of assistance, while supportive responses may reinforce it (Chaudoir & Fisher, 2010).

Given the limited research on stigma and disclosure within emergency food systems, this qualitative study aims to: (1) Evaluate emergency food program clients' expectations and experiences of food insecurity-related stigma and (2) Investigate clients' disclosure experiences related to their participation in emergency food programs. By understanding how stigma influences food assistance participation and disclosure, this research can inform interventions that improve access and reduce stigma-related barriers.

## Method

### Participants and Procedure

Participants were 18 emergency food program clients recruited from emergency food program sites (i.e., food bank, food pantries) in Delaware and Pennsylvania between August and December of 2024. Purposive and snowball sampling methods were used to recruit participants. To be eligible for the study, participants had to be at least 18 years of age, have received emergency food assistance from a food bank, cupboard, or pantry in the last year, be a resident of Delaware or Pennsylvania, and be fluent in speaking English or Spanish.

This qualitative study involved 30- to 45-minute, semi-structured phone or Zoom interviews with emergency food program clients. In collaboration with the stigma subgroup of the Health Equity Collective, a multi-sector effort with more than 200 organizations and 800 members in Greater Houston operated by the UTHealth Houston Center for Health equity, the research team developed and pilot tested a semi-structured interview guide to evaluate participants' experiences with and expectations of stigma related to emergency food program usage as well as their disclosure experiences. Representative interview questions are included in Table 4. Participants received a \$50 ShopRite or GIANT gift card as compensation for their participation in the interview. Study procedures were approved by the University of Delaware Institutional Review Board.

Table 4 Representative Interview Questions

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#### Representative Interview Questions

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1. What is your typical experience like when you visit a food pantry?
2. In general, how do you feel about visiting a food pantry?

1. Probes:
    1. Have you ever felt embarrassed or uncomfortable when accessing food from a pantry?
    2. Have you ever felt judged or treated unfairly when using these services? If so, can you describe a specific situation?
  3. How do you think your family/friends feel about you visiting the food pantry?
  4. How do you think food pantries are viewed by society in general?
  5. How does the process of getting food, such as the layout of the space, paperwork, or interactions with staff, influence your experience at the food pantry?
  6. Have concerns about being treated differently ever made you hesitant to seek help from a food pantry?
  7. How have your concerns about stigma, or how you're treated, changed over time? If so, what has influenced this change?
    1. Probe:
      1. What strategies, if any, have you used to manage feelings you have experienced when accessing food pantries?
  8. What has or would a positive or respectful experience accessing food at a food pantry look like for you?
  9. If you could change anything about your experience at the food pantry, what would it be?
- 

## **Measures**

### Demographics

Participants completed the following demographic questions: age, race, ethnicity, gender, income level, educational level, employment status, relationship status, housing status, household size, SNAP participation over the last year, WIC participation over the last year.

## Hunger Vital Sign

A two-item food insecurity screener - the Hunger Vital Sign (Hager et al., 2010) – was used to characterize household risk of food insecurity. The two items are as follows: (1) “Within the past 12 months we worried whether our food would run out before we got money to buy more”, and (2) “Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more”. For both questions, response options include “often true”, “sometimes true” and “never true.” Participants were coded as food insecure if they responded “often true” or “sometimes true” for either or both questions. This tool is comparable to a longer, 18-item US Household Food Security Scale, demonstrating convergent validity as well as high sensitivity (97%) and specificity (83%) (Hager et al., 2010).

## Food Insecurity-Related Stigma Interview Questions

Participants responded to a series of open-ended interview questions (see Appendix C) that align with the Stigma and Food Inequity Framework (Earnshaw and Karpyn, 2020). These questions evaluated the ways in which emergency food program clients experience stigma (e.g., anticipated, enacted, internalized, perceived) and their disclosure of food pantry usage to family, friends, or acquaintances. Hesitancy to disclose stigma experiences and potential re-traumatization were both potential concerns in this study. To address these concerns, the research team reassured participants about question discretion and used positive closing queries (a best practice) to conclude interviews.

## **Data Analysis**

Interviews were recorded and transcribed using transcription software provided by Zoom and then reviewed by interviewers for accuracy. Qualitative data analysis

was conducted using Dedoose software, and participant demographic characteristics were incorporated into the analyses for interpretive context. The analysis included a hybrid inductive and deductive thematic approach (Fereday & Muir-Cochrane, 2006) whereby initially, deductive coding, guided by the semi-structured interview guide, was performed in order to comprehend participants' experiences and perceptions of stigma as defined by the framework. Subsequently, inductive coding identified emergent themes. The lead author conducted the initial coding process by carefully analyzing the data to confirm depth and consistency in emerging patterns and themes. A second author independently reviewed all codes to ensure rigor. Consultations with the larger research team were conducted to resolve coding discrepancies. All codes are described in table format with exemplar quotes, and themes are discussed in the context of the larger literature on this topic. A descriptive analysis of participant characteristics using percentages, means, standard deviations, and ranges was also conducted.

## Results

All participants actively received food from a food pantry. Participants' socio-demographic characteristics are included in Table 5. Participants were predominantly female (78%), White (56%), single (78%), food insecure (88.9%), had a high school degree (50%), and had incomes under \$30,000 per year (83%). Additionally, a significant proportion of participants were unable to work/on disability (33%) or retired (27.8%).

Table 5 Sample Characteristics (*N* = 18)

n	Mean (SD)
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Age	18	57.2 (14.5)
Number of People in Household	18	2.5(1.6)
		%
Gender (Female)	18	77.8
Race		
White	10	55.6
Black or African American	6	33.3
Hispanic	2	11.1
Educational Level		
Less than a High School Degree	2	11.1
High School Degree	9	50.0
Some College	4	22.2
Bachelor's Degree	1	5.6
Master's Degree	2	11.1
Income Level		
Under \$30,000	15	83.3
\$30,000 - \$60,000	2	11.1
\$60,001 - \$90,000	1	5.6
Relationship Status		
Single	14	77.8
Live at Home with Partner or Spouse	4	22.2
Children in Household (Yes)	6	33.3
Employment Status		
Unable to Work/On Disability	6	33.3
Retired	5	27.8
Employed Full Time	3	16.7
Employed Part Time	2	11.1
Unemployed	2	11.1
Housing Status		
Rent	15	83.3
Own	3	16.7
Food Insecure	16	88.9
Enrolled in SNAP in the Last Year	12	66.7
Enrolled in WIC in the Last Year	1	5.6

Qualitative analysis examining emergency food program clients' expectations and experiences of food insecurity-related stigma and their disclosure of emergency food program use revealed three thematic areas including: (1) individual-level target

stigma (i.e., anticipated, enacted, internalized stigma), (2) perceived stigma, and (3) disclosure/reactions from family and friends. Exemplar quotes are included in Table 6. Of note, other experiences of emergency food program clients unrelated to stigma were not the focus of this study and are not described.

Table 6 Qualitative Themes and Exemplar Quotes

<b>Theme #1: Individual-Level Target Stigma</b>	
Anticipated Stigma	<p>Sometimes when I'm there it's like I don't like my neighbors or people to see me there. [...] I will put on a face mask like the regular mask that we wear because of COVID, or [...] I will pull my hair back and put my hoodie on. [...] If a representative from every family in the town went to the pantry, I still will probably be a little embarrassed. [...] And I don't know why I'm embarrassed because I love to get free stuff, but maybe because of the type of town that I live in, [...] it's so small. – Respondent 4 (46, Black, Female, PA)</p>
	<p>I was embarrassed my first time [going to the pantry]. I even worked at the time and still needed help. I was a little embarrassed. – Respondent 2 (64, Black, Female, PA)</p>
Enacted Stigma	<p>I think sometimes the [staff] act like you're getting on their nerves. Sometimes they act like [...] they cooked the food and they are doing you a favor. And it's like, "You can only take three! You can only take three!" "Okay, ma'am. [...] Everything that's on this table is expired. So stop! You're not Santa Claus." [...] Like, you better be grateful. Yeah, we're about to be grateful for this old Jello that you're giving us? This tomato sauce that you're giving us that's from 2023? Honey, we're about to be in 2025.[...] But you shouldn't be up on a high horse when [...] you're trying to give somebody some trash, and you're getting away with it because they need help. [...]. – Respondent 4 (46, Black, Female, PA)</p>

	[...] Other drive throughs, some people had [not] been very kind so I just stopped going to them. [...] It's just a vibe that [the staff] gives you. Some places make you feel like, "All right, just go, keep moving, keep moving. You know what I'm saying. And so that kind of makes me feel a little stressed out. And I'm like, "Oh, my gosh." I understand to a point, because there's so many people in line, but at the same time, that's why I limit myself to two locations now. [...] I have felt like [I was judged by staff] at other locations [...], just a [negative] vibe. – Respondent 15 (54, Hispanic, Female, DE)
Internalized Stigma	It makes me feel horrible about myself when I go into the building. [...] I feel so horrible. I hate it, because nobody understands my disability. Nobody knows why I'm poor [...] - Respondent 8 (63, White, Female, PA)
	Sometimes [the impact that visiting pantries has had on my mental health is] a little bit negative. Because, like again, dealing with the [pantry name] and the person going "Oh, all this for you!?" I just felt awful, horrible. - Respondent 18 (46, White, Female, DE)
<b>Theme #2: Perceived Stigma</b>	
Perceived Stigma at the Societal Level	[Society] might look down on the people that go [to pantries] a little bit because they're needy. They need help, and I guess people don't like that. You're looking at, I don't know if it's the right word now, but a lower class of people. Everyone's kind of in the same boat right now, just how expensive everything is, housing, food. – Respondent 6 (57, White, Male, PA)
	In my opinion, [society] probably thinks some people use it just because they can. I don't think they really understand a lot of people's situations if they don't have to use it themselves. – Respondent 13 (39, White, Female, PA)
<b>Theme #3: Disclosure/Reactions from Family and Friends</b>	
Lack of - or Nondisclosure of Pantry Use	The synagogue, though, I've never told them that I go to a food bank. [...] But the irony is that now my synagogue is asking, "Would you like to help with the [Food Bank]?" I'm like stuff from the [Food Bank]? Do you really think I'm going to do that? So I don't tell them anything. But other than that, my family's quite aware. [...] - Respondent 8 (63, White, Female, PA)

	The only family that I have contact with is my mom and not very often. I don't know if she knows that I go to pantries. - Respondent 9 (53, White, Male, DE)
Positive Reactions from Family and Friends Following Disclosure of Pantry Use	Oh no, [my friends and family are] great. Like I said, when I get stuff, if I get extra sometimes I'll give it to my kids. And [...] my kids are already grown. But no, they're very supportive and helpful. I have a friend that goes to the pantries and sometimes we switch off stuff that she don't want, and I give her stuff that I don't eat. [...] So everyone's been very supportive. They understand life happens, so [...] everybody needs a helping hand here and there. - Respondent 15 (54, Hispanic, Female, DE)
	Yeah, [my friends and family are] supportive [of me going to the pantry]. My grandmother actually goes to a pantry in [city name]. You can't have pride when you have to take care of yourself. - Respondent 13 (39, White, Female, PA)

### Theme #1: Individual-Level Target Stigma

#### Anticipated Stigma

Two forms of anticipated stigma were reported in this study: 1) clients' own experiences of anticipated stigma and 2) clients' perceptions of anticipated stigma experienced by others. Both categories will be discussed here.

*Clients' Experiences of Anticipated Stigma.* Nine participants reported experiencing anticipated stigma in the form of embarrassment, nervousness, or humiliation while accessing emergency food assistance. Although clients were initially hesitant to access assistance from food pantries, most clients reported that the anticipated stigma subsided over time. Respondent 5 (65, Black, Male, PA) said,

*"Oh, I'm not embarrassed, [...] we all need help sometimes. [...] I think the very first time I went, I felt a little embarrassed at first. But, I'm okay with it now, it*

*doesn't hurt me, it doesn't make me feel any different. If you need stuff, you need stuff.”*

Similarly, Respondent 7 (72, White, Female, PA) reflected,

*“Sometimes, it can be like Kindergarten fears the first time you walk into anything. But the only way to get around something is to go through it, so we have to go through the door. I don't really have that embarrassment or nervousness or anxiety about what's gonna be. It's just a feeling of, I need to check this out, or this might be something that can help me.”*

In one instance, a participant provided advice to others to avoid anticipated stigma. Specifically, she recommended that participants go early to avoid the crowds, park up the street, and take measures to hide their appearance.

*“We are always embarrassed about something in our lives. [...] Don't send your kids to [go to the pantry] because you don't want them to be embarrassed, and their friends talking about them and teasing them. Especially when you live in an area where everybody is pretty wealthy with big, beautiful houses [...] like the town that I live in. [...] Just put your pride aside and go get your stuff. If you don't like the crowds and all that, get up [and] get in early like I do and get out. If you don't want nobody to see you, don't park right in front of the place. Just park up the street a little bit. Pull your hair back, put on a baseball cap, put on a mask, and go get yourself right. Don't talk to people. Don't matter if you worried, keep your head down, just go get what you want to get and go on about your business.” - Respondent 4 (46, Black, Female, PA)*

Several participants also noted that the rising cost of living expenses such as food and housing have caused an increase in the number, and types, of people who rely on assistance. Perceptions of increasing need amongst others in society helped to

mitigate participants' experiences of anticipated stigma. Respondent 11 (39, Hispanic, Female, DE) stated,

*"I used to [get embarrassed when visiting the pantry], but as I got older, I'm like, you know, what the heck? [...] I have children, so I don't care. [...] I feel like everyone goes to a food pantry most of the people these days. I think [...] everything is just increasingly expensive, so everything is different. [...] [I was] obviously younger when I used to go. It used to feel awkward because you wouldn't see that [many] people. Now things have changed. Now it's like, "Oh, my God!" You see, all types of freaking people. Yeah, I think people from all walks of life are [there] with the rent and the food and everything."*

This sentiment was also echoed by Respondent 6 (57, White, Male, PA) who said,

*"I don't like appearing needy. When you first start I guess it's a little embarrassing, then when you take it back, you're like everybody's here for the same thing. They're all the same, so everything's cool. You don't need to worry about it."*

A couple of participants shared that their experiences of anticipated stigma were dependent on pantry setting. For instance, one respondent stated that although they did not experience anticipated stigma at the pantry in their building, they did experience it in the pantry located in a church in their community.

*"So [...] I don't feel as humiliated going in [to the pantry in my building]. In fact, I don't really feel humiliated at all. But when I go to the big food bank at the church I definitely feel humiliated because I'm around people from the neighborhood, from the community, that aren't people that I would have a conversation with, or have*

*anything to do with under any other circumstance.” - Respondent 8 (63, White, Female, PA)*

In another instance, a participants’ experience of anticipated stigma was exacerbated by the pantry model. In particular, they said their physical disability makes it difficult for them to pick out food without assistance, so they no longer attend pantries in which clients shop for themselves.

*“I’ve gone to [pantries] where they do have you [shop on] your own, and I don’t go back, because it’s already embarrassing to go, and then without help, it just makes it worse because I’m struggling in front of everybody [due to my physical disability].” – Respondent 18 (46, White, Female, DE)*

Although many participants reported experiencing anticipated stigma, others reported that they had not experienced this form of stigma and did not care about others’ perceptions of themselves. For example, Respondent 1 (58, White, Female, PA) said, *“I don’t care if [people judge me]. I’m like talk about me because I know what I have to do to survive.”* Likewise, Respondent 9 (53, White, Male, DE) noted, *“I don’t know why people are so nervous [about visiting food pantries].”*

*Clients’ Perceptions of Anticipated Stigma Experienced by Others.* Seven participants mentioned instances in which their friends, family members, and acquaintances were hesitant to seek food assistance due to anticipated stigma. For instance, Respondent 2 (64, Black, Female, PA) said, *“Yeah, [my friends are hesitant to seek assistance] because they’re bougie, and they think, “Oh, my God! I’ll never be caught in line like that!”* Respondent 3 (75, White, Female, PA) similarly noted, *“A lot of people probably would say, ‘Oh, I don’t want to go [to the pantry].’ They might*

*feel ashamed or say, 'Oh, I don't want to go begging for food.' But no, I know that it's necessary."*

Additionally, Respondent 15 (64, Black, Female, PA) stated,

*"So some people [...] feel ashamed. They feel embarrassed to go to them, even if they are in need. Sometimes people get like, "How did I end up here?" [...] And life happens, [...] Like I said, I'm very chatty, so I've met a lot of people talking, 'It's my first time, I just got divorced and I have my kids.' and they feel ashamed a little bit. I don't know if that's the right word, but [they] feel embarrassed to go to them."*

In one instance, a respondent noted that her friend was embarrassed to disclose that she received food from the pantry, so she told others she was a volunteer.

*"I've had another friend that said that she's going [to the pantry], but you can tell she's embarrassed, so she kind of lied and said that she volunteered there, or something like that. That girl is not volunteering."* – Respondent 4 (46, Black, Female, PA)

Another participant highlighted that food insecurity-related stigma intersected with gender-related stigma, preventing her daughter's husband from seeking assistance. In particular, he perceived that seeking assistance would challenge others' expectations of him as a man who should be able to support his family.

*"When I used to go to the other pantry with my daughter, her husband hated it. And that's just him. He did not like the fact that it made him feel like less of a man. Like a person who couldn't support his family. And that was his problem, he had a problem. But that's because he was the kind of person that thought, "why do we have to go get free food?" He didn't want to be a beggar. But nobody else that I know ever thought that. But there are people out there that do right. Really, he never wanted to*

*do it. We used to get WIC for the kids when they were babies. My daughter and I used to go to get milk and whatever we could get, and he refused to go. He said, "I'm not going to use that." He was embarrassed. He didn't want anybody to think he was begging. I know there's people around that are like that. But that's his personality, and I don't think everybody's like that. There are [...] few and far between people that do think that."* – Respondent 3 (75, White, Female, PA)

One participant stated that anticipated stigma might be reduced if clients visiting pantries for the first time were able to attend with a current client, who could help to ease their concerns. Respondent 12 (62, Black, Female, DE) stated,

*"Some people are scared, some don't want to ask anybody for help. I try to just give them positive information, to try not to feel like that. [...] Usually they'll change their mind [if I talk to them about the pantry]. And sometimes, they will go with me when I go so they could see for themselves. Then I'm there too [and I can] give them some positivity about the whole situation. [...] [I think anxiety would be reduced if a new client visited the pantry with a current client]."*

### Enacted Stigma

Six participants reported experiencing enacted stigma while accessing emergency food assistance. In particular, these participants felt that pantry staff were unkind and engaged in patronizing behaviors that were both verbal and nonverbal. These stigmatizing interactions often occurred when staff rushed participants when they were making their food choices at the pantry, and when participants stopped to check the food quality to ensure it was not expired or spoiled. One participant noted that the pantry staff's tone made her feel as though they were speaking to animals or children. Respondent 8 (63, White, Female, PA) said,

*“Okay, in all honesty, I think the [staff] act a little patronizing. [...] If I want to look at the f\*\*\*\* bag of grapes before I take them home, only to throw them out, give me a second to look at it. Because you guys are the ones who are giving us the bad stuff to begin with. [...] I've gotten these attitudes from them like “they're all the same,” and I'm like, “Well, if it's all the same to you, I'd like to check it before I take it home.” I was like do I really need to say that to them? Is that really necessary? [...] The way they say it, it's almost like, what are we, puppies? Are these dogs? Are we kittens? Are we children? I don't like that patronization element of it. [...] I wish that they would respect us more. I don't need to be babied through picking freaking food off of a table. I know what I'm doing [...]. I just try to endure it and then I get through it, and I'm home, and that's it.”*

In some cases, judgement from emergency food program staff prevented clients from returning to food pantries. For example, Respondent 14 (65, White, Female, DE) said,

*“That's why I don't go to [pantry name] anymore, because they seem more like they were gonna yell at me because I kept forgetting this and that. And I'm like, I think I've had enough of this. [...] I don't know what it is about [pantry name]. A lot of [the staff] were nice, and then some of them were like, “So, why do you keep acting like this?” I'm just a person, [I'm] not trying to do anything wrong. [...] Yeah [the staff were judgemental]. [...] I'm like, look, I just want to come in and not get judged or yelled at again. [...] I felt like they all were judging me [...]. I'm just here like everybody else is. I don't know what it is you think, or you're assuming about me.”*

## Internalized Stigma

Four participants reported experiencing internalized stigma while accessing emergency food assistance, which made them feel poor or bad about themselves. For instance, Respondent 8 (63, White, Female, PA) said,

*“It makes me feel horrible about myself when I go into the building. [...] I feel so horrible. I hate it, because nobody understands my disability. Nobody knows why I'm poor. I have a whole back story that would blow your mind if you understood why I'm in the situation I'm in, but nobody understands that. And I feel like honestly, believe it or not, I may be low income, but I'm well-educated. I tried to have a career, but I have Autism, and I tried as best as I could throughout my life to do what I could do, and I never really made it. So, I am in this line with, honestly, and I'm being very, very honest with you, these very low functioning people. I mean, they're on the low end of society, and I'm not that. [So] that's why it's very hard for me because nobody understands that if my life had been different, if I had been diagnosed earlier in life, if I had gotten help, maybe my life would have been different, and I would have been successful. I wouldn't need to go to a freaking food bank. So that's [...] part of it. I feel humiliated. [...] I do feel a sense of shame. Even though in my heart I know that I did everything I could to help to raise my children the best I could all my life, and I did work as much as I possibly was capable of working when I did work.”*

In another instance, Respondent 4 (46, Black, Female, PA) said, *“It's like that stigmatism of shame. A little bit like you're poor, even though I know I went to Aldi that morning and I went to GIANT. It still makes you feel poor.”*

## Stereotype Threat

No instances of stereotype threat were identified in this study.

## **Theme #2: Perceived Stigma**

Six participants described their perceptions of stigma around emergency food program use in society. For example, Respondent 16 (22, Black, Female, DE) noted, *“I feel like there is a negative stigma behind the concept of a food pantry [in society].”*

According to one participant, perceptions of food pantries vary from person to person and are often influenced by their political perspective. Respondent 8 (63, White, Female, PA) said,

*“[Societal perceptions of food pantries] depends on who you're talking to and the outlook or the political perspective. If you talk to people who want to have more understanding of people who are on the lower edges of society, for whatever reason that they are, they're going to understand the necessity for a food bank. [...] If you talk to people who look at the lower levels of society in a way that it's their fault somehow that they're poor, or that they need that kind of service, that they're lazy, or they're criminals, or they're moochers, or whatever, then you're going to get a different mindset. So, I think it depends on what way you look at people who are poor, why are they poor, and why would they need that service. [...] So, [...] it really depends on your political viewpoint or how you view people sociologically. [...]”*

Several participants also highlighted societal misperceptions of individuals with low incomes, such as that they misuse food assistance resources or that they have a choice in their financial situation. Respondent 14 (65, White, Female, DE) stated,

*“Sometimes I think people cannot understand that some of us have very limited funds and it's not necessarily anything that is under our control. So maybe they view us in a narrow sort of sense. But I don't agree with it, and until they walk a mile in my shoes, I don't care what they think honestly because I'm not ashamed of myself.”*

In one case, a participant noted that at one point she internalized the negative societal perceptions of food pantries, which prevented her from accessing assistance, despite need. She was eventually able to overcome this barrier and with guidance from her sister, who also attended pantries.

*“I think that [people in society] have an idea of what they think [pantries are] [...] [and] in general [these ideas] tend to keep more people who could use the help away. Like I did [not access food pantries, but] my sister was telling me to go for like an entire year. She's like, “You need to go.” And I finally was like, “Okay, fine.” I could have gotten the help a little bit before I was in such dire trouble, [and] it would have helped me more. So I think in general, that's what people feel and think. There's just a negative connotation around people needing things and not having money. A lot of society looks at people's worth based on money.” - Respondent 18 (46, White, Female, DE)*

### **Theme #3: Disclosure/Reactions from Family and Friends**

#### Disclosure and Positive Reactions

Most participants reported that they had disclosed their pantry attendance to their family and friends and that they had received positive reactions in response. In fact, many participants reported that other people in their lives also accessed pantry services and in some cases, it strengthened their relationships. For example, Respondent 2 (64, Black, Female, PA) expressed,

*“No, [attending the food pantry has not impacted my relationships] at all. If anything, [the pantry] is bringing people together.”*

Respondent 11 (39, Hispanic, Female, DE) also said,

*“[My friends and family] sure do [know I go to the food pantry], because sometimes [...] I've taken my mother and my grandma. Or sometimes they'll say, “Hey, get that good cheese over there, if you have extra.” So honestly, we swap stuff. “Hey? Well, if you got this I'll give you this.” So it's cool. We make it useful.”*

#### Lack of - or Nondisclosure of Pantry Use

A few participants reported that they had not disclosed their pantry attendance to other people in their lives including their children, synagogue, and other family members. For example, one respondent stated that although she feels comfortable discussing her pantry attendance with her friends, she does not disclose that information to her children.

*“I'm the type of person that I don't care, so you don't really have to lie. But the kids, I don't tell the kids. They may assume that I went to the pantry or got it from somewhere for free, but I don't just go and say it. I'm not like, “Hey, I went to the pantry to get some free stuff.” Because it's easier for them to use it if they don't know where it came from. So [as] embarrassed [as] I am, I would never send one of them in my place. I would just go. [...] [And] the friend that I was talking about, me and my friend talk about [going to the pantry].” - Respondent 4 (46, Black, Female, PA)*

In addition to purposeful nondisclosure of pantry attendance, a couple of participants reported that they had not disclosed their pantry use to others either out of unintentional omission (e.g., they are not sure if other people know they visit the pantry) or because they do not have family or friends to which they would disclose that information. For example, one respondent stated that others don't know they visit the pantry because they don't have family left, but it would not bother them if others knew that information. Respondent 17 (79, White, Male, PA) stated,

*“I’m a loner, [so other people don’t know I visit the pantry]. I don’t have any family left. I’m on my own. [...] Where I live, [people are] grateful [for pantries]. They’re absolutely grateful. And it wouldn’t bother me if somebody knew that I was going to a food pantry.”*

## **Discussion**

This qualitative study sought to fill an important gap in the literature by investigating emergency food program clients’ expectations and experiences of food insecurity-related stigma, as well as clients’ disclosure experiences related to their participation in emergency food programs.

Anticipated stigma in the form of embarrassment and nervousness was the most commonly reported individual-level stigma manifestation in this study, consistent with findings from a recent scoping review on food-insecurity related stigma in the U.S. (Halverson et al., 2025). Although anticipated stigma subsided over time for most participants, a few reported persistent concerns about being recognized by others while at the pantry, leading them to take measures to conceal their appearance (e.g., wearing face masks, hats, and sunglasses, parking up the street). Several participants also noted that anticipated stigma deterred their family members and friends from accessing food pantries, despite need. Optional peer-support models in which first-time pantry attendees are paired with returning clients, word of mouth recommendations from family members and friends who can advocate for pantry services, and the incorporation of documentation on pantry websites and outreach materials that clarify pantry processes (e.g., information on parking, the pantry entrance, and pantry expectations once inside) may reduce anticipated stigma.

Participants also experienced enacted stigma while accessing emergency food assistance. In particular, participants noted that pantry staff and volunteers engaged in judgmental and patronizing behaviors such as yelling at clients, rushing them while making food choices, and speaking to them in a demeaning tone. These behaviors align with those identified in previous research on enacted stigma within both emergency food assistance program (Bruckner et al., 2021; Greer et al., 2016; Hill & Guittar, 2023) and federal food assistance program contexts (Chauvenet et al., 2019; Garner et al., 2020; Leone et al., 2022). Experiences of enacted stigma dissuaded some participants from returning to certain pantries. Training programs that challenge staffs' negative biases, educate them about stigma and related organizational policies and expectations, and promote the use of respectful, inclusive language would help to mitigate enacted stigma. Additionally, pantry shift managers should clearly communicate pantry values, roles, and expectations with first-time volunteers to ensure they feel equipped to engage in strengths-based interactions with clients. Further, pantries should prioritize ongoing evaluation and reinforcement of anti-stigma measures, such as creating mechanisms that enable emergency food program clients and staff to provide anonymous feedback on their experiences.

A few participants experienced internalized stigma while accessing emergency food assistance, which made them feel bad about themselves. However, no instances of stereotype threat were identified in this study, consistent with previous research on food insecurity-related stigma in the U.S. (Halverson et al., 2025). Although researchers in other fields have identified this phenomenon, which describes the fear of confirming negative stereotypes that can result in stress-induced behaviors that reinforce stigma (Brochu & Dovidio, 2014; Steele & Aronson, 1995), further research

is needed to understand how and when stereotype threat may occur within food assistance contexts.

In addition to individual-level stigma manifestations, participants highlighted their awareness of the perceived stigma around emergency food assistance in society, mentioning widely-held, negative stereotypes of food pantry clients (e.g., lazy, criminals or moochers). Large-scale marketing and outreach campaigns conducted in collaboration with community partner agencies (e.g., grassroots organizations, healthcare systems) have proven successful in challenging misperceptions of stigmatized groups in other contexts (Vaughan & Hansen, 2004), and should thus be implemented within emergency food assistance settings.

Lastly, although a few participants reported hesitation to disclose their food pantry participation to others, most participants reported that they had disclosed this information to their family and friends and received largely supportive reactions in response. In the present study, participants' need for survival often overrode their concerns about pride, leading them to engage in conversations about available food resources with others in their lives. Thus, this finding further supports the importance of word of mouth recommendations from family members and friends to reduce anticipated stigma and enhance emergency food assistance participation.

### **Limitations**

The sample size in this study was relatively small and geographically restricted (i.e., Pennsylvania and Delaware), limiting the generalizability of study findings. Additionally, the sample consisted of predominantly English-speaking women, and all participants in this study were active emergency food program clients. As such, we did not capture the experiences of individuals who did not utilize emergency food

assistance due to stigma. Further, it is unclear whether our sample, which has a mean age of 57.2, reflects the larger population of emergency food program clients as this data is not publicly available. Thus, future research with larger, more representative samples that capture the experiences of more diverse populations as well as emergency food program non-participants is warranted.

## **Conclusions**

This qualitative study identified experiences of food insecurity-related stigma experienced by emergency food program clients in Pennsylvania and Delaware, in alignment with the Stigma and Food Inequity Framework. Clients reported experiences of anticipated, enacted, internalized, and perceived stigma associated with emergency food program usage, which negatively impacted their experiences and, in some cases, prevented them from attending or returning to pantries. Surprisingly, most participants reported disclosing their emergency food program usage to their family and friends, and received predominantly positive reactions in response. As the need for emergency food assistance continues to rise in the U.S., it is becoming increasingly important to identify strategies to mitigate stigma within these contexts. These findings suggest that staff training, anonymous feedback mechanisms for clients and staff, word of mouth recommendations and peer support pantry models, and large-scale marketing efforts may be promising strategies for decreasing stigma within emergency food assistance contexts. Future research should explore the effectiveness of these intervention strategies in reducing food-insecurity related stigma.

## Chapter 4

### **STUDY 3: STRUCTURAL-LEVEL STIGMA WITHIN EMERGENCY FOOD ASSISTANCE PROGRAMS: PERSPECTIVES FROM PENNSYLVANIA AND DELAWARE**

#### **Abstract**

*Objective:* To characterize the ways in which structural stigma manifests within emergency food program settings. *Method:* We conducted 30-minute semi-structured interviews with 18 emergency food program clients in Pennsylvania and Delaware. The discussion guide included open-ended questions regarding client experiences of structural stigma, with an emphasis on issues of access and quality. Demographic data and household food insecurity (Hunger Vital Sign) were also captured. A hybrid inductive and deductive coding approach was used to analyze the data. *Results:* Structural stigma is a persistent issue within emergency food program environments, impacting both participant access and quality. Access constraints included long wait times, limited agency over food choice, and accessibility challenges for individuals with physical disabilities, whereas quality constraints included receiving expired/spoiled foods or foods not aligned with participants' nutritional needs. These issues led to the erosion of autonomy and dignity and perpetuated clients' feelings of shame, frustration, and discomfort. *Conclusion:* Findings indicate the importance of addressing structural barriers related to accessibility and quality to reduce stigma and create more equitable and inclusive food assistance systems.

## **Introduction**

Food insecurity continues to pose a significant challenge in the United States, affecting 13.5% of households in 2023 (Rabbitt et al., 2024). This pervasive issue has far-reaching consequences for individuals, families, and communities, contributing to detrimental physical and mental health outcomes, as well as impairing educational attainment for children and economic stability across generations (Gundersen & Ziliak, 2015; Heflin et al., 2005; Morales & Berkowitz, 2016; Seligman et al., 2007). While federal safety net programs such as the Supplemental Nutrition Assistance Program (SNAP) aim to reduce food insecurity, they often struggle to meet the needs of all households (Vigil & Rahimi, 2024). As a result, philanthropic and non-profit organizations step in to fill these gaps, providing emergency food assistance through food banks, pantries, and other charitable efforts. In 2022, approximately 49 million individuals relied on the emergency food system, with one in six Americans accessing resources provided by organizations such as Feeding America, the largest hunger-relief network in the country (Feeding America, 2023; Feeding America 2024). However, despite the critical role of these systems, stigma remains a persistent barrier, preventing many individuals from accessing the resources they need (Bruckner et al., 2021; de Souza, 2023; Halverson et al., 2025).

Stigma, broadly defined as a social process involving labeling, stereotyping, discrimination, and status loss, operates across multiple levels, including individual/intrapersonal (i.e., self-stigma), interpersonal, and structural domains (Cook et al., 2014; Earnshaw & Karpyn, 2020; Hatzenbuehler & Link, 2014; Hatzenbuehler, 2017). While much of the existing literature focuses on the individual and

interpersonal dimensions of stigma, structural stigma, which refers to the societal-level conditions, cultural norms, and institutional or organizational policies that systematically limit access to resources and opportunities for specific groups (Hatzenbuehler & Link, 2014), has received comparatively little attention, particularly in the context of food insecurity (Halverson et al., 2025; Hatzenbuehler et al., 2024; Hatzenbuehler & Link, 2014).

Literature on structural stigma within public health settings is burgeoning and has focused on two key issues: access and quality (Livingston, 2020). Inequitable access occurs when policies and practices lead to the systematic de-prioritization or mistreatment of those attempting to seek assistance, such as forcing individuals to endure long wait times or complete onerous administrative tasks (Livingston, 2020; Ross et al., 2015). These access inequities, which often stem from discriminatory laws, cultural norms, and institutional practices, have also been linked to health disparities in other fields, such as LGBTQ+ research (Hatzenbuehler et al., 2024). In addition to inequitable access, structural stigma can also be manifested when individuals systematically receive lower quality care or services, which may result from underfunding or the devaluing of certain stigmatized statuses. Ultimately, inequitable access and low quality of care have both been shown to delay help seeking or deter assistance receipt amongst individuals in need (Livingston, 2020).

In the realm of food insecurity, structural stigma similarly manifests through implicit and explicit actions that impact food access and quality (Earnshaw & Karpyn, 2020). Prior research in this area is limited, but has shown that complex and time-consuming enrollment processes requiring extensive paperwork or administrative tasks discourage participation in food assistance programs (Bruckner et al., 2021;

Earnshaw & Karpyn, 2020; Jones et al., 2022; Lora et al., 2023; Villegas et al., 2024). For example, Jones et al. (2022) found that SNAP participation was 2.9 percent lower among individuals living in states with applicant fingerprinting requirements. Involved administrative processes that require extensive personal information or police checkpoints have also been shown to reduce food assistance participation among immigrant populations as they perpetuate fear of legal consequences associated with the use of public resources (Bowen et al., 2023; Payán et al., 2022; Varela et al., 2023). Structural stigma is also manifested through the distribution of poor quality food within emergency food assistance settings (Fong et al., 2016; Halverson et al., 2025; Lindow et al., 2022). By promoting veiled messages of worthlessness and dehumanization, these access and quality barriers reinforce inequality and shame amongst emergency food program clients, leading to internalized stigma and discouraging help-seeking behaviors (Halverson et al., 2025).

Guided by the Stigma and Food Inequity Framework (Earnshaw & Karpyn, 2020), this qualitative study explores the ways in which structural stigma manifests and shapes the experiences of individuals relying on emergency food assistance. By shedding light on these dynamics, this paper aims to contribute to a deeper understanding of structural stigma in the context of food insecurity and to inform the development of more equitable and effective food systems.

## Method

### Participants and Procedure

Participants were 18 emergency food program clients recruited from emergency food program sites (i.e., food bank, food pantries) in Pennsylvania and Delaware between August and December of 2024. We used purposive and snowball sampling methods to recruit participants. Study eligibility criteria were as follows: be at least 18 years of age, have received emergency food assistance from a food bank, cupboard, or pantry in the last year, be a resident of Delaware or Pennsylvania, and be fluent in speaking English or Spanish.

Participants completed semi-structured phone or Zoom interviews lasting approximately 30- to 45-minutes. The semi-structured interview guide, which inquired about participants' experiences of structural stigma, was created in partnership with the stigma subgroup of the Health Equity Collective, a multi-sector effort with more than 200 organizations and 800 members in Greater Houston operated by the UTHealth Houston Center for Health equity. See Table 7 for representative interview questions. As compensation for their participation in the study, participants received a \$50 ShopRite or GIANT grocery store gift card. The University of Delaware Institutional Review Board approved study procedures.

Table 7 Representative Interview Questions

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#### Representative Interview Questions

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1. I'd like you to start by imagining a scenario where you find yourself low on food and have decided to go to a food bank/pantry/cupboard. How would you decide which one to choose?
2. What is your typical experience like when you visit a food pantry to get food? Please describe the process from start to finish.  
Probes:
  1. Do you need to make an appointment?

2. What paperwork do you need to fill out?
  3. Do you need to bring any required documentation (e.g., driver's license)?
  4. Are there any rules around how frequently you can obtain food?
  5. How do you get to the food bank/pantry/cupboard?
  6. Where do you wait to get your food (car, in line outside, inside)?
  3. Please tell us about the types of food you typically receive from the pantry.
  4. Do you have a choice in the items you get?
- Probes:
1. If there is food you don't want, do you have to take it?
  2. Is there anything you have received that you haven't been able to use? If so, why?
5. Describe the overall quality of the food, including its nutritional value, taste, and freshness.
- Probes:
1. Have you ever been concerned about the quality of food items? If so, please explain.
  2. Does the food available fit your typical diet?
  3. Does the food available meet your health needs?
  4. If participant has a chronic health condition (e.g., diabetes) - "How does the food you receive from the food bank/pantry/cupboard fit with your needs for managing diabetes? Do you find that the food options support your dietary requirements, or are there challenges you face in maintaining your diet?"
  6. How does the process of getting food, such as the layout of the space, paperwork, or interactions with staff, influence your experience at the food bank?
  7. If you could change anything about your experience at the food bank, what would it be?
- 

## Measures

### Demographics

Participants completed the following socio-demographic questions: age, gender, race, ethnicity, educational level, income level, employment status, relationship status, housing status, household size, SNAP participation over the last year, and WIC participation over the last year.

### Hunger Vital Sign

Household food insecurity risk was assessed using the two-item Hunger Vital Sign screener (Hager et al., 2010). The screener includes the following questions: (1) "Within the past 12 months, we worried whether our food would run out before we got money to buy more," and (2) "Within the past 12 months, the food we bought just didn't last, and we didn't have money to get more." Response options for both items are "often true," "sometimes true," and "never true." Participants were categorized as food insecure if they selected "often true" or "sometimes true" for either question. This measure has been shown to align closely with the 18-item U.S. Household Food Security Scale, exhibiting strong convergent validity and demonstrating high sensitivity (97%) and specificity (83%) (Hager et al., 2010).

### Structural Stigma Interview Questions

Participants answered a series of open-ended interview questions (see Appendix C) to explore clients' experiences of structural stigma. The research team implemented measures to minimize participant discomfort and potential re-traumatization, such as including positive closing questions to conclude interviews and reassuring participants of their discretion for sensitive issues.

### **Data Analysis**

Interviews were audio-recorded, and transcripts were generated using Zoom. Data were analyzed using Dedoose software, and participant demographic data were incorporated into the analyses to provide interpretive context. In addition, a descriptive analysis of participant characteristics was completed. Interview data were examined using a hybrid deductive and inductive thematic approach (Fereday & Muir-Cochrane, 2006). The deductive phase included codes informed by the semi-structured interview

guide to understand participants' experiences and perceptions of stigma. Subsequently, in the inductive phase, themes that emerged organically from the data were identified. The coding process was initially conducted by the lead author, who carefully analyzed the data to ensure consistency and depth in identifying patterns and themes. To further enhance the rigor of the analysis, all codes were independently reviewed by a second author. Coding discrepancies were resolved through consultation with the larger research team, and as necessary, external experts. All codes are described in table format with exemplar quotes, and themes are discussed in the context of the larger literature on this topic.

## Results

The socio-demographic characteristics of the participants are detailed in Table 8. The sample was predominantly female (78%), White (56%), and single (78%). A significant proportion of participants were unable to work or on disability (33%), and half reported having a high school diploma as their highest level of education. The majority of participants (83%) reported annual incomes below \$30,000.

Most participants relied on a single food pantry at the time of the interview (67%), while a smaller percentage reported attending two (28%) or four (6%) pantries. A majority of participants walked (40%) or drove (40%) to the pantry, whereas others took the bus (10%), and rode with a caretaker (10%).

Table 8 Sample Characteristics ( $N = 18$ )

	<b>n</b>	<b>Mean (SD)</b>
Age	18	57.2 (14.5)
Number of People in Household	18	2.5(1.6)
		<b>%</b>
Gender (Female)	18	77.8

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Race		
White	10	55.6
Black or African American	6	33.3
Hispanic	2	11.1
Educational Level		
Less than a High School Degree	2	11.1
High School Degree	9	50.0
Some College	4	22.2
Bachelor's Degree	1	5.6
Master's Degree	2	11.1
Income Level		
Under \$30,000	15	83.3
\$30,000 - \$60,000	2	11.1
\$60,001 - \$90,000	1	5.6
Relationship Status		
Single	14	77.8
Live at Home with Partner or Spouse	4	22.2
Children Live at Home (Yes)	6	33.3
Employment Status		
Unable to Work/On Disability	6	33.3
Retired	5	27.8
Employed Full Time	3	16.7
Employed Part Time	2	11.1
Unemployed	2	11.1
Housing Status		
Rent	15	83.3
Own	3	16.7
Food Insecure	16	88.9
Enrolled in SNAP in the Last Year	12	66.7
Enrolled in WIC in the Last Year	1	5.6
Mode of Transportation to Pantry*		
Walk	8	40.0
Drive	8	40.0
Bus	2	10.0
Get a Ride with Caretaker/Others	2	10.0

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Qualitative data analysis of participants' experiences with structural stigma in emergency food program environments identified three key themes (See Table 9): (1) accessibility constraints, (2) quality constraints, and (3) supportive pantry operations and structures.

Table 9 Qualitative Themes and Exemplar Quotes

<b>Theme #1: Accessibility Constraints</b>	
Long Wait Times	Honestly, I usually try to get there like two hours before because the line could go around the whole block. [...] I'll wait in my car. [...] It's a drive through. - Respondent 15 (54, Hispanic, Female, DE)
	Okay, so they start to give out the food at 10:30am, but if you want a chance at getting something you will get in line early. [...] Even when I get there at 10 o'clock, people are already in line. Probably by like a quarter of it's already four or five people in front of me. They're in line for at least 45 minutes to an hour. [...] I usually get in line 30 minutes early, so I'm in line by 10am [...] So I'm assuming the [people in front of me] got there, probably 45 minutes ahead of time. - Respondent 4 (46, Black, Female, PA)
Agency Over Food Choices	I don't want to take stuff that I'm not going to eat, so I don't let nobody else shop for me [or go to drive through pantries]. Because they may get stuff that I don't like, and then I have to throw that away. So that's just really wasted food that somebody else could have got. - Respondent 5 (65, Black, Male, PA)
	I would say I would rather just go in there and get it myself, because when I got all that extra stuff it was extra work because they gave you things that you didn't really want. So I think that it's better just to go in yourself. - Respondent 3 (75, White, Female, PA)

<p>Accessibility Challenges (Physical Disabilities)</p>	<p>So one [pantry] I went [to], I only went once. And the reason I only went once was because they don't really have the help to bring the food. I can't carry this stuff [due to my physical disability]. [...] It was all really great; however, I can't go back because I can't freaking carry this stuff. [...] Respondent 18 (46, White, Female, DE)</p>
	<p>My problem is, I can't stand in line [due to my physical disability]. So what happens is, when I get there, things are pretty well wiped out. The lines are pretty long in the morning when they open up, so by the time I'm able to get there in the afternoon it's very limited as to what I can get. Maybe some bread, and I might luck out and get another item that I want, but none of the main products. [...] It's all kind of gone. [...] - Respondent 17 (79, White, Male, PA)</p>

**Theme #2: Quality Constraints**

<p>Expired/Spoiled Foods</p>	<p>The fruit sometimes is bad, and sometimes [...] they get mad at me that I'm looking at it because [they] think I'm holding the line up. But I don't want to bring home rotten freaking grapes, or rotted strawberries, or rotted blueberries. [...] I don't know why they even bring that stuff out. Like, don't they look at it? [...] [Sometimes] they're already mildewed or rotted. [...] I just throw them out [...] when I get home. That's the first thing I do is throw them out. So that's a little insulting. And I don't understand why they don't double check that stuff. They really ought to double check it, open up the little boxes, and make sure that everything is actually edible before they decide to serve it to poor people. [...] - Respondent 8 (63, White, Female, PA)</p>
	<p>I would just say [if I could change anything about the pantry it would be] less expired food. - Respondent 4 (46, Black, Female, PA)</p>
<p>Differences in Food Quality/Sufficiency by Location</p>	<p>[At the other pantries] I've gotten bad stuff and I've had to throw it out. [...] I've had people say I went [to a different pantry], and I was really dissatisfied with their</p>

	<p>stuff. [...] When [my girlfriend] goes each week, she's had to throw so much stuff out because [the pantry is] giving her bad stuff. I wish she could come down here and go here, but she can't, because she's in [county name]. But I've seen some of the stuff that she's [gotten], and I'm glad I got this one down here. [...] She takes it home, but then she said, "Look at this, I go here, and I have to throw this out because it's no good." I feel so bad. I don't know what to say because you can't come to the [county name] one [...]. So I try to help her out. [...] - Respondent 1 (58, White, Female, PA)</p>
	<p>The [pantry] gives out better meat [...], desserts, and vegetables [than the other pantry]. [Another pantry] gives out good everything, [...] more meat and vegetables [...]. - Respondent 12 (62, Black, Female, DE)</p>
<p>Food Options Not Aligned with Participants' Nutritional Needs</p>	<p>They have a lot of canned goods, but I can't eat a lot of canned stuff because of my gallbladder. I can't take whatever they put in there, preservatives, or whatever it is, it bothers me. But the only thing that I can eat is the corn that they give you. The corn is salt free. They give you salt free corn and salt free peas, and I can mix it in with my ground meat and I make myself some kind of [meal]. - Respondent 3 (75, White, Female, PA)</p>
<p><b>Theme #3: Supportive Pantry Operations and Structures</b></p>	
<p>Simple Administrative Processes</p>	<p>We get a food pantry card and they stamp it each week you go. We keep it and just have to bring it with us when we come. If we forget it, they'll tell us to make sure we bring it next week. But they don't take your name down. [...] The paperwork was very easy. [...] I do [show] my ID to show that I lived in this county area because I guess they only serve so many areas. - Respondent 1 (58, White, Female, PA)</p> <p>No, [we don't have to sign anything]. We have a colored card. It has your information on it, members of your family. When you go there to get your bags they ask you what your number is, and that's how many members are</p>

	in your family. You tell them that and they get the appropriate bag that's already preloaded with stuff. Pretty simple. [...] - Respondent 6 (57, White, Male, PA)
Helpful Accommodations Made by Pantry Staff	There are very helpful people there. Very, very nice and very helpful. [...] I feel good [when I visit the pantry] because they greet you sitting in the door there, and they always [...] call me by first name. [...] The [staff] greet you very nicely. If they see me with my cane they say "Would you like us to help you pick things out?" - Respondent 17 (79, White, Male, PA)

### Theme #1: Accessibility Constraints

The first way structural stigma manifested in this study was through accessibility constraints including long wait times, agency over food choices, and accessibility challenges for individuals with physical disabilities. Sub-themes presented below are ordered from most to least frequently mentioned.

#### Long Wait Times

Participants reported experiencing long wait times in pantry lines, sometimes waiting multiple hours to receive their food. To get the best food selection and attempt to avoid these long lines, several participants reported arriving at the pantry early. For example, Respondent 8 (63, White, Female, PA) said,

*"The [pantry] at the church gets [...] a pretty long line. [...] The [pantry] starts at 10:30am, but I usually get there around 9:30am, [...] I [...] grab a chair, and I sit there. [...] I like getting there early, because I like getting the best selection, especially when it comes to the proteins and stuff. [...] By the time 10:30am rolls around, there's a lot of people behind me. [...] The only problem with it is that [...] I want to be one of the first ones there and that does require me to sit there for an hour. But, [...] I put my headphones on [and] I listen to something on Youtube or I call one*

*of my daughters and I talk to them for an hour. [...] It's worth it to me in the long run for what it helps me with.”*

Another respondent reiterated the need to line up early for pantry services, despite pantry staffs' resistance. Specifically, Respondent 2 (64, Black, Female, PA) stated,

*“I try to get there as early as I can. I don't wanna be like 20th in line. I like to be in the top five. Some people get there really really early. I ain't gonna bother to try and beat them. They're like camping out for concert tickets for something. It's unbelievable how early they got there. [...] I try to get there a little after 9am, so [I wait for] an hour and a half. [...] They don't like everybody going there early. They really don't like that. They just can't stop us, because we all want to be first.”*

A couple of participants also noted that they were forced to endure poor weather conditions without appropriate accommodations while waiting in long pantry lines. For example, Respondent 2 (64, Black, Female, PA) stated,

*“There's always a line that you have to wait [in], and during the summer it was very hot. Now it's getting cold, and they don't have anything for you [to] stand underneath to get warm. But I just thank God that I'm able to get food so I'm blessed with that. [...] They give you seven minutes to shop, so it's a waiting game. [...] The line is just outrageous. I guess so many people in today's world need that help. [...] I guess the [other clients] just don't like the fact that they have to wait in this long line. [...] Where I live, I can look out my window, and the line is from here to [name of nearby town], I swear, and people are lined up at 6 o'clock in the morning, and they don't open until 10am. [...] Everybody's going through hard times, and people feel like*

*that's the only way that they can live these days [is] if they go to the pantry.” -*

Respondent 2 (64, Black, Female, PA)

Another participant shared that they became a pantry volunteer because they could not afford to waste gas by idling their car in long pantry lines. Respondent 18 (46, White, Female, DE) said,

*“Well, because I can't afford to waste gas, I go early, so I'm usually in the front of the line. I would say, usually within the first five-six cars. I tend to go at least an hour to an hour and a half before the start time and wait. [...] [At one pantry] I actually go and volunteer first. I sit at one of the tables and sort stuff into bags for the people to take once the event starts. That way, I don't have to idle my car. I just sit there with a blanket if it's winter, or in summer when windows are down, but the lines tend to be pretty long consistently at all of them.”*

#### Agency Over Food Choices

Participants often commented on pantries' distribution approaches, noting their preference for models that provided them with a choice in the foods they receive versus pre-packaged bags. Specifically, choice pantries allowed participants to avoid wasting unwanted food items, ensuring there is enough food for others. Respondent 18 (46, White, Female, DE) stated,

*“I definitely prefer choosing my own [items versus the pre-packaged drive through] because you're grateful for what you get, but there's always going to be stuff that you can't use. I don't like to waste anything or throw anything away, because I know it's hard enough for me to get food, other people can use this stuff. [...] So definitely picking and choosing is much more preferred”*

Similarly, Respondent 2 (64, Black, Female, PA) said,

*“I like to see what I'm getting [and shop for myself]. [...] In some pantries I've heard that you just go and drive by, and they just put it in your car so you don't know what you're getting until you get home. Whereas for [the pantry I go to], you know what you're getting. If you don't want it, you don't have to get it. [...]”*

In another case, a participant provided an example of their experience at drive through pantries in which they received foods they do not want, despite specifying their preferences at the time of pickup. In particular, they drew attention to the fact that they felt bad throwing away the unused food items, many of which do not align with certain clients' cultural needs.

*“When you go to the [pantries] that you pull up to, you'll say, “[...] I don't want pork, and I don't want this.” When you get home you open up the bag,[...] and it's pork and beans, but you don't know until you got home. So now you're home, and you could throw this stuff away if you don't got nobody to give it to. Then you feel bad to throw away food that can be used because they gave you specific stuff that your family don't eat. That's what happens. You pretty much just take what they give you. So imagine you [are], Muslim and they even gave you some pork and beans, or something like that. Or they'll throw stuff like [...] Vienna sausages in the bag. Like that's prison food. That's the type of stuff that they'll throw at them.” - Respondent 4 (46, Black, Female, PA)*

Several participants stated that they made efforts to ensure the food they received from the pantry was not going to waste, often offering the unwanted items to others. For example, Respondent 12 (62, Black, Female, PA) stated,

*“Yeah, sometimes I do [receive items I don't want]. But [I] just go to the side after I get my stuff and take out what I know I'm gonna use. Then I ask people in the*

*line if they will want it, or I would just leave it right there for somebody else to get, because I don't want to take anything that I'm not going to use. [...] I would prefer to just go through and just get to pick out what I'm gonna use because somebody else can use that, and if I'm not going to use it, then why take it?" - Respondent 12 (62, Black, Female, PA)*

#### Accessibility Challenges (Physical Disabilities)

Physical disabilities hindered many participants' ability to obtain food at pantries. For example, one participant stated that they were unable to stand for long periods of time, so they had to wait until the afternoon when the lines subsided to attend the pantry. However, by the time they arrived, most of the food was gone, leaving them with only a few items each week.

*"[I can't stand in line, so I go in the afternoon because it's not as busy]. I call them and they say "There's no line, but sir, there's a limited supply of what we have left. [...] I can't stand with my sciatic problem. I walk with a cane. I can stand for two or three minutes, and then I kind of lock up. [...] They're willing to help [shop] if I'd like to, but by the time I get there, there isn't very much at all. I can get ground turkey, or something like that every once in a while. Other than that, things are really pretty well wiped out, so I'm very limited as to when I can go and what I can get." -*

*Respondent 17 (79, White, Male, PA)*

Another participant noted that they could not attend choice pantries in which they shopped for themselves unless they had assistance due to their inability to lift food items on their own.

*"So, all of the [pantries] that I go to, except for the [pantry name], are drive-up because I am disabled. [...] COVID did a number on me, and I got some immune*

*diseases. So, I have no strength, and I cannot lift many things anymore, which is limiting. I've gone to [pantries] where they do have you [shop on] your own, and I don't go back, because it's already embarrassing to go, and then without help, it just makes it worse because I'm struggling in front of everybody. [...] [At the pantry without a drive-up], I go with somebody who helps me. [...] She helps me carry and put everything away for me.” - Respondent 18 (46, White, Female, DE)*

To address these accessibility barriers to pantry usage, participants made several recommendations regarding pantry operations including offering shopping assistance, online shopping options, and seats at the pantry so clients don't have to stand in line for extended periods of time. For example, Respondent 18 (46, White, Female, DE) said,

*“I guess, [I would recommend that the pantry] [...] offer [shopping] assistance ahead of time, in either writing or when you come up, letting people know, “If you need help, let us know.” Because obviously I need the help, and I also don't like feeling singled out.”*

Respondent 7 (72, White, Female, PA) said that they preferred the online ordering system, which mitigated long wait times and allowed for food order pickups by clients' family or friends.

*“I would have to say [I preferred] the [pantry name] system, only because they had the online [ordering] system. They also had terminals in there, [so if] people didn't have a computer they could come in there [and] order right there on the computer. [...] Then [the staff] will put it all together for them. [...] I'm a mile or two away, [so] I order online, I set up a pickup time, [and] either I picked it up or my sister went in and picked up. There was no overcrowding. There's no waiting. [...]*

*Here, it's okay, but [...] [I'm about to] have another foot surgery, [so] I'm not going to be able to get there, whereas [if] I had it be the other way where I could order online and have a family member pick it up, I would never be without it. [...] Unless I get a knee scooter or something, I'm not gonna be able to get up there, there's no way.” - Respondent 7 (72, White, Female, PA)*

A few participants noted that it would be helpful if pantries offered seating accommodations for clients while they were waiting in line for food.

*“Yeah, [if they offered seats at the pantry that would be helpful]. Since I walk with a cane, if there were benches on the outside of the community [center] where I could sit and work my way down the line that would be absolutely great.” -*

*Respondent 17 (79, White, Male, PA)*

Respondent 7 (72, White, Female, PA) echoed this sentiment, and also suggested that pantries offer specific hours for individuals with physical disabilities.

*“Maybe for people with [disabilities], I know there's a lot of people standing in line with walkers. If they don't have a walker with a seat, it's hard for them. [...] Other than something like that [...], maybe let all those people in first or give them a certain time to come in [...]. At the pantry, if a person has to either take a caregiver [...] or can't stand, it is hard. I see people having a hard time. I can't stand, so I carry a little tripod seat with me. If I'm moving, I'm kind of all right, but anymore, I can't stand in place [with] my one foot the way it is. [...]” - Respondent 7 (72, White, Female, PA)*

## **Theme #2: Quality Constraints**

The second way structural stigma manifested in this study was through quality constraints including receipt of expired or spoiled foods, differences in food quality

and sufficiency by location, and food options not aligned with participants' nutritional needs. Sub-themes are presented below from most to least frequently mentioned.

#### Expired/Spoiled Foods

Participants frequently reported receiving expired or spoiled or rotten foods from pantries. They expressed frustration with the poor food quality, which prevented some individuals from returning to certain pantries. For example, Respondent 18 (46, White, Female, DE) stated,

*“All of them are pretty much short-date or past-date foods. When you get stuff from the Food Bank, they tell you on the boxes with that little print-out from the USDA talking about past-date foods, and when they're still good and stuff. [...] I used to go to [pantry name], but I stopped going because their vegetables are all rotten. [...] I've gotten used to [the past-date items], so as long as they still taste good and smell good, I'm fine with it. But when they're just rotten, it's very disappointing. [It's] kind of insulting because sometimes I've gotten things that are completely moldy or just completely mush and really stink. And it's like, we can't eat this. Why did you even give it to us? That's one of the reasons why I love the [pantry name], because, like I said, when I go in, and I volunteer, I sit at the table [and] we actually sort out all the bad stuff. Where[as] most of the other [pantries], you just get what you get.”*

Another participant referred to the expired items as “trash” and stated that she had to become more vigilant when choosing food at the pantry after accidentally feeding her daughter an expired item.

*“[The expired items] were the ones that we got to pick, so basically we're picking the trash. It's like “Oh, well, we got this or we got that.” And I'm like, okay, no wonder we can take what we want, because a lot of this stuff is expired. Last week I*

*noticed that [the] boxes of pasta I had took [were expired]. I [also] got a bag of Veggie Straws, [...] [and] my daughter ate them. I didn't look at the date, so I just put them in [her] room [...]. And she texted me and was like, "Mommy, these veggie chips expired two years ago." I'm like "What?" [...] So now, I have to watch."* - Respondent 4 (46, Black, Female, PA)

In one case, a participant noted that they wished pantry staff would ensure the food they are distributing is not expired. However, they had not raised this complaint to pantry staff as they felt they must be grateful to receive food, regardless of quality.

*"[Receiving expired items] happens a lot. [...] I think as many people as they have over there working, I think the [expired foods] should have been taken off the shelf. [...] They try to get [rid of] stuff that's dated, but sometimes it's so congested in there and maybe they forget to take it off [the shelf]. The stuff that I have gotten, many of the items were [expired], and I never brought it to their attention, because I was just blessed to have gone in there to get something for the day [...]"* - Respondent 2 (64, Black, Female, PA)

A few participants expressed concerns about the safety of the food items they received from the pantry. For instance, Respondent 4 (46, Black, Female, PA) said,

*"[The expired foods] kinda freak me out. [...] Like [...] the cans of the chicken breasts in water. Those were expired, so when I saw that it made me say, "Oh, I got to go back home and check everything that I ever got there to make sure that I didn't pick up expired stuff before." And I didn't know, right? Because you can get botulism from the stuff that's in those cans. [...] So now I got to be careful. I didn't know they get down like that [with the expired food]. So now [that] I know that, I gotta watch [for] it. [...] I know some people don't mind, but [...] I don't like when you go, and they have*

*a bunch of expired food. Last week I went, and it was some things that was from early March 2023. That freaks me out. That made me realize that I really had to start watching what I was picking up, [...] You know, we're going into 2025, and [this stuff] has a 2023 date on it. [...] It'd be one thing if it was a week old or the months just switched, but when it's almost two years old, that's a problem. [...] I'll be taking [the expired item] home to throw it in the trash."*

Similarly, Respondent 2 (64, Black, Female, PA) stated,

*"I've gotten meat that was maybe a month expired, but I still use it because I was desperate. [...] Yeah, I do worry about [food safety] if it's expired and they're letting you have it. But it was frozen. Will I get sick? But I haven't gotten sick there."*

Although several participants expressed frustration with their receipt of expired or spoiled foods at pantries, a few participants reported that the pantries they attended made concerted efforts to ensure the foods they were distributing were high-quality, brand name, and not expired. For example, Respondent 3 (75, White, Female, PA) said,

*"They monitor [the food]. [...] When you get meat there, it's usually really good. When I went through, I was looking at all the dates of everything, and the lady that ran it came, she said "we check the dates." [...] Like yesterday I went, and they always have spaghetti and they had the name brand San Giorgio spaghetti. It was thin spaghetti, and I just grabbed this [thing], and I didn't really look at it. I just went through and then when I came home, I said, "Oh, my God! I didn't check the dates." I checked them, and they were all like 2026. It was all good stuff, like it wasn't outdated."*

Another participant expressed surprise at the high-quality of food they received from the pantry, stating they expected it to be low-quality foods that individuals or organizations wanted to write off.

*“I think everything's very good. It's never out of date.[...] The current dates on cans are good. [...] I was actually surprised, because I figured they want to get rid of that stuff, but they probably just write it off, anyway. [...] No [I have not been concerned about the quality of the food or spoilage].”* - Respondent 6 (57, White, Male, PA)

#### Differences in Food Quality/Sufficiency by Location

Participants also highlighted differences in food quality and sufficiency by pantry location. One participant noted that wealthier neighborhoods tended to have higher-quality food items than lower-income neighborhoods. Respondent 4 (46, Black, Female, PA) expressed,

*“So I will say that because I'm in a township and the cost of living here is higher, that the donations that they get is better. [...] But my friend lives in [town name], and she said that she gets rotten stuff all the time. Especially if you grab meat, you need to hurry up and cook it. But they've never given me something rotten [here]. She said [...] in [town name], which is 20 minutes from me, they get rotten vegetables, rotten food, rotten turkeys, because she said they care less. [...] Out here, they will be more mindful of how long it's sitting out. It's not in the refrigerator there, it could have been out for hours, or something like that. So, like I said, it kind of depends, the better the area you live in, the better the food. No matter the donations.”*

Respondent 18 (46, White, Female, DE) also commented on the differences in food quality and sufficiency by pantry, noting that some pantries distributed mostly canned and pre-packaged items whereas others offered more fresh options.

*“Okay, so [the types of food] differ at different times [and by different pantries]. Sometimes all of them tend to be very meager, and then sometimes they have more than you can take. I want to say the [pantry name] has the biggest swing in stuff that you get from them. Sometimes, the majority of everything is canned stuff. They'll have maybe a can of salmon and a can of chicken instead of anything frozen or fresh. The other places, like the [pantry name], their stuff is all short date or post date foods, but there, [...] it's usually a bag of bacon and then a random array of all fresh or pantry items, not really any cans. And then the [pantry name] is basically all fresh stuff which I love. That's great, because a lot of that canned and prepackaged stuff is just not healthy for you.”* - Respondent 18 (46, White, Female, DE)

#### Food Options Not Aligned with Participants' Nutritional Needs

Participants reported that the foods distributed at pantries do not always meet their health needs. Specifically, participants expressed concerns about the high concentration of sodium in many of the canned options distributed by food pantries, stating they would prefer healthier options. For example, Respondent 18 (46, White, Female, DE) expressed,

*“They do give you a lot of stuff that's loaded in sodium. [...] Obviously they do have some low sodium cans, but most canned and prepackaged stuff is very high in sodium, preservatives, and things like that. I try to limit how many preservatives, colorings, and stuff because diabetes does run in my family, and I am overweight. So it's a concern that I try to stay away from. [...] But unfortunately, the low sodium stuff*

*just tastes awful. [...] [...] I'm not the healthiest person in the world, and I don't eat the healthiest diet, but I think most people, in general, want to eat more fresh foods, and can't. I mean, canned foods are just when you don't feel like doing anything, and/or you don't have the energy to do anything, so you go pop open a can and heat it up. But in general, most people want something that looks like food.”*

### **Theme #3: Supportive Pantry Operations and Structures**

Although several participants reported experiences of structural stigma at emergency food sites, many others mentioned supportive pantry operations and structures that made their experience more positive including simple administrative processes and helpful accommodations made by pantry staff.

#### **Simple Administrative Processes**

Participants' perceptions of administrative processes were predominantly positive. Participants were particularly grateful for administrative processes that were simple and that minimized paperwork or ID requirements.

*“Fortunately, when I signed up for the Church [food pantry], I just had a very, very quick form to fill out that just said I would like to access this food [pantry] and sign my name. I didn't have to provide any income which is really really good, because that's very embarrassing and [...] I didn't have to do any of that. You just had to self report that you were under whatever the income was and that's all you did. And just signed it and then they give you a little [card].” - Respondent 8 (63, White, Female, PA)*

Similarly, Respondent 5 (65, Black, Male, PA) stated,

*“You sign your name on a paper/tablet. No [we don’t have to show an ID or any other documentation, so I am satisfied with the model].”*

Respondent 16 (22, Black, Female, DE) echoed,

*“I think the simplicity behind the order form and the process that our [pantry] has is really important [for making it a positive experience].”*

Although most participants reported positive perceptions of pantry administrative processes, one participant expressed that the collection of personal information made them uncomfortable, as they feared it would be used against them in the future. Respondent 18 (46, White, Female, DE) stated,

*“I wasn't happy about the [pantry name] doing the whole registration thing because you feel like it's going to be used against you. [...] At that time, it was literally just your information, your name, your address, whatever. I don't typically like that, but I was just like, okay, whatever because you feel like maybe they're going to use this against you at some point. It just feels some type of way. [...] For example, say that somehow my health gets better and I am able to participate again in society to the point that I did before or more, and things change. You just feel like you might be singled out or that information is going to get out and people are gonna talk about you. Or [it may] limit your chances for things. Like if I were to go with a company and they just show discrimination basically. [...] What I really liked about [the other pantry] was that they told you upfront before you went that no ID, no identifying information was needed other than just asking your first name. That's it, so that was really great.”*

## Helpful Accommodations Made by Pantry Staff

A few participants noted that pantry staff made helpful accommodations to ensure a more positive experience such as offering shopping assistance if they had a physical disability or making accommodations so participants could avoid harsh weather conditions. Respondent 1 (58, White, Female, PA) said,

*“I'm very satisfied with the staff. [...] I really like a lot of things [...]. Now it's been cold out, and there's a gentleman that helps at the food entry. He always lets us go in and sit like in the hall in a chair to keep us out of the cold. It's very helpful. [...] Tonight, he was telling us when it starts getting colder they're going to start opening up the churches at 3:30pm for the food pantry, and then you have to wait until 5pm. But at least they'll let you in to sit where it's warm so that you're not out in the cold. And they said when it's poor weather they're gonna try to accommodate people who walk and don't have transportation. They'll tell you what they have, and you can get it delivered. Like me, because I don't drive, and in really bad weather, they don't want us walking.”*

## Discussion

This qualitative study found that structural stigma is a persistent issue within emergency food program environments impacting both participant access and quality. Regarding inequitable access, participants reported common issues such as long wait times, limited agency over food choices, and accessibility challenges for individuals with physical disabilities. Further, participants described situations where long wait times, which could occur in harsh weather conditions, and a lack of accommodations for individuals with physical disabilities, implicitly communicated that their time and needs were not valued, and contributed to frustration and discomfort. The data

presented provides important insight into how these logistical challenges, sometimes unintentionally, contribute to unwelcoming and difficult to navigate environments, which in turn deter participants from returning to pantries. Findings also suggest important opportunities for helping to guide pantries and support policy efforts to address limitations.

Findings also align with broader research on the role of structural stigma in public health, which demonstrates the ways in which systemic access barriers lead to the de-prioritization of those seeking assistance, amplifying feelings of exclusion and perpetuating health inequities (Hatzenbuehler et al., 2024; Livingston, 2020). As the field begins to advance its awareness of the significance of structural stigma and the factors driving participant experiences within emergency food environments, specific approaches to intervention and measurement are needed. Recent studies show that within healthcare settings, for example, there is a recognition of the importance of routinely monitoring structural stigma with audit tools, scales, or checklists to gauge progress and advance equity (Livingston, 2020). Adapting these tools or developing aligned measures for use in emergency food assistance settings would improve program administrators' ability to understand and modify infrastructure and operations (i.e., wait times, accessibility of facilities, need for assistive technology) to better support the needs of all clients, while also advancing the field through measurement alignment.

The erosion of autonomy is another mechanism of structural stigma often described in this study. Choice-based food pantry models, which allow for agency in selecting foods aligned with dietary needs and preferences and counteract the disempowerment associated with rigid, pre-packaged distributions, are articulated

here, and have been established in the literature, as a preferred strategy for clients (Jia et al., 2024; Schrum, 2023). Despite the use of one common term (i.e., choice), the actual approach to providing choice in food selection varies considerably across pantries. For example, the Akron-Canton Regional Foodbank (2012) highlights four primary types of choice pantry models: 1) supermarket model, 2) table model, 3) window model, and 4) inventory list model. On the surface, supermarket and table models offer the most agency of the choice models as they allow clients to walk through the pantry and choose their own food items off of shelving units or tables. Window models allow participants to select the items they would like by pointing to items for staff to package from outside of the pantry. Inventory list models, in which clients select items off of a list of available food options and pantry staff assemble the order, potentially offer the least agency of the choice models. These variations give rise to additional considerations regarding the ways in which choice pantries are applied, and if some approaches may do a better job than others at addressing structural stigma.

A majority of participants in this study described a preference for full choice models (i.e., supermarket and table models) as they allowed clients to choose foods that best aligned with their cultural and religious preferences, food allergies, and nutritional needs. However, a few participants noted that other choice models (e.g., inventory list) or traditional pantry models (e.g., pre-packaged drive through pantries) are better suited to meet the needs of clients with physical mobility limitations. It is also worth noting that “choice” pantries became recognized as a best practice over the past 20 years, and today are widely adopted (Jia et al., 2024; Schrum, 2023). Studies which help to describe the process by which choice pantry methods were

communicated nationally, and ultimately adopted as a best practice, may also help to inform similar next steps in the area of structural stigma.

In addition to inequitable access, structural stigma was also manifested through quality constraints. For example, many participants reported receiving expired or spoiled foods, which they described as frustrating, insulting, and dismissive of their dignity. Food safety concerns were also raised by participants. These results are buttressed by similar research demonstrating that receiving poor-quality or undesirable food from pantries reinforces feelings of shame and unworthiness among recipients (Fong et al., 2016; Garthwaite et al., 2016; Halverson et al., 2025; Lindow et al., 2022; Long et al., 2023).

Efforts to address quality constraints have been undertaken nationally through a variety of methods, including through the implementation of quality standards, such as nutrition policies and food safety plans, which can be disseminated to donors to emphasize the dedication to food quality for clients (Hendrickson, 2019; Huang et al., 2023). It is unclear, however, how such standards are monitored, and whether emergency food boards, for example, have adequate knowledge or resources to measure progress toward standards, or identify areas of critical need. Another way in which states have addressed food quality is through efforts to prioritize policies and funding streams that create direct distribution channels between local growers and pantries, thereby improving the freshness of pantry foods by decreasing transportation and storage time (Huang et al., 2023). State-level funding has also been allocated toward grants for pantries, ensuring they have access to appropriate infrastructure (e.g., cold storage) to ensure limited spoilage of non-shelf-stable foods. Tax incentive policies for food processors, retailers and distributors are another potentially important

approach to ensuring a steady flow of healthier foods; however, many do not currently consider food freshness or quality, and may need to be re-evaluated with this lens (Huang et al., 2023; Hudak et al., 2022).

Finally, administrative processes are a long-standing issue within many social service areas, including emergency food. Simple sign-up and sign-in processes, along with welcoming, supportive, and accommodating staff, are critical to reduce usage barriers. Prior research demonstrates that extensive verification requirements (e.g., ID requirement, proof of employment, residence, or poverty) dissuade many individuals from seeking needed food assistance, particularly among the most vulnerable populations, such as immigrants (Bruckner et al., 2021; Halverson et al., 2025). To mitigate these burdens, efforts to reduce or eliminate verification requirements have been recommended (Bruckner et al., 2021).

### **Limitations and Future Directions**

Despite the potential utility of findings regarding structural stigma within emergency food assistance settings, our study is not without limitations. The study sample was small and included predominantly English-speaking women in Pennsylvania and Delaware who actively participated in emergency food assistance at the time of the interview, thus limiting the generalizability of study findings. It is likely that newer immigrant families, and those who speak languages other than English or Spanish have different experiences which are not fully captured here. In addition, our study is limited to emergency food pantries in community settings, where participant experiences are likely very different from pantries in other settings such as hospitals or schools. Additionally, although this study captures important qualitative data, further research is needed to quantify the impact of structural stigma on food

insecurity outcomes, perhaps with the development and testing of a measurement tool enabling the assessment of scores for specific criteria. Longitudinal studies could also evaluate the impact of changes to pantry systems and policies on diet, mental health and food insecurity as well as other social determinants of health which may be closely related to issues of food security or dietary quality.

### **Conclusion**

The findings from this study underscore the role of structural stigma in shaping the experiences of individuals relying on emergency food systems. By addressing structural barriers related to accessibility and quality, programs can reduce stigma and create more equitable and inclusive food assistance systems.

## **Chapter 5**

### **CONCLUSION**

Food insecurity is a prominent issue in the United States, affecting approximately 13.5% of households (Rabbitt et al., 2024). Public (e.g., SNAP, WIC) and private (food banks, pantries, and cupboards) food assistance programs play an important role in reducing rates of food insecurity and improving physical and mental health outcomes (Bazerghi et al., 2016; Carlson & Keith, Jennings, 2018; Carlson & Neuberger, 2021); however, many households do not receive benefits for which they are eligible (Cheyne & Vollinger, 2022; Kessler et al., 2023; Vigil & Rahimi 2024).

Over the past 50 years, neoliberal policymaking, which prioritizes capitalist ideals and discourages the distribution of government assistance, has increasingly been used to perpetuate harmful stereotypes of individuals experiencing food insecurity (i.e., lazy, irresponsible) and create burdensome bureaucratic processes, both of which deter participation in food assistance programs (de Souza, 2019; de Souza, 2023; Villegas et al., 2024). By driving false narratives of dependence and questioning individuals' deservingness, this form of policymaking has advanced experiences of stigma within food assistance settings.

Although prior research contains reports of stigma within food assistance settings (Bruckner et al., 2021; Chauvenet et al., 2019; De Souza, 2023; Gaines-Turner et al., 2019; Greer et al., 2016; Leone et al., 2021; Powell et al., 2015), little research has systematically investigated this phenomenon. This comprehensive, three-study dissertation fills this gap in the literature by providing important insight into food insecurity-related stigma in the U.S. and its impact on food assistance participation.

One of the primary goals of this dissertation was to apply the Stigma and Food Inequity Framework (Earnshaw & Karpyn, 2020) to better understand the extent to which its constructs were evidenced in the literature on food insecurity and food assistance program participation, as well as among current emergency food program clients. Although the framework was informed by supporting empirical evidence, and the proposed stigma manifestations are well-documented in other public health fields (Bielenberg et al., 2021; Earnshaw et al., 2024a; Thornicroft et al., 2016), it has never been systematically evaluated for its alignment with food insecurity. By leveraging multiple research methods (i.e., scoping review, qualitative interviews), this dissertation establishes a clear understanding of the applicability of this framework to the field.

Results across all three studies provided evidence of both individual- and structural-level stigma associated with government and emergency food assistance program utilization in the U.S. Study 1, which included a scoping review of 99 articles, revealed that individual-level stigma was more commonly reported in the literature than structural stigma. Additionally, target-level stigma manifestations (i.e., anticipated, enacted, internalized) were more commonly reported than perceiver-level stigma manifestations (i.e., stereotyping, prejudice, discrimination).

Reports of individual-level (target) stigma manifestations (i.e., anticipated, enacted, internalized) manifested in similar ways across Studies 1 (i.e., scoping review) and 2 (i.e., qualitative interviews), with anticipated stigma consistently emerging as the most frequently reported manifestation. Anticipated stigma, often experienced in the form of embarrassment, deterred program participation among marginalized groups. Study 1 demonstrated that anticipated stigma was particularly

prevalent among immigrant communities, perpetuating fears of detainment and deportation. Both studies also identified instances of enacted (e.g., disrespectful treatment from program staff), internalized (e.g., negative self-worth, shame, feeling like a failure), and perceived (e.g., negative societal perceptions food assistance programs and participants) stigma, which negatively impacted participants' experiences within food assistance contexts, and subsequently, their well-being.

Staff training, word of mouth recommendations, peer support pantry models, wide-scale marketing efforts, and anonymous feedback systems for staff and clients are promising strategies to reduce individual-level and perceived stigma within food assistance contexts. Additionally, to address intersectional stigma related to immigration status, race, and food assistance, programs should consider creative ways to foster relationships between staff and the community, to identify ways to reduce immigration-related fears (or other program deterrents for historically marginalized groups), and strategic outreach efforts.

Surprisingly, instances of one form of individual-level stigma manifestation presented in the Stigma and Food Inequity Framework – stereotype threat- were not identified across any of the studies within this dissertation. While it is not clear exactly why no instances were identified, it is possible that the construct is better identified through quantitative designs, or is more readily identified when it comes to performance-type tasks rather than food security, or dietary preferences. Additionally, another potential refinement to the framework includes the addition of cognitive dissonance. Cognitive dissonance is a stigma manifestation that emerged in Study 1, which reflects an internal conflict for individuals who hold stereotypes about food insecurity or program participation, but who obtain that stigmatized status, leading to

internal tension. Future work should seek to understand what factors lead individuals to accept or reject their previously held stereotypes, as this distinction has been shown to influence well-being (Cass, 1979; Martz, 2004).

In addition to these individual-level stigma manifestations, Studies 1 and 3 both provide evidence of structural stigma within food assistance programs, impacting both participant access (i.e., long wait times, limited agency over food choices, accessibility challenges for individuals with disabilities) and quality (e.g., receiving expired/spoiled foods or foods not aligned with nutritional needs). Participants reported that these unwelcoming environments and low-quality foods were devaluing and dismissive of their dignity, deterring them from returning to certain pantries.

Additionally, participants in Study 3 expressed a clear preference for full choice-based pantries, which prioritize client agency, allowing them to choose the foods best suited to their needs, over more traditional, pre-packaged models which restrict autonomy. However, multiple forms of “choice” models exist (e.g., supermarket, table, window, inventory checklist) (Akron-Canton Regional Foodbank, 2012), and additional research is needed to discern which models are most effective for reducing structural stigma, under what conditions, and for which groups.

Although burdensome administrative requirements were identified as a manifestation of structural stigma that deterred food assistance participation within Study 1, findings from the qualitative interviews with emergency food program clients did not support this finding. In particular, clients in Study 3 found pantry administrative processes simple and easy to navigate, indicating that progress may have already been made in reducing burdensome bureaucratic barriers in some pantries throughout the country suggesting that efforts to compile and describe these

approaches could advance the field. As such, the following intervention strategies show promise for reducing structural stigma within emergency food program settings:

- Compiling best practices in administrative enrollment policies
- Implementing and monitoring quality standards (e.g., food safety plans, nutrition policies) (Hendrickson, 2019; Huang et al., 2023) and,
- Routine monitoring of structural stigma via audit tools, scales, or checklists (Livingston, 2020)
- Prioritizing state funding streams allocated toward infrastructure grants for pantries (e.g., cold storage) or,
- The creation of direct distribution channels between local growers and pantries to improve food freshness and quality, and,
- Revising tax incentive policies to consider food freshness or quality and ensure steady product volume (Huang et al., 2023; Hudak et al., 2022).

#### Limitations and Directions for Future Research

Although this dissertation provides critical information on food insecurity-related stigma in the U.S., it is not without limitations. First, while the scoping review included a comprehensive search of five databases, some articles related to food insecurity-related stigma may have been located elsewhere and, therefore, did not get included in this analysis. Next, the generalizability of the interview results obtained in Studies 2 and 3 are limited by their reliance on qualitative data from a geographically limited (i.e., Pennsylvania and Delaware) sample consisting of predominantly English-speaking women who actively received emergency food at the time of the study. Thus,

future research conducted in other states with larger, more diverse samples of both emergency food program participants and non-participants, as well as different immigrant populations, is warranted.

Additionally, this analysis focused exclusively on adults, indicating a need to investigate the experiences of food insecurity-related stigma among pediatric populations (e.g., school meals). Furthermore, structural-level changes within food assistance programs will be guided by decision-making among site leadership, so future studies evaluating staff and volunteer perspectives are warranted. Finally, there is a critical need to develop quantitative measurement tools that will allow researchers to evaluate stigma's impact within food assistance environments as well as design interventions and track effects on physical and mental health.

#### Summary

In conclusion, findings from this three-part dissertation offer important insights into food insecurity-related stigma and its manifestations within government and emergency food programs in the U.S. The Stigma and Food Inequity Framework (Earnshaw & Karpyn, 2020), which provided a foundation for this proposal, demonstrated utility for capturing both individual- and structural-level stigma manifestations across studies and food assistance contexts. Therefore, this project serves as a critical first step toward understanding and addressing manifestations of stigma related to food insecurity and assistance, and their impacts on program access among eligible adults, which is pivotal for achieving health equity and creating more inclusive food assistance systems.

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## Appendix A

### STUDY 1 SEARCH TERMS

Database	Search	n =
PubMed	(("Social Stigma"[Mesh] OR "Social Discrimination"[Mesh] OR "Perceived Discrimination"[Mesh] OR "Stereotyping"[Mesh] OR "Prejudice"[Mesh] OR "Rejection, Psychology"[Mesh] OR "Social Status"[Mesh] OR "Social Isolation"[Mesh] OR "Guilt"[Mesh] OR "Shame"[Mesh] OR "Embarrassment"[Mesh] OR "Disclosure"[Mesh] OR "Truth Disclosure"[Mesh] OR "Self Disclosure"[Mesh] OR "Coping Skills"[Mesh] OR "Social Segregation"[Mesh] OR Discrimination[Title/Abstract] OR prejudice[Title/Abstract] OR stereotyping[Title/Abstract] OR stigma[Title/Abstract] OR Perceived Discrimination[Title/Abstract] OR Self-stigmatization[Title/Abstract] OR Shame[Title/Abstract] OR Stereotype[Title/Abstract] OR Respect[Title/Abstract] OR Othering[Title/Abstract] OR Exclusion[Title/Abstract] OR "Social Status Hierarchies"[Title/Abstract] OR "Social Rejection"[Title/Abstract] OR "Social Status Loss"[Title/Abstract])) AND (("Food Assistance"[Mesh] OR "Public Assistance"[Mesh] OR "Food Insecurity"[Mesh] OR "Access to Healthy Foods"[Mesh] OR "Food Security"[Mesh] OR SNAP[Title/Abstract] OR WIC[Title/Abstract] OR food assistance[Title/Abstract] OR food bank*[Title/Abstract] OR food pantr*[Title/Abstract] OR Supplemental Nutrition Assistance Program[Title/Abstract] OR "Special Supplemental Nutrition Program for Women, Infants, and Children"[Title/Abstract] OR Food Assistance Program*[Title/Abstract] OR Food Aid Program*[Title/Abstract] OR Food Stamp Program*[Title/Abstract] OR Food Stamp*[Title/Abstract] OR	1,890

	SNAP Program*[Title/Abstract] OR "Women, Infants, and Children Program"[Title/Abstract] OR WIC Program[Title/Abstract] OR "Special Supplemental Nutrition Program for Women, Infants, and Children"[Title/Abstract] OR food cupboard*[Title/Abstract] OR emergency food*[Title/Abstract]))	
APA PsycINFO (ProQuest)	(MAINSUBJECT.EXACT("Stigma") OR MAINSUBJECT.EXACT("Discrimination") OR MAINSUBJECT.EXACT("Visual Discrimination") OR MAINSUBJECT.EXACT("Social Discrimination") OR MAINSUBJECT.EXACT("Perceptual Discrimination") OR MAINSUBJECT.EXACT("Stereotyped Attitudes") OR MAINSUBJECT.EXACT("Shame") OR MAINSUBJECT.EXACT("Embarrassment") OR MAINSUBJECT.EXACT("Self-Disclosure") OR MAINSUBJECT.EXACT("Prejudice") OR MAINSUBJECT.EXACT("Social Acceptance") OR MAINSUBJECT.EXACT("Social Status") OR MAINSUBJECT.EXACT("Social Isolation") OR MAINSUBJECT.EXACT("Guilt") OR MAINSUBJECT.EXACT("Social Exclusion") OR MAINSUBJECT.EXACT("Belonging") OR SUMMARY(Discrimination OR prejudice OR stereotyping OR stigma OR Perceived Discrimination OR Self-stigmatization OR Shame OR Stereotype OR Respect OR Othering OR Segregation OR "Social Status Hierarchies" OR "social status loss")) AND (MAINSUBJECT.EXACT("Social Services") OR MAINSUBJECT.EXACT("Community Services") OR MAINSUBJECT.EXACT("Community Welfare Services") OR MAINSUBJECT.EXACT("Food Insecurity") OR MAINSUBJECT.EXACT("Food") OR MAINSUBJECT.EXACT("Nutrition") OR MAINSUBJECT.EXACT("Government Programs") OR SUMMARY(SNAP OR WIC OR food assistance OR food bank* OR food pantr* OR Supplemental Nutrition Assistance Program OR "Special Supplemental Nutrition Program for	2,100

	<p>Women, Infants, and Children” OR Food Assistance Program* OR Food Aid Program* OR Food Stamp Program* OR Food Stamp* OR SNAP Program* OR “Women, Infants, and Children Program” OR WIC Program OR “Special Supplemental Nutrition Program for Women, Infants, and Children” OR food cupboard* OR “emergency food”))</p> <p>Limit: peer review</p>	
Web of Science	<p>(TS=(Discrimination OR prejudice OR stereotyping OR stigma OR "Perceived Discrimination" OR "Self-stigmatization" OR Shame OR Stereotype OR Respect OR Othering OR Exclusion OR Segregation OR “Social Status Hierarchies” OR “Social Rejection” OR “Social Status Loss”)) AND TS=(SNAP OR WIC OR "food assistance" OR "food bank*" OR "food pantr*" OR "Supplemental Nutrition Assistance Program" OR “Special Supplemental Nutrition Program for Women, Infants, and Children” OR "Food Assistance Program*" OR "Food Aid Program*" OR "Food Stamp Program*" OR "Food Stamp*" OR "SNAP Program*" OR “Women, Infants, and Children Program” OR "WIC Program" OR “Special Supplemental Nutrition Program for Women, Infants, and Children” OR "food cupboard*" OR “emergency food”)</p> <p>Limit: Articles</p>	843
CINAHL Plus with Full Text	<p>( (MH "Stigma") OR (MH "Discrimination") OR (MH “Perceived Discrimination”) OR (MH "Stereotyping") OR (MH "Prejudice") OR (MH "Social Status") OR (MH "Social Isolation") OR (MH "Guilt") OR (MH "Shame") OR (MH "Embarrassment") OR (MH "Truth Disclosure") OR (MH "Self Disclosure") OR (MH "Coping") OR (MH “Social Segregation”) ) OR ( Discrimination OR prejudice OR stereotyping OR stigma OR Perceived Discrimination OR Self-stigmatization OR Shame OR Stereotype OR Respect OR Othering OR Exclusion OR “Social Status Hierarchies” OR “Social Rejection” OR “Social Status Loss”) AND ( (MH "Food Assistance") OR (MH "Public Assistance") OR (MH "Food Security") OR (MH "Access to Healthy Foods") ) OR ( SNAP OR WIC OR food assistance OR</p>	821

	<p>food bank* OR food pantr* OR Supplemental Nutrition Assistance Program OR “Special Supplemental Nutrition Program for Women, Infants, and Children” OR Food Assistance Program* OR Food Aid Program* OR Food Stamp Program* OR Food Stamp* OR SNAP Program* OR “Women, Infants, and Children Program” OR WIC Program OR “Special Supplemental Nutrition Program for Women, Infants, and Children” OR food cupboard* OR “emergency food” )</p> <p>Limit: Scholarly (peer-reviewed) journals</p>	
<p>Sociological Abstracts</p>	<p>((MAINSUBJECT.EXACT("Stigma") OR MAINSUBJECT.EXACT("Discrimination") OR MAINSUBJECT.EXACT("Stereotypes") OR MAINSUBJECT.EXACT("Social rejection") OR MAINSUBJECT.EXACT("Social isolation") OR MAINSUBJECT.EXACT("Shame") OR MAINSUBJECT.EXACT("Self disclosure") OR MAINSUBJECT.EXACT("Social status") OR MAINSUBJECT.EXACT("Guilt") OR MAINSUBJECT.EXACT("Coping") OR MAINSUBJECT.EXACT("Prejudice") OR MAINSUBJECT.EXACT("Embarrassment") OR MAINSUBJECT.EXACT("Social exclusion") OR MAINSUBJECT.EXACT("Segregation") OR MAINSUBJECT.EXACT("Social rejection")) OR abstract(Discrimination OR prejudice OR stereotyping OR stigma OR Perceived Discrimination OR Self-stigmatization OR Shame OR Stereotype OR Respect OR Othering OR “Social status hierarchies”)) AND ((MAINSUBJECT.EXACT("Food security") OR MAINSUBJECT.EXACT("Food stamps")) OR abstract(SNAP OR WIC OR food assistance OR food bank* OR food pantr* OR Supplemental Nutrition Assistance Program OR “Special Supplemental Nutrition Program for Women, Infants, and Children” OR Food Assistance Program* OR Food Aid Program* OR Food Stamp Program* OR Food Stamp* OR SNAP Program* OR “Women, Infants, and Children Program” OR WIC Program OR “Special Supplemental Nutrition Program for Women, Infants, and Children” OR food cupboard* OR “emergency food”))</p> <p>Limit: Scholarly journals</p>	<p>312</p>

## Appendix B

### STUDY 1 CHARACTERISTICS OF INCLUDED STUDIES

Citation	Location	Progr am Type	Study Design	Types of Stigma										
				Individual- Level (Target)					Individual-Level (Perceiver)			Stru ctur al- Lev el	Per ceiv ed Stig ma	Inters ection ality
				En act ed	Anti cipa ted	Inter naliz ed	Ster eoty pe Threat	Cog nitiv e Diss ona nce	Ster eoty pes	Pre jud ice	Discri minat ion			
Allen, S., Onsando, W. M., Patel, I., Canavan, C., Goodman, D., & Dev, A. (2023). Food insecurity and food access among women in Northern New England during the perinatal period. <i>Journal of Obstetric, Gynecologic &amp; Neonatal Nursing</i> , 52(5), 374-383. <a href="https://doi.org/10.1016/j.jogn.2023.06.004">https://doi.org/10.1016/j.jogn.2023.06.004</a> .	NH, VT	FI	Qual	1	2	0	0	1	0	0	0	0	1	0

Alvis, C. E., Mosha, M., Amankwah, E. K., Hernandez, R. G., & Morrison, J. M. (2024). Comparison of caregiver and provider food insecurity screening preferences within a health system. <i>Clinical pediatrics</i> , 63(5), 650-658. <a href="https://doi.org/10.1177/00099228231191926">https://doi.org/10.1177/00099228231191926</a> .	FL	FI	Q ua n	0	1	1	0	0	0	0	0	0	1	0
Anderson, A., Lazarus, J., & Anderson Steeves, E. (2022). Navigating hidden hunger: An exploratory analysis of the lived experience of food insecurity among college students. <i>International Journal of Environmental Research and Public Health</i> , 19(19), 12952. <a href="https://doi.org/10.3390/ijerph191912952">https://doi.org/10.3390/ijerph191912952</a>	A large, public land grant unive rsity in the South east Unite d States	FI	Q ua l	0	2	0	0	1	0	0	0	0	0	1

Andre, E., Li, Y., Li, D., Carter, J. S., Donley, A., & Ng, B. P. (2024). Food insecurity within a public university and the role of food assistance programs amid the global pandemic. <i>Social Sciences</i> , 13(1), 38. <a href="https://doi.org/10.3390/socsci13010038">https://doi.org/10.3390/socsci13010038</a> .	A	SN	Q	0	2	0	0	0	0	0	0	0	0	0
Andress, L. & Fitch, C. (2016). Juggling the five dimensions of food access: Perceptions of rural low income residents. <i>Appetite</i> , 105, 151-155. <a href="https://dx.doi.org/10.1016/j.appet.2016.05.013">https://dx.doi.org/10.1016/j.appet.2016.05.013</a>	WV	WI	Q	1	0	0	0	0	0	0	0	0	0	0
Bai, Y., & Ciecierski, A. (2023). Participants' underlying beliefs of using WIC electronic benefit transfer (EBT) cards in stores in New Jersey. <i>Journal of Community Health</i> , 48(6), 1038–1043. <a href="https://doi.org/10.10">https://doi.org/10.10</a>	NJ	WI	Q	0	1	0	0	0	0	0	0	0	0	0

<a href="#">07/s10900-023-01262-0</a>														
Barnes, C., Halpern-Meehin, S., & Hoiting, J. (2023a). "I used to get WIC... but then I stopped": How WIC participants perceive the value and burdens of maintaining benefits. <i>RSF: The Russell Sage Foundation Journal of the Social Sciences</i> , 9(5), 32–55. <a href="https://doi.org/10.7758/rsf.2023.9.5.02">https://doi.org/10.7758/rsf.2023.9.5.02</a>	LA, NE, NY, MN	WI, C	Q ua 1	2	0	0	0	0	0	0	0	1	0	0
Barnes, C., Michener, J., & Rains, E. (2023b). "It's like night and day": How bureaucratic encounters vary across WIC, SNAP, and Medicaid. <i>Social Service Review</i> , 97(1), 3–42..	NC	SN, AP, WI, C	Q ua 1	2	0	0	0	0	0	0	0	0	0	0
Barnidge, E., Krupsky, K., LaBarge, G., & Arthur, J. (2020). Food insecurity	MO	FI	M M	2	4	3	0	0	0	0	0	0	2	0

screening in pediatric clinical settings: A caregivers' perspective. <i>Maternal and Child Health Journal</i> , 24(1), 101–109. <a href="https://doi.org/10.1007/s10995-019-02785-0">https://doi.org/10.1007/s10995-019-02785-</a>														
Beam, M. (2020). Nontraditional students' experiences with food insecurity: A qualitative study of undergraduate students. <i>The Journal of Continuing Higher Education</i> , 68(3), 141–163. <a href="https://doi.org/10.1080/07377363.2020.1792254">https://doi.org/10.1080/07377363.2020.1792254</a>	Mid-sized, public, four-year university, which is located approximately 25 miles from a major metropolitan city.	FI	Q	0	3	0	0	0	0	0	0	0	0	0
Bowen, S., Hardison-Moody, A., Cordero Ocegueda, E., & Elliott, S. (2023).		NC	FI	Q	1	0	0	0	0	0	0	2	0	4

Beyond dietary acculturation: How Latina immigrants navigate exclusionary systems to feed their families. <i>Social Problems</i> . Advance online publication. <a href="https://doi.org/10.1093/socpro/spad013">https://doi.org/10.1093/socpro/spad013</a>														
Bowen, E. A., & Irish, A. (2018). 'Hello, you're not supposed to be here': Homeless emerging adults' experiences negotiating food access. <i>Public Health Nutrition</i> , 21(10), 1943–1951. <a href="https://doi.org/10.1017/S1368980018000356">https://doi.org/10.1017/S1368980018000356</a>	NY	FI	M M	2	1	0	0	1	0	0	0	0	0	1
Bradley, S. E. (2023). "We're all one bad day away": Impacts on food access in Buffalo, New York during the COVID-19 pandemic. <i>Ecology of Food and Nutrition</i> , 62(1-2), 21–36. <a href="https://doi.org/10.1017/S1368980023000000">https://doi.org/10.1017/S1368980023000000</a>	NY	EF	M M	0	1	0	0	0	0	0	0	0	0	0

<a href="https://doi.org/10.3390/nu14142807">80/03670244.2022.2153839</a>														
<p>Brito-Silva, F. D., K., Wang, W., Moore, C. E., Warren, C., Miketinas, D. C., Tucker, W. J., &amp; Davis, K. E. (2022). College campus food pantry program evaluation: What barriers do students face to access on-campus food pantries? <i>Nutrients</i>, 14(14), 2807. <a href="https://doi.org/10.3390/nu14142807">https://doi.org/10.3390/nu14142807</a></p>	TX	EF	M M	0	3	0	0	0	0	0	0	0	0	0
<p>Brothers, S., Lin, J., Schonberg, J., Drew, C., &amp; Auerswald, C. (2020). Food insecurity among formerly homeless youth in supportive housing: A social-ecological analysis of a structural intervention. <i>Social Science &amp; Medicine</i>, 245, 112724. <a href="https://doi.org/10.1016/j.socscimed.2019.112724">https://doi.org/10.1016/j.socscimed.2019.112724</a></p>	CA	FI	M M	1	1	0	0	1	0	0	0	0	0	1

Bruce, J. S., De La Cruz, M. M., Moreno, G., & Chamberlain, L. J. (2017). Lunch at the library: Examination of a community-based approach to addressing summer food insecurity. <i>Public Health Nutrition</i> , 20(9), 1640–1649. <a href="https://doi.org/10.1017/S1368980017000258">https://doi.org/10.1017/S1368980017000258</a>	CA	FI	M M	2	0	0	0	0	0	0	0	0	0	2
Bruckner, T., Kerr, J., & Maretzki, A. (2022). "Free" food with a side of shame? Combating stigma in emergency food assistance programs in the quest for food justice. <i>Journal of Social Issues</i> . Advance online publication. <a href="https://doi.org/10.1016/j.geoforum.2021.04.021">https://doi.org/10.1016/j.geoforum.2021.04.021</a>	CO	SN AP & EF	Q ua l	6	0	3	0	1	0	0	0	2	0	0
Cacioppo, A. M., Winslow, V., Abramsohn, E. M., Jagai, J. S.,	IL	FI	Q ua l	2	0	0	0	0	0	0	0	0	0	0

<p>Makelarski, J. A., Waxman, E., Wroblewski, K., &amp; Lindau, S. T. (2023). Food insecurity and experiences of discrimination among caregivers of hospitalized children. <i>Pediatrics</i>, <i>152</i>(6). <a href="https://doi.org/10.1542/peds.2023-061750">https://doi.org/10.1542/peds.2023-061750</a></p>														
<p>Calloway, E. E., Nugent, N. B., Stem, K. L., Mueller, A., &amp; Yaroch, A. L. (2022). Lessons learned from the 2019 Nebraska floods: Implications for emergency management, mass care, and food security. <i>International Journal of Environmental Research and Public Health</i>, <i>19</i>(18), 11345. <a href="https://doi.org/10.3390/ijerph191811345">https://doi.org/10.3390/ijerph191811345</a></p>	NE	EF	Q ua l	0	0	0	0	0	0	0	0	1	2	1

Chaufan, C., Constantino, S., & Davis, M. (2021). "It's a full-time job being poor": Understanding barriers to diabetes prevention in immigrant communities in the USA. <i>Critical Public Health</i> , 22(2), 147–158. <a href="http://dx.doi.org/10.1080/09581596.2011.630383">http://dx.doi.org/10.1080/09581596.2011.630383</a>	CA	EF	Qual	0	0	0	0	0	0	0	0	1	0	0
Chauvenet, C., De Marco, M., Barnes, C., & Ammerman, A. S. (2019). WIC recipients in the retail environment: A qualitative study assessing customer experience and satisfaction. <i>Journal of the Academy of Nutrition and Dietetics</i> , 119(3), 416–424.e2. <a href="https://doi.org/10.1016/j.jand.2018.09.003">https://doi.org/10.1016/j.jand.2018.09.003</a>	TX, NC, OR, IL	WIC	Qual	3	0	0	0	0	0	0	0	0	0	0
Chiong, R., Salas, J., Kohn, J., St John, E., & Figueroa, R. (2024). A formative	NY	SNAP-Ed	Qual	0	1	0	0	1	0	0	0	0	1	0

<p>evaluation of an online meal kit and grocery platform for Supplemental Nutrition Assistance Program recipients. <i>Journal of Nutrition Education and Behavior</i>, 56(1), 43–53.  <a href="https://doi.org/10.1016/j.jneb.2023.10.016">https://doi.org/10.1016/j.jneb.2023.10.016</a></p>														
<p>Chokshi, B., Zven, S., Burris, R., Wido, M., &amp; Hisle-Gorman, E. (2024). Military family perspectives on enrollment and engagement in the WIC program. <i>Military Medicine</i>. Advance online publication.  <a href="https://doi.org/10.1093/milmed/usae192">https://doi.org/10.1093/milmed/usae192</a></p>	National	WI C	M M	2	1	0	0	3	0	0	0	0	3	0
<p>Ciciurkaite, G., &amp; Brown, R. L. (2023). Disability, food insecurity, and nutritional assistance in the context of the COVID-19 pandemic: Interrogating the</p>	CO, UT, ID, WY	FI	Q ua n	1	0	0	0	0	0	0	0	0	0	0

role of perceived everyday discrimination. <i>Stigma and Health</i> . Advance online publication.														
Cooksey Stowers, K., Marfo, N. Y. A., Gurganus, E. A., Gans, K. M., Kumanyika, S. K., & Schwartz, M. B. (2020). The hunger-obesity paradox: Exploring food banking system characteristics and obesity inequities among food-insecure pantry clients. <i>PLoS One</i> , 15(10), e0239778. <a href="https://doi.org/10.1371/journal.pone.0239778">https://doi.org/10.1371/journal.pone.0239778</a>	National	EF	Qual	0	0	0	0	0	0	0	0	2	3	4
Crutchfield, R. M., Carpena, A., McCloyn, T. N., & Maguire, J. (2020). The starving student narrative: How normalizing deprivation reinforces basic need insecurity in higher education. <i>Families in Society</i> ,		FI	Qual	1	0	0	0	0	0	0	0	0	0	1

<p>101(3), 409–421.</p> <p><a href="https://doi.org/10.1177/1044389419889525">https://doi.org/10.1177/1044389419889525</a></p>														
<p>Darby, K., Hemmer, L., Holt, R., Kempton, T., del Rosario, M., Stubblefield, J., &amp; Webster, G. (2023). From food access to food sovereignty: Striving to meet university student needs. <i>Journal of Agriculture, Food Systems, and Community Development</i>, 12(2), 97–117.</p> <p><a href="https://doi.org/10.5304/jafscd.2023.122.020">https://doi.org/10.5304/jafscd.2023.122.020</a></p>	WA	FI	Q ua l	0	0	0	0	1	0	0	0	0	0	0
<p>De Marchis, E. H., Torres, J. M., Fichtenberg, C., &amp; Gottlieb, L. M. (2019). Identifying food insecurity in health care settings: A systematic scoping review of the evidence. <i>Family &amp; Community Health</i>, 42(1), 20–29.</p> <p><a href="https://doi.org/10.1093/fch/fcy011">https://doi.org/10.1093/fch/fcy011</a></p>	Natio nal	FI	S R	0	0	0	0	0	0	0	0	0	2	0

<a href="#">97/FCH.000000000</a> <a href="#">0000208</a>														
DePuccio, M., O'Rourke, K., & Greene, A. (2022). Multi-stakeholder perspectives on the implementation of a clinic-based food referral program for patients with chronic conditions: A qualitative examination. <i>Translational Behavioral Medicine, 12</i> , 927– 934. <a href="https://doi.org/10.1093/tbm/ibac027">https://doi.org/10.1093/tbm/ibac027</a>	OH	EF	Q ua l	0	0	0	0	0	0	0	0	0	4	0
Dougherty, D. S., Schraedley, M. A., Gist-Mackey, A. N., & Wickert, J. (2018). A photovoice study of food (in)security, unemployment, and the discursive- material dialectic. <i>Communication Monographs, 85</i> (4), 443–466. <a href="https://doi.org/10.1080/03637751.2018.1500700">https://doi.org/10.1080/03637751.2018.1500700</a>	Natio nal	FI	Q ua l	0	3	0	0	0	0	0	0	0	0	0

Dutta, M. J., Analee, A., & Jones, C. (2013). Voices of hunger. <i>Journal of Communication</i> , 63(1), 159–180. <a href="https://doi.org/10.1111/jcom.12009">https://doi.org/10.1111/jcom.12009</a>	National	FI	Qual	3	0	0	0	0	0	0	0	1	0	0
Dutta, M. J., Hingson, L. R., Analee, A., Sen, S., & Jones, K. (2016). Narratives of food insecurity in Tippecanoe County, Indiana: Economic constraints in local meanings of hunger. <i>Health Communication</i> , 31(6), 647–658. <a href="https://doi.org/10.1080/10410236.2014.987467">https://doi.org/10.1080/10410236.2014.987467</a>	IN	EF	Qual	2	2	0	0	3	0	0	0	0	2	0
El-Krab, R., Kalichman, S. C., Eaton, L. A., Shkembi, B., & Kalichman, M. O. (2024). Stigmatization of food insecurity helps explain the association between food insecurity and medication nonadherence	National	FI	Qual	0	6	3	0	0	0	0	0	0	0	0

among people living with HIV. <i>Psychology, Health &amp; Medicine</i> , 1–11. <a href="https://doi.org/10.1080/13548506.2024.2024995">https://doi.org/10.1080/13548506.2024.2024995</a>														
El Zein, A., Mathews, A. E., House, L., & Shelnutt, K. P. (2018). Why are hungry college students not seeking help? Predictors of and barriers to using an on-campus food pantry. <i>Nutrients</i> , 10(9), 1163. <a href="https://doi.org/10.3390/nu10091163">https://doi.org/10.3390/nu10091163</a>	FL	EF	M M	0	8	0	0	0	0	0	0	0	0	0
El Zein, A., Vilaro, M. J., Shelnutt, K. P., Walsh-Childers, K., & Mathews, A. E. (2022). Obstacles to university food pantry use and student-suggested solutions: A qualitative study. <i>PLoS ONE</i> , 17(5), e0267341. <a href="https://doi.org/10.1371/journal.pone.0267341">https://doi.org/10.1371/journal.pone.0267341</a>	FL	EF	Q ua l	1	3	1	0	1	0	0	0	0	0	0

Fong, K., Wright, R.A., & Wimer, C. (2016). The cost of free assistance: Why low-income individuals do not access food pantries. <i>Journal of Sociology and Social Welfare, 43</i> , 71.	CA	EF	Q ua l	0	0	1	0	0	3	3	1	5	0	0
Fricke, H. E., Hughes, A. G., Schober, D. J., Pinard, C. A., Bertmann, F. M. W., Smith, T. M., & Yaroch, A. L. (2015). An examination of organizational and statewide needs to increase Supplemental Nutrition Assistance Program (SNAP) participation. <i>Journal of Hunger &amp; Environmental Nutrition, 10</i> (2), 271–283. <a href="https://doi.org/10.1080/19320248.2015.1004217">https://doi.org/10.1080/19320248.2015.1004217</a>	CA, WA, HI, CO, NM, MT, NE, KS, MO, MI, IN, IL, TX, OK, AR, AL, TN, MS, NY, PA, NJ, ME, MA, RI, MD,	SN AP	Q ua l	0	0	0	0	0	0	0	0	0	2	0

	WV, FL													
Gago, C. M., Wynne, J. O., Moore, M. J., Cantu-Aldana, A., Vercammen, K., Zatz, L. Y., May, K., Andrade, T., Mendoza, T., Stone, S. L., Mattei, J., Davison, K. K., Rimm, E. B., Colchamiro, R., & Kenney, E. L. (2022). Caregiver perspectives on underutilization of WIC: A qualitative study. <i>Pediatrics</i> , <i>149</i> (2), e2021053889. <a href="https://doi.org/10.1542/peds.2021-053889">https://doi.org/10.1542/peds.2021-053889</a>	MA	WI C	Q ua l	0	2	0	0	1	0	0	0	0	0	0
Garner, J. A., Coombs, C., Savoie-Roskos, M. R., Durward, C., & Seguin-Fowler, R. A. (2020). A qualitative evaluation of Double Up Food Bucks farmers' market incentive program access.	UT, NY	SN AP, SN AP - Ed, WI C, & EF	Q ua l	2	1	0	0	0	0	0	0	0	0	0

<i>Journal of Nutrition Education and Behavior</i> , 52(7), 705–712.															
<p>Glasser, N. J., Lindau, S. T., Wroblewski, K., Abramsohn, E. M., Burnet, D. L., Fuller, C. M., Miller, D. C., O’Malley, C. A., Shiu, E., Waxman, E., Makelarski, J. A., Carter, A., Ciaccio, C. E., Chase, E., Darlington, W. S., DeAlmeida, K., Jerome, J. S., Ott, J., Verma, R., &amp; Wang, E. (2023). Effect of a social care intervention on health care experiences of caregivers of hospitalized children. <i>JAMA Pediatrics</i>, 177(12), 1266. <a href="https://doi.org/10.1001/jamapediatrics.2023.4596">https://doi.org/10.1001/jamapediatrics.2023.4596</a></p>	A	EF	Q ua n	0	0	0	0	0	0	0	0	0	0	0	1
<p>Greenthal, E., Jia, J., Poblacion, A., &amp; James, T. (2019).</p>	MA	EF	M M	0	1	0	0	0	0	0	0	0	0	0	0

Patient experiences and provider perspectives on a hospital-based food pantry: A mixed methods evaluation study. <i>Public Health Nutrition</i> , 22(17), 3261–3269.														
Greer, A. E., Cross-Denny, B., McCabe, M., & Castrogivanni, B. (2016). Giving economically disadvantaged, minority food pantry patrons a voice. <i>Family &amp; Community Health</i> , 39(3), 199–206. <a href="https://doi.org/10.1097/fch.00000000000000105">https://doi.org/10.1097/fch.00000000000000105</a>	CT	EF	Qualitative	5	2	1	0	0	0	0	0	0	0	0
Hardin-Fanning, F. (2023). Exploration of barriers to use of community food resources in community college students in rural Appalachia. <i>Journal of Hunger &amp; Environmental Nutrition</i> , 1–15. <a href="https://doi.org/10.1097/fch.00000000000000105">https://doi.org/10.1097/fch.00000000000000105</a>	KY	FI	Qualitative	0	2	0	0	3	0	0	0	0	0	1

80/19320248.2023.2 187465														
Henry, L. (2017). Understanding food insecurity among college students: Experience, motivation, and local solutions. <i>Annals of Anthropological Practice, 41</i> (1), 6– 19. <a href="https://doi.org/10.1111/napa.12108">https://doi.org/10.1111/napa.12108</a>	TX	SN AP, EF	Q ua 1	0	4	1	0	1	0	0	0	0	0	0
Hickey, A., Shields, D., & Henning, M. (2019). Perceived hunger in college students related to academic and athletic performance. <i>Education Sciences, 9</i> (3), 242. <a href="https://doi.org/10.3390/educsci9030242">https://doi.org/10.3390/educsci9030242</a>	NH	FI	M M	0	0	0	0	0	0	0	0	0	1	0
Hill, A. E., & Guittar, S. G. (2023). Powerlessness, gratitude, shame, and dignity: Emotional experiences of food pantry clients. <i>Journal of Hunger</i>	FL	EF	Q ua 1	2	0	0	0	0	0	0	0	1	0	1

& <i>Environmental Nutrition</i> , 18(2), 192–208. <a href="https://doi.org/10.1080/19320248.2022.2148898">https://doi.org/10.1080/19320248.2022.2148898</a>														
Idehai, O. V., Mbaya, P., Chung, T., & Bhurosy, T. (2024). A systematic review of factors associated with student use of campus food pantries: Implications for addressing barriers and facilitating use. <i>BMC Public Health</i> , 24(1), 97. <a href="https://doi.org/10.1186/s12889-024-17373-7">https://doi.org/10.1186/s12889-024-17373-7</a> .	TX, FL, CA, KY, IL, NJ	EF	S R	0	1	0	0	1	0	0	0	1	0	0
Isaacs, S. E., Shriver, L., & Haldeman, L. (2020). Qualitative analysis of maternal barriers and perceptions to participation in a federal supplemental nutrition program in rural Appalachian North Carolina. <i>Journal of</i>	NC	WI C	Q ua l	2	1	0	0	0	0	0	0	0	1	0

<i>Appalachian Health</i> , 2(4), 37. <a href="https://doi.org/10.21061/jah.v2i4.190">https://doi.org/10.21061/jah.v2i4.190</a>														
Ivancic, S., & Dooling, D. (2023). Navigating entangled shame: Examining the sociomaterialities of food assistance programs. <i>Communication Monographs</i> , 90(3), 293–316. <a href="https://doi.org/10.1080/03637751.2023.2174246">https://doi.org/10.1080/03637751.2023.2174246</a>	OH	EF	Qualitative	2	3	0	0	0	0	1	0	0	2	0
Johnson, K., Drew, C., & Auerswald, C. (2019). Structural violence and food insecurity in the lives of formerly homeless young adults living in permanent supportive housing. <i>Journal of Youth Studies</i> , 23(10), 1249–1272. <a href="https://doi.org/10.1080/13676261.2019.1667492">https://doi.org/10.1080/13676261.2019.1667492</a>	CA	FI	Qualitative	0	2	1	0	0	0	0	0	5	0	0
Jones, J. W., Courtemanche, C., Denteh, A., Marton,	National Excep	SN AP	Quantitative	0	0	0	0	0	0	0	0	1	0	0

J., & Tchernis, R. (2022). Do state Supplemental Nutrition Assistance Program policies influence program participation among seniors? <i>Applied Economic Perspectives and Policy</i> , 44(2), 591–608. <a href="https://doi.org/10.1002/aapp.13293">https://doi.org/10.1002/aapp.13293</a>	t for: CA, AK, HI													
Jordanova, K. E., Suresh, A., Canavan, C. R., D'Cruz, T., Dev, A., Boardman, M., & Kennedy, M. A. (2024). Addressing food insecurity in rural primary care: A mixed-methods evaluation of barriers and facilitators. <i>BMC Primary Care</i> , 25(1), 163. <a href="https://doi.org/10.1186/s12875-024-02409-1">https://doi.org/10.1186/s12875-024-02409-1</a>	ME, NH, VT	EF	M M	0	0	0	0	0	0	0	0	0	1	0
Kaiser, L. (2008). Why do low-income women not use food stamps? Findings from the California	CA	SN AP	Q ua n	0	1	0	0	0	0	0	0	2	0	3

Women's Health Survey. <i>Public Health Nutrition</i> , <i>11</i> (12), 1288–1295. <a href="https://doi.org/10.1017/S1368980008000372">https://doi.org/10.1017/S1368980008000372</a>														
Kindle, P., Foust-Newton, M., Reis, M., & Gell, M. (2020). Food pantries and stigma: Users' concerns and public support. <i>Contemporary Rural Social Work Journal</i> , <i>11</i> (2). <a href="https://doi.org/10.61611/2165-4611.1178">https://doi.org/10.61611/2165-4611.1178</a>	NE	EF	Q ua 1	2	3	1	0	0	0	0	0	0	0	0
Knowles, M., Khan, S., Palakshappa, D., Cahill, R., Kruger, E., Poserina, B. G., & Chilton, M. (2018). Successes, challenges, and considerations for integrating referral into food insecurity screening in pediatric settings. <i>Journal of Health Care for the Poor and Underserved</i> , <i>29</i> (1), 181–191. <a href="https://doi.org/10.1353/hpu.2018.0017">https://doi.org/10.1353/hpu.2018.0017</a>	PA	FI	M M	0	0	1	0	0	0	0	0	0	1	1

Larson, N., Alexander, T., Slaughter-Acey, J. C., Berge, J., Widome, R., & Neumark-Sztainer, D. (2021). Barriers to accessing healthy food and food assistance during the COVID-19 pandemic and racial justice uprisings: A mixed-methods investigation of emerging adults' experiences. <i>Journal of the Academy of Nutrition and Dietetics, 121</i> , 1679–1694. <a href="https://doi.org/10.1016/j.jand.2021.05.018">https://doi.org/10.1016/j.jand.2021.05.018</a>	National	FI	Qualitative	4	0	0	0	0	0	0	0	0	0	3
Leone, L., Haynes-Maslow, L., Kasprzak, C., Raja, S., & Epstein, L. H. (2022). The WIC shopping experience: A qualitative study examining retail-based strategies to increase WIC retention and	NY	WIC	Qualitative	3	1	0	0	0	0	0	0	0	0	0

redemption rates. <i>Journal of Hunger &amp; Environmental Nutrition</i> , 17(4), 460–474. <a href="https://doi.org/10.1080/19320248.2022.2034465">https://doi.org/10.1080/19320248.2022.2034465</a>														
Leung, C. W., Laraia, B. A., Feiner, C., Solis, K., Stewart, A. L., Adler, N. E., & Epel, E. S. (2022). The psychological distress of food insecurity: A qualitative study of the emotional experiences of parents and their coping strategies. <i>Journal of the Academy of Nutrition and Dietetics</i> , 122(10), 1903–1910. <a href="https://doi.org/10.1016/j.jand.2022.07.004">https://doi.org/10.1016/j.jand.2022.07.004</a>	CA	FI	Q ua l	1	4	5	0	0	0	0	0	0	0	1
Lindow, P., Yen, I. H., Xiao, M., & Leung, C. W. (2022). ‘You run out of hope’: An exploration of low-income parents’	CA	FI	Q ua l	0	0	1	0	0	0	0	0	1	0	0

experiences with food insecurity using Photovoice. <i>Public Health Nutrition</i> , 25(4), 987–993. <a href="https://doi.org/10.1017/S1368980022000258">https://doi.org/10.1017/S1368980022000258</a>														
Lora, K. R., Hodges, L., Ryan, C., Ver Ploeg, M., & Guthrie, J. (2023). Factors that influence children’s exits from the Special Supplemental Nutrition Program for Women, Infants, and Children: A systematic review. <i>Nutrients</i> , 15(3), 766. <a href="https://doi.org/10.3390/nu15030766">https://doi.org/10.3390/nu15030766</a>	National	WIC	SR	0	2	0	0	0	0	0	0	0	0	0
Louie, N. T., Kim, L. P., & Chan, S. E. (2020). Perceptions and barriers to SNAP utilization among Asian and Pacific Islanders in Greater Los Angeles. <i>American Journal of Health Promotion</i> , 34(7),	CA	SNAP	Qual	2	1	0	0	3	0	0	0	1	2	6

779–790. <a href="https://doi.org/10.1177/0890117119860542">https://doi.org/10.1177/0890117119860542</a>														
Marpadga, S., Fernandez, A., Leung, J., Tang, A., Seligman, H., & Murphy, E. J. (2019). Challenges and successes with food resource referrals for food- insecure patients with diabetes. <i>The Permanente Journal</i> , 23. <a href="https://doi.org/10.7812/tpp/18-097">https://doi.org/10.7812/tpp/18-097</a>	CA	FI	Q ua l	1	1	0	0	0	0	0	0	0	1	0
Marriott, J. P., Fiechtner, L., Birk, N. W., Taitelbaum, D., Odoms-Young, A., Wilson, N. L., ... & Zack, R. M. (2022). Racial/ethnic disparities in food pantry use and barriers in Massachusetts during the first year of the COVID-19 pandemic. <i>Nutrients</i> , 14(12), 2531.	MA	FI	Q ua n	0	2	0	0	0	0	0	0	0	0	1

https://doi.org/10.3390/nu14122531														
McArthur, L. H., Faszewski, K. S., Farris, A. R., & Petrone, M. (2020). Use and perceptions of a campus food pantry among food insecure college students: An exploratory study from Appalachia. <i>Journal of Appalachian Health, 2</i> (2), 7. https://doi.org/10.13023/jah.0202.01.	NC	EF	M M	0	2	0	0	0	0	0	0	0	1	0
Meza, A., Altman, E., Martinez, S., & Leung, C. W. (2019). "It's a feeling that one is not worth food": A qualitative study exploring the psychosocial experience and academic consequences of food insecurity among college students. <i>Journal of the Academy of Nutrition and Dietetics, 119</i> (10), 1713-1721.	CA	EF	Q ua l	0	1	0	0	1	0	0	0	0	0	0

<a href="https://doi.org/10.1016/j.jand.2018.09.006">https://doi.org/10.1016/j.jand.2018.09.006</a>														
Mitchell-Walthour, G., & Barros dos Santos, F. (2021). Afro-descendant women, Bolsa Família, and Supplemental Nutrition Assistance Program and Women, Infants, and Children beneficiaries' perceptions of skin color and class discrimination in Brazil and the United States. <i>Cultural Dynamics</i> , 34(1-2), 3-27. <a href="https://doi.org/10.1177/0921374020988161">https://doi.org/10.1177/0921374020988161</a>	WI, NC	SN AP, WI C	M M	0	0	0	0	0	0	0	0	0	2	0
Mott, K. L. (2022). Hurry up and wait: Stigma, poverty, and contractual citizenship. <i>Qualitative Sociology</i> , 45(2), 271-290. <a href="https://doi.org/10.1007/s11133-022-09521-3">https://doi.org/10.1007/s11133-022-09521-3</a>	NY	EF	Q ua l	0	0	0	0	0	0	0	1	0	0	1

Oemichen, M., & Smith, C. (2016). Investigation of the food choice, promoters and barriers to food access issues, and food insecurity among low-income, free-living Minnesotan seniors. <i>Journal of Nutrition Education and Behavior</i> , 48(7), S1499404616300318. <a href="https://doi.org/10.1016/j.jneb.2016.02.010">https://doi.org/10.1016/j.jneb.2016.02.010</a>	MN	SN AP	M M	0	0	0	0	1	0	0	0	0	0	0
Palakshappa, D., Doupnik, S., Vasana, A., Khan, S., Seifullina, L., Feudtner, C., & Fiks, A. G. (2017). Suburban families' experience with food insecurity screening in primary care practices. <i>Pediatrics</i> , 140(1). <a href="https://doi.org/10.1542/peds.2017-0320">https://doi.org/10.1542/peds.2017-0320</a>	PA	FI	Q ua l	0	1	2	0	0	0	0	0	0	0	0
Panzer, A. D., Bryant, C. A., Hawkins, F., Goff, R., Napier, A., Schneider, T., Kirby,	KY	WI C	M M	2	2	0	0	0	0	0	0	0	2	0

R. S., Coulter, M. L., Sappenfield, W. M., Baldwin, J., & O'Rourke, K. (2017). Mapping a WIC mother's journey. <i>Social Marketing Quarterly</i> , 23(2), 137–154. <a href="https://doi.org/10.1177/1524500417692526">https://doi.org/10.1177/1524500417692526</a>														
Payán, D. D., Perez-Lua, F., Goldman-Mellor, S., & Young, M. E. D. T. (2022). Rural household food insecurity among Latino immigrants during the COVID-19 pandemic. <i>Nutrients</i> , 14(13), 2772. <a href="https://doi.org/10.3390/nu14132772">https://doi.org/10.3390/nu14132772</a>	CA	FI	Quail	0	0	0	0	0	0	0	0	2	0	2
Perry, M. G., Ashley, A. R., Hood, L. B., & Hagedorn-Hatfield, R. L. (2023). Knowledge and perceptions of nutrition assistance programmes among young adult	AR, NC, WV	SN AP	Quail	0	1	0	0	0	0	0	0	0	1	0

students. <i>Nutrition Bulletin</i> , 48(1), 91–100. <a href="https://doi.org/10.1111/nbu.12602">https://doi.org/10.1111/nbu.12602</a>														
Peterson, N., Freidus, A., & Tereshenko, D. (2022). Why college students don't access resources for food insecurity: Stigma and perceptions of need. <i>Annals of Anthropological Practice</i> , 46(2), 140–154. <a href="https://doi.org/10.1111/napa.12190">https://doi.org/10.1111/napa.12190</a>	A	EF	M M	0	6	0	0	1	1	0	0	0	2	2
Powell, L., Amsbary, J., & Xin, H. (2015). Stigma as a communication barrier for participation in the federal government's Women, Infants, and Children program. <i>Qualitative Research Reports in Communication</i> , 16(1), 75–85. <a href="https://doi.org/10.10">https://doi.org/10.10</a>	AL	WI C	Q ua l	2	4	0	0	1	1	0	0	0	2	1

<a href="https://doi.org/10.1086/423">80/17459435.2015.1086423</a>														
Pulvera, R., Jackson, K., Gosliner, W., Hamad, R., & Fernald, L. C. H. (2023). The association of safety net program participation with government perceptions, welfare stigma, and discrimination. <i>Health Affairs Scholar</i> , 2(1). <a href="https://doi.org/10.1093/haschl/qxad084">https://doi.org/10.1093/haschl/qxad084</a>	CA	SN AP	Q ua l	0	2	0	0	0	0	0	0	0	0	0
Repond, H. A. (2024). Poverty stigma: Assessing the surveillance of and psychological reframing by WIC recipients. <i>Journal of Poverty</i> , 1–20. <a href="https://doi.org/10.1080/10875549.2024.2335468">https://doi.org/10.1080/10875549.2024.2335468</a>	MI	WI C	Q ua l	11	5	1	0	0	0	0	0	0	2	0
Richards, R., Stokes, N., Banna, J., Cluskey, M., Bergen, M., Thomas, V., Bushnell, M., & Christensen, R.	UT, OR, HI	FI	Q ua l	0	2	0	0	0	0	0	0	0	0	0

(2023). A comparison of experiences with factors related to food insecurity between college students who are food secure and food insecure: A qualitative study. <i>Journal of the Academy of Nutrition and Dietetics</i> , 123(3), 438–453.e2. <a href="https://doi.org/10.1016/j.jand.2022.08.002">https://doi.org/10.1016/j.jand.2022.08.002</a>														
Rosa, T. L., Ortolano, S. E., & Dickin, K. L. (2018). Remembering food insecurity: Low-income parents' perspectives on childhood experiences and implications for measurement. <i>Appetite</i> , 121, 1–8. <a href="https://doi.org/10.1016/j.appet.2017.10.035">https://doi.org/10.1016/j.appet.2017.10.035</a>	NY	FI	Qualitative	0	1	0	0	0	0	0	0	0	0	0
Runkle, N. K., & Nelson, D. A. (2021). The silence	WI	EF & FI	Qualitative	0	0	0	0	0	0	0	0	0	2	0

of food insecurity: Disconnections between primary care and community organizations. <i>Journal of Patient- Centered Research and Reviews</i> , 8(1), 31.														
Russomanno, J., & Jabson, J. M. (2016). Farmers’ markets’ uptake of food assistance programmes in East Tennessee, USA. <i>Public Health Nutrition</i> , 19(15), 2829–2837. <a href="https://doi.org/10.1017/S1368980016001038">https://doi.org/10.1017/S1368980016001038</a>	TN	SN AP	Q ua l	0	0	0	0	0	0	1	1	0	5	0
Savin, K., Morales, A., Levi, R., Alvarez, D., & Seligman, H. (2021). “Now I feel a little bit more secure”: The impact of SNAP enrollment on older adult SSI recipients. <i>Nutrients</i> , 13(12), 4362. <a href="https://doi.org/10.3390/nu13124362">https://doi.org/10.3390/nu13124362</a>	CA	SN AP	M M	0	2	1	0	0	0	0	0	0	0	0

<p>Schinkel, K. R., Budowle, R., Porter, C. M., Dai, B., Gifford, C., &amp; Keith, J. F. (2023). Service, scholarship, and sacrifice: A qualitative analysis of food security barriers and strategies among military-connected students. <i>Journal of the Academy of Nutrition and Dietetics</i>, 123(3), 454-465. <a href="https://doi.org/10.1016/j.jand.2022.07.002">https://doi.org/10.1016/j.jand.2022.07.002</a></p>	WY	FI	M M	0	3	2	0	2	0	0	0	0	3	0
<p>Stebleton, M. J., Lee, C. K., &amp; Diamond, K. K. (2020). Understanding the food insecurity experiences of college students: A qualitative inquiry. <i>The Review of Higher Education</i>, 43(3), 727-752.</p>	A	FI	M M	0	1	0	0	0	0	0	0	0	0	0

	United States													
Stenmark, S. H., Steiner, J. F., Marpadga, S., DeBor, M., Underhill, K., & Seligman, H. (2018). Lessons learned from implementation of the food insecurity screening and referral program at Kaiser Permanente Colorado. <i>The Permanente Journal</i> , 22. <a href="https://doi.org/10.7812/tpp/18-093">https://doi.org/10.7812/tpp/18-093</a>	CO	FI	Qualitative	0	0	0	0	0	0	0	0	0	1	0
Swales, S., May, C., Nuxoll, M., & Tucker, C. (2020). Neoliberalism, guilt, shame, and stigma: A Lacanian discourse analysis of food insecurity. <i>Journal of Community &amp; Applied Social Psychology</i> , 30(6), 673–687. <a href="https://doi.org/10.1002/casp.2475">https://doi.org/10.1002/casp.2475</a>	A	EF	Qualitative	1	6	1	0	4	0	0	0	1	1	1

Thompson, S. E., Smith, B. A., & Rees, K. S. (2005). Perceived barriers to participation in a supplemental nutrition program among low-income women on the US/Mexico border. <i>Californian Journal of Health Promotion</i> , 3(3), 24–28. <a href="https://doi.org/10.32398/cjhp.v3i3.646">https://doi.org/10.32398/cjhp.v3i3.646</a>	TX	WI C	Q ua l	0	0	0	0	0	0	0	0	0	1	0	
Tims, K., Haggerty, M., Jemison, J., Ladenheim, M., Mullis, S., & Damon, E. (2021). Gardening for change: Community giving gardens and senior food insecurity. <i>Journal of Agriculture, Food Systems, and Community Development</i> , 10(4), 85–101. <a href="https://doi.org/10.5304/jafscd.2021.104.030">https://doi.org/10.5304/jafscd.2021.104.030</a>	ME	EF	M M	0	1	0	0	0	0	0	0	0	0	0	
Varela, E. G., McVay, M. A., Shelnutt, K. P., &	Natio nal	FI	S R	0	1	0	0	0	0	0	0	0	1	0	1

<p>Mobley, A. R. (2023). The determinants of food insecurity among Hispanic/Latinx households with young children: A narrative review. <i>Advances in Nutrition (Bethesda, Md.)</i>, 14(1), 190–210. <a href="https://doi.org/10.1016/j.advnut.2022.12.001">https://doi.org/10.1016/j.advnut.2022.12.001</a></p>														
<p>Varela, E. G., Zeldman, J., Bolivar, I., &amp; Mobley, A. R. (2023). A qualitative study to compare barriers to improving food security among households with young children in the U.S. as perceived by different types of stakeholders before and during COVID-19. <i>Nutrients</i>, 15(6), 1438. <a href="https://doi.org/10.3390/nu15061438">https://doi.org/10.3390/nu15061438</a></p>	FL	FI	Qualitative	0	0	0	0	0	0	0	0	0	2	0

Varela, E. G., Zeldman, J., & Mobley, A. R. (2022). Community stakeholders' perceptions on barriers and facilitators to food security of families with children under three years before and during COVID- 19. <i>International Journal of Environmental Research and Public Health</i> , 19(17), 10642. <a href="https://doi.org/10.3390/ijerph191710642">https://doi.org/10.3390/ijerph191710642</a>	FL	SN AP, SN AP - ED, WI C, & EF	Q ua 1	0	0	0	0	0	0	0	0	0	2	0
Villegas, P. E., McGrath, C., Enriquez-Johnson, A., Hudgens, R., Flores, N., & Felix, R. (2022). Food insecurity stigma, neoliberalization, and college students in California's Inland Empire. <i>Food, Culture &amp; Society</i> , 25(4), 1-18. <a href="https://doi.org/10.1080/15528014.2022.2130658">https://doi.org/10.1080/15528014.2022.2130658</a>	CA	FI	Q ua 1	0	5	0	0	1	1	0	0	3	4	1

Vissing, Y., DiZazzo-Miller, R., & DiZazzo-Miller, E. (2017). Preserving dignity in the face of hunger: A study of food pantry utilization. <i>Humanity &amp; Society, 41(4)</i> , 461- 481. <a href="https://doi.org/10.1177/0160597617733580">https://doi.org/10.1177/0160597617733580</a>	MA	EF	M M	1	1	0	0	0	0	0	0	0	0	0
Waity, J. F., Lothamer, C. J., & Chupp, A. (2022). Geographic variation in barriers to the usage of food assistance in Indiana. <i>Journal of Hunger &amp; Environmental Nutrition, 17(3)</i> , 390-409. <a href="https://doi.org/10.1080/19320248.2022.2020848">https://doi.org/10.1080/19320248.2022.2020848</a>	IN	EF	Q ua l	0	0	0	0	0	1	0	0	0	4	3
Weaver, R. R., Hendricks, S. P., Vaughn, N. A., McPherson-Myers, P. E., Willis, S. L., & Terry, S. N. (2022). Obstacles to	A comp rehe sive public unive rsity	EF	M M	0	7	0	0	3	0	0	0	0	0	0

<p>food security, food pantry use, and educational success among university students: A mixed methods approach. <i>Journal of American College Health</i>, 70(8), 2548-2559. <a href="https://doi.org/10.1080/07448481.2021.1873789">https://doi.org/10.1080/07448481.2021.1873789</a></p>	<p>in the North east</p>															
<p>Weber, S. J., Wichelecki, J., Chavez, N., Bess, S., Reese, L., &amp; Odoms-Young, A. (2019). Understanding the factors influencing low-income caregivers' perceived value of a federal nutrition programme, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). <i>Public Health Nutrition</i>, 22(6), 1056-1065. <a href="https://doi.org/10.1017/S1368980018003336">https://doi.org/10.1017/S1368980018003336</a></p>	<p>IL</p>	<p>WI C</p>	<p>Q ua l</p>	<p>1</p>	<p>0</p>	<p>0</p>	<p>0</p>	<p>1</p>	<p>0</p>	<p>0</p>	<p>0</p>	<p>1</p>	<p>0</p>	<p>1</p>		

Wright, K. E., Lucero, J., & Crosbie, E. (2020). “It’s nice to have a little bit of home, even if it’s just on your plate”– perceived barriers for Latinos accessing food pantries. <i>Journal of Hunger &amp; Environmental Nutrition</i> , 15(4), 496-513. <a href="https://doi.org/10.1080/19320248.2019.1664963">https://doi.org/10.1080/19320248.2019.1664963</a>	NV	EF	Q ua l	0	0	0	0	0	3	0	0	0	4	1
Yamoah, O., Schulte, J., Osborn, L., Ogland-Hand, C., Zubieta, A. C., & Freedman, D. A. (2023). Pantry clients and Supplemental Nutrition Assistance Program-Education practitioners’ perspectives on factors influencing healthy eating policy, system and environmental interventions in food pantries. <i>Journal of</i>	OH	EF	Q ua l	0	1	1	0	0	0	0	0	0	0	0

<i>Nutritional Science</i> , 12, e81. <a href="https://doi.org/10.1017/jns.2023.64">https://doi.org/10.1017/jns.2023.64</a>														
Zekeri, A. A. (2004). The adoption of electronic benefit transfer card for delivering food stamp benefits in Alabama: Perceptions of college students participating in the food stamp program. <i>College Student Journal</i> , 38(4), 602-607.	AL	SN AP	Q ua n	0	1	0	0	0	0	0	0	0	0	0
Zepeda, L. (2018). Hiding hunger: Food insecurity in middle America. <i>Agriculture and Human Values</i> , 35, 243-254. <a href="https://doi.org/10.1007/s10460-017-9818-4">https://doi.org/10.1007/s10460-017-9818-4</a>	Middl e Amer ica	FI	Q ua l	0	4	2	0	0	0	0	0	0	2	0
<b>TOTAL</b>	N/A	N/ A	N/ A	79	139	33	0	38	10	5	3	35	37	47

*Note.* SNAP = Supplemental Nutrition Assistance Program; SNAP-ED = Supplemental Nutrition Assistance Program Education; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children; EF = Emergency Food; Quan = Quantitative; Qual = Qualitative; MM = Mixed Methods; SR = Scoping Review

## Appendix C

### STUDY 2 & 3 INTERVIEW PROTOCOL

#### Interview Questions

Hello, thank you for taking the time to speak with us today. My name is [Interviewer #1 name], and I will be leading the discussion, and (if applicable) this is [interviewer #2 name], who will also help facilitate this discussion and assist with taking notes.

The purpose of this interview is to learn about people's experiences at food pantries and to find ways to make them better.

We'll ask you about things like how easy it is to use these resources, how good the food is, and how you feel about the staff. Your honest answers are very important and will help us improve programming. Everything you share will be kept private and your participation is voluntary. We will be recording this conversation with your permission. Are you comfortable proceeding?

Do we have your consent to participate in this study? Yes or no?

#### **I. Pantry decision making and processes (15 minutes)**

1. I'd like you to start by imagining a scenario where you find yourself low on food and have decided to go to a food bank/pantry/cupboard. How would you decide which one to choose?
2. What is your typical experience like when you visit a food pantry to get food? Please describe the process from start to finish.
  - Be sure to listen for/try to cover:
    - Do you need to make an appointment?
    - What paperwork do you need to fill out?
    - Do you need to bring any required documentation (e.g., driver's license)?
    - Are there any rules around how frequently you can obtain food?
    - How do you get to the food bank/pantry/cupboard?
    - Where do you wait to get your food (car, in line outside, inside)
3. When was the first time you visited a food bank/pantry/cupboard?
4. How frequently do you visit the food bank/pantry/cupboard? (Trips in a typical month)

5. If you could change anything about your experience at the food bank, what would it be?

## **II. Food Description and Quality (10 minutes)**

Next, I would like to talk about the food available at the food bank/pantry/cupboard.

1. Please tell us about the types of food you typically receive (e.g., what's in the box this week).
  1. Be sure to listen for/try to cover:
    1. Produce
    2. Meat
    3. Frozen food
    4. Soda
  2. Do you have a choice in the items you get?
    1. If there is food you don't want, do you have to take it?
    2. Is there anything you have received that you haven't been able to use? If so, why?
  3. Describe the overall quality of the food, including its nutritional value, taste, and freshness.
    1. Have you ever been concerned about the quality of food items? If so, please explain.
    2. Does the food available fit your typical diet?
    3. Does the food available meet your health needs?
      1. Listen for/try to understand
        1. If participant has a chronic health condition (e.g., diabetes) -
        2. "How does the food you receive from the food bank/pantry/cupboard fit with your needs for managing diabetes? Do you find that the food options support your dietary requirements, or are there challenges you face in maintaining your diet?"
  4. If you think about all of the food you need for the month, about how much comes from the food bank as compared to other places (all of it, most of it, some of it, a little bit, none)
  5. Is the amount of food you receive from the food bank enough for you or your family?
  6. Is there anything you wish you could change about the food you receive or how you receive it?
    1. Listen for/try to cover:
      1. Culturally-appropriate food

## **III. Perceptions and experiences of stigma at food banks/pantries/cupboards (25 minutes)**

Next, I would like to ask you some questions about how you think food banks/pantries/cupboards are viewed by others.

1. In general, how do you feel about visiting a food pantry?
  1. probe: Have you ever felt embarrassed or uncomfortable when accessing food from a food bank/pantry/cupboard?
  2. probe: Have you ever felt judged or treated unfairly when using these services? If so, can you describe a specific situation?
  3. probe: Have you ever felt like you were treated particularly well when using these services? What did that look like?
2. How do you think your family/friends feel about you visiting a food pantry?
3. How do you think food banks, pantries, or cupboards are viewed by society in general?
4. How does the process of getting food, such as the layout of the space, paperwork, or interactions with staff, influence your experience at the food bank?
  1. Is there anything about the process of getting food (e.g., layout of the space, paperwork, interactions with staff) that makes the experience more comfortable/better?
  2. Is there anything about the process of getting food (e.g., layout of the space, paperwork, or interactions with staff) that makes the experience more uncomfortable or stigmatizing?

#### Impact on Relationships and Social Interactions

5. Who in your life knows that you use food bank/pantry/cupboard services, and has this affected your relationships in any way?
6. Have you ever worried about how friends, family, or others might react if they found out you were using food assistance? Would anyone you know be embarrassed if you obtained food from the food pantry? Would your children feel embarrassed or bullied if you received food from a pantry?
7. Have concerns about being treated differently ever made you hesitant to seek help from a food bank, pantry, or cupboard?

#### Impact on Well-being and Self-Perception

8. Have you experienced anything negative when you have visited food banks/pantries/cupboards?
  1. If yes, how has your experience with food banks/pantries/cupboard, or any stigma you've encountered, affected how you see yourself?
9. Has using these services impacted your overall mental or emotional well-being in any way?

## Changes Over Time and Coping Strategies

10. How have your concerns about stigma, or how you're treated, changed over time? If so, what has influenced this change?
  1. What strategies, if any, have you used to manage feelings you have experienced when using food banks/pantries/cupboards?
11. What advice would you give to someone who feels uncomfortable about using food bank/pantry/cupboard services?
12. What could food banks, pantries, or cupboards do to improve the experience for clients?
  1. probe: stigma

## IV. Positive Transition Question (3 minutes)

1. What has or would a positive or respectful experience accessing food at a food bank/pantry/cupboard look like for you?
  1. What did you like about it?
  2. How did it make you feel?

## V. Demographic Questions (3 minutes)

Next, I am going to ask you some questions about yourself which help us to understand participants' background and experiences.

1. What is your name?
2. What is your email?
3. What is your gender identity?
  1. Female
  2. Male
  3. Transgender
  4. Non-Binary
  5. Other (please specify) \_\_\_\_\_
  6. Prefer not to say
4. What year were you born?
5. What is your relationship status?
  1. Single
  2. I live at home with a partner or spouse
  3. Other (please specify) \_\_\_\_\_
  4. Prefer not to say
6. What races and ethnicities do you identify with? (\*Note\*: Can choose more than one)
  1. Black
  2. White

3. Asian
  4. American Indian/Alaskan Native
  5. Native Hawaiian/Pacific Islander
  6. Haitian/Creole
  7. Hispanic/Latino
  8. Other (please specify) \_\_\_\_\_
  9. Prefer not to say
7. What is your educational level?
    1. Less than a high school degree
    2. High school degree
    3. Some college
    4. Bachelor's degree
    5. Master's degree
    6. Doctorate/Professional Degree
    7. Prefer not to say
  8. What is your family's annual income?
    1. Under \$30,000
    2. \$30,000 to \$60,000
    3. \$60,000 to \$90,000
    4. Over \$90,000
    5. Prefer not to say
  9. What is your employment status?
    1. Employed full time
    2. Employed part time
    3. Stay-at-home parent
    4. Full-time student
    5. Unemployed and looking for work
    6. Unemployed and not looking for work
    7. Unable to work/on disability
    8. Other (please specify) \_\_\_\_\_
    9. Prefer not to say
  10. What is your current living situation?
    1. I own my home
    2. I am renting a home/apartment
    3. I am living with family or friends without paying rent
    4. I am living in temporary or transitional housing (e.g., shelter, group home)
    5. I am currently homeless
    6. Other (please specify) \_\_\_\_\_
    7. Prefer not to say
  11. How many people live in your household currently?
    1. How many of those people are children (under 18)?
      1. If there are children in the household,

1. What are your children's ages?
2. How many of those people are seniors (65+)?
12. Do you have diabetes or have you been diagnosed with diabetes by a healthcare professional?
  1. Yes, Type I Diabetes
  2. Yes, Type II Diabetes
  3. Yes, Gestational Diabetes
  4. Yes, Other (please specify)\_\_\_\_\_
  5. No
  6. Prefer not to say
13. Were you enrolled in SNAP over the last year? (note: also known as food stamps)
  1. Yes
  2. No
  3. Unsure
14. Were you enrolled in WIC over the last year?
  1. Yes
  2. No
  3. Unsure
15. Are you currently enrolled in any government programs other than SNAP and WIC? If so, which programs?
16. Within the past 12 months we worried whether our food would run out before we got money to buy more.
  1. Often true
  2. Sometimes true
  3. Never true
  4. I don't know
17. Within the past 12 months the food we bought just didn't last and we didn't have money to get more.
  1. Often true
  2. Sometimes true
  3. Never true
  4. I don't know

**VI. Closing Question (2 minutes)**

1. Is there anything else you think I should know?

Thank you again for your participation and for helping us to make a positive impact on food bank/pantry/cupboard services.