

SOCIAL CAPITAL, FOOD SECURITY, AND RESOURCE
UTILIZATION IN A LOW INCOME POPULATION

by

SARAH ELIZABETH MORROW

KATHRYN S. OTHS, COMMITTEE CHAIR
ELIZABETH ELLIOTT COOPER
KEITH JACOBI
JENNIFER SHOAF
MATTHEW WOLFGRAM

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ABSTRACT

In recent years, studies of differential access to resources such as food have been investigated through social capital measures. Social capital measures have used class based etic perspectives in order to determine why these differential outcomes exist. The theory base from which these measures are drawn is still debated in the interdisciplinary literature; and social capital measures have not been subject to context specific testing to determine their validity. This is, in part, due to the limited relationship between anthropology and social capital theory. Anthropology is in a unique position to develop emic measures which may better determine the utility of a class based concept like social capital. This research examines the validity of a theoretically and culturally defined model of social capital as a tool to understand differential access to the resource of food for a low income, food insecure population.

Cognitive anthropological methods and the Household Food Insecurity Access Scale were adapted and used with samples of low income women seeking food assistance through a Tuscaloosa, Alabama non-profit. It was hypothesized that a shared model of social capital would exist for clients and that knowledge of the model would predict food security levels. The results do not support a single shared model, but indicate that subgroups may share information about resource access. The results also indicate that knowledge of this emic social capital tool is not predictive of food security levels. Results suggest that food security levels predict social capital knowledge, instead. This may indicate that experience with food security is a greater predictor of world view and knowledge development. This research supports further critique of the utility of social capital theory in the food security literature and the use of culturally specific measures.

DEDICATION

This work is dedicated to my family: Linda Morrow, Thomas Morrow, Patronella Morrow, Robert L. Weaver, and Ryan Pasko. Their strength, support, love, and guidance have shown me that every life is equally valuable. Every life is equally special. Every life needs to be lived. This work is for them, with all of my love.

LIST OF ABBREVIATIONS AND SYMBOLS

BRFSS	Behavioral Risk Factor Surveillance Survey
CCA	Cultural Consensus Analysis
CCHIP	Community Childhood Hunger Identification Project
CDA	Cultural Domain Analysis
<i>df</i>	Degrees of freedom
ED	Executive Director
FANTA	Food and Nutrition Technical Assistance
FAO	Food and Agriculture Organization of the United Nations
GSS	General Social Survey
H	Hypotheses
HFIAS	Household Food Insecurity Access Scale
HFSSM	Household Food Security Survey Module
MDS	Multidimensional Scaling Analysis or Plot
<i>n</i>	Sample
NHANES	National Health and Nutrition Examination Survey
<i>p</i>	Probability of results or outcome
R	Pearson product moment correlation
R^2	Multiple correlation coefficient
RO	Research Objectives
SCMT	Social Capital Measurement Tool

sd	Standard deviation from the mean
SES	Socioeconomic Status
TES	Temporary Emergency Services
USAID	US Agency for International Development
US CFSM	United States Core Food Security Module
VIF	Variance inflation factors
WAFB	West Alabama Food Bank
<	Less than
>	Greater than
\geq	Greater than or equal to
\pm	Plus or minus
B	Standardized regression coefficients

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CHAPTER ONE

INTRODUCTION

Determining the roots of inequalities is a time honored tradition in the field of anthropology. Inequalities present themselves in a variety of human rights and human health areas. What makes one group of people lack a resource while others possess an overabundance of the same resource? This line of questioning is of particular importance for the study of inequalities by biocultural and medical anthropological researchers (Kohrt, Hadley, and Hruschka 2009; Singer and Clair 2003; Farmer 2004). Biocultural anthropology acknowledges the intersection of human biology and human culture (Dressler 2005). These two aspects of human life produce a feedback loop which has the potential to alter health outcomes (Singer and Clair 2003). Medical anthropology works to identify the systematic inequalities present in a given specific context and works toward identifying effective solutions to these problems (McElroy and Townsend 2009).

One topic of interest which incorporates both biocultural and medical anthropology is the anthropology of food. Food exists as biological necessity and as culturally prescribed formula (Anderson 2005). The dualistic nature of food creates right and wrong ways to consume food and right and wrong foods to be consumed, yet requires an individual to still consume foods in some way. Adhering to the culturally prescribed intake is not always a possibility due to the inequalities of access which are often culturally constructed and socially implemented, such as limited food access to appropriate foods during times of famine (Kent 2005). This process can have far reaching consequences in terms of biological development and health outcomes (Crooks

1998; Dressler, Oths, Balieiro, Ribeiro, and Dos Santos 2012; El-Sayed, Hadley, Tessema, Tegegn, Cowan, and Galea 2010). Difficulty in maintaining a healthy and culturally appropriate diet had been obscured by studies of food availability as opposed to food access (Kent 2005; Sen 1981). Food, in this case, has not just a biological impact, but a psychosocial one as well. This has come to be known as hunger (Radimer, Olson, Greene, Campbell, and Habicht 1992) or food insecurity (Coates, Frongillo, Rogers, Webb, Wilde, and Houser 2006) depending upon which conceptual history is of interest. Understanding that differential access to food creates a psychosocial insecurity prior to the severe physical ramifications of malnutrition has expanded the understanding of the importance of food in health.

The identification of inequalities in accessing food, like all other inequalities, must include the use of conceptual tools which illuminate the roots of inequality, not just the presence of an inequality. One such tool which has received much attention in the last twenty years has been the concept of social capital (Portes 1998; Farr 2004; Lin 2002). While social capital definitions vary, the central theme is the existence of a social connection which leads one to be able to access a resource (Bourdieu 1985; Portes 1998). This theory expands upon a purely economic analysis by combining aspects of social network theory, social support measures, decision making, and community involvement in order to explain how some people have more resources than others (Lin 2002). In practice, social scientists from a variety of fields have used it to develop measurement tools which seek to expose the differential social capital between populations (Burdine, Felix, Wallerstein, Abel, Wiltraut, Musselman, and Stidley 1999; Lochner, Kawachi, and Kennedy 1999; Kawachi and Kennedy 1999). However, these measures assume that all of these combined themes can be measured the same way across all populations, with no intracultural or intercultural variation. This displacement of capital ideals onto both populations

that may not be positioned within the capitalist economy in the same manner or on equal footing (Gilberthorpe and Sillitoe 2009) and those that are systematically disenfranchised by a capital system is not often successful (Farr 2004). Portes (1998) notes that this develops into a tautological system of blaming, where those who do not develop measurable social capital due to disenfranchisement are disenfranchised due to a lack of social capital. The utility of the concept is thus diminished through these measurement tools by homogenizing all populations while searching for inequality. The most egregious case of this occurs with social capital measurement tools which emphasize the upper middle class values of white America as measures (Putnam 2000). Despite these issues, the idea that social connections lead to attaining resources maintains its appeal for many social scientists.

Social capital has been extended into the investigation of food insecurity and differential access to food. Inequalities in accessing the resource of food are managed in a variety of ways and settings (Coates, Swindale, and Bilinsky 2007). Those who lack steady, appropriate, and reliable access to food—that is, those who are food insecure—come from a variety of backgrounds. These backgrounds are not well represented in the measurement of social capital to date due to a privileging of the ideals of dominant social classes. Some anthropologists suggest that social capital, as it has been developed for measurement, obfuscates inequalities more than it illuminates them (Durrenberger 2002). As long as social capital measures do this, they will fail to illuminate the roots of inequalities such as differential access to food.

Individuals experiencing food insecurity may seek assistance if it is available to them (Lower Mississippi Delta Nutrition Intervention Research Consortium 2004). This is true of the clients of Temporary Emergency Services (TES) in Tuscaloosa, Alabama. Clients of this non-profit seek out emergency food supplies during periods of insecurity. Systematically

disenfranchised groups, such as minorities and women, are known for issues with food insecurity in the Southern US (Crooks 1998; Hilliard 1972; Blumer 1965; Burgess 1965). The body of research in this area, however, is limited and rather dated. The connections between food security and social capital have not been explored. The clients of TES fall into multiple demographic categories associated with disenfranchised groups, such as those below the poverty line, women, and minorities. These individuals, however, are achieving access to the resource of food. It is not a long term solution, but it does serve to alleviate immediate need. They are participating in the fundamental aspects of social capital: accessing a resource (food) through a social connection (the organization of TES). By doing so, they are illustrating that the traditional measures of social capital and the views which are emphasized through these traditional measures are not the only models of social capital available.

Background and Significance

The purpose of this research is to determine if social capital is a valuable theory base from which to develop measurement tools which assess inequalities such as access to food. If it is thus then the question becomes: are these measurement tools better served by being formed from the broader theory base or by being developed from locally specified contexts? This research fills a gap in the larger body of literature by evaluating the utility of a cultural model of social capital for a specific population.

Throughout this research, I employed the approaches of cognitive anthropology. This perspective sees culture as the knowledge which is shared between individuals. Culture, then, is a cognitive construct (D'Andrade 1995). This culture knowledge may include information about accessing resources and when it is appropriate to share information about resources. These key

aspects of social capital can be elucidated through anthropological methods, especially those of cognitive anthropology. Anthropology is known for rich ethnographic narratives which paint portraits of the lives of others. These narratives are crucial to representing the subjects of anthropology in an accurate way. Cognitive anthropology is a method and theory which takes the information produced in these narratives and supports them with qualitative and quantitative data. This process is able to account for intragroup variation and intergroup variation in responses while investigating whether or not the theoretical domain of social capital is salient for a given population.

The women who use TES as a point of access to food are defying the expectations of traditional social capital measures and the barriers of their perceived social disenfranchisement. This implies that the information they required to access the resources may come from a shared type of social connection or understanding of access. By investigating the information which these women are utilizing and testing the knowledge which they associate with their ability to access resources, this research will test the validity of a culturally shared model relating the theoretically based social capital to the practices equated with social capital. This research is significant as social capital has not been explicitly investigated through cognitive methods; social capital has been underexplored for systematically disenfranchised populations; and the connection between social capital and food security, while being preliminarily explored (Dean and Sharkey 2011), has not been investigated in relation to the validity of social capital measures and their predictive value.

The fact that individuals in need may seek out assistance in a capital based society like the US suggests that the complex nature of resource access through social connections has not been successfully articulated yet (Portes 1998). The incorporation of variation through measures

which emphasize cultural specificity will expand the literature on social capital. By working with a population like those who use the services of TES, this is possible.

Research Objectives (RO) and Hypotheses (H)

- **RO1.** To explore the social interactions in the everyday lives of women vulnerable to food insecurity.
- **RO2.** To develop a sense of place at TES.
 - **RO2.a.** To pretest and adapt the Household Food Insecurity Access Scale with TES staff and volunteers.
- **RO3.** To determine if a cultural model of social capital exists for women using TES.
- **RO4.** To determine the relationship between the degree of food insecurity and the agreement with a model of social capital.

The following specific hypotheses were predicted:

- **H1.** A shared model of social capital exists for TES users seeking food assistance.
 - **H1.a.** The most agreed upon portions of the shared model will reflect local knowledge more so than traditional measures of social capital.
- **H2.** The level of competency in the model of social capital will predict food security levels.

Research Design

All research was conducted at TES and is framed through my own participant observation and cultural emersion. Research was carried out in three larger phases which served to meet the aforementioned research objectives. In phase one of the research, I conducted in depth, semi-structured ethnographic interviews with a sample of female clients at TES. These interviews

resulted in detailed narratives about the nature of everyday life for these women, including topics like priorities and social interactions for each day. These narratives were analyzed for themes which represented either the narratives or theoretical literature. These themes were then developed into belief, or propositional, statements which represented the views expressed by the respondents in phase one. These statements can be used to test the agreement between individuals through cultural consensus analysis (Romney, Weller, and Batchelder 1986). Cultural consensus analysis (CCA) also allows for the statements to include participants own words. This makes the statements true to the larger narrative and helps them to maintain emic validity when tested. This process also takes culture knowledge from individuals and tests how well the culture knowledge can be generalized to the large population.

Phase two highlighted the experiences of staff and volunteers at TES. Their stories and their cultural knowledge were recorded in order to assess and support the development of the belief statements in phase one. The staff were also asked to pretest and adapt a measure of food security, the Household Food Insecurity Access Scale (HFIAS) (Coates, Swindale, and Bilinsky 2007). The HFIAS serves many of the same purposes as the CCA statements in that the adaption of the HFIAS allows for the language of clients to be used in order to maintain emic validity.

Phase three incorporated the statements developed in phase one and the adapted HFIAS developed in phase two. Both tools were administered to a new sample of women from TES. Respondents were asked to respond to each of 20 belief statements in terms of both their view of themselves and others like them. Each statement was answered as either 'agree' or 'disagree'. Respondents were then asked to answer nine questions reporting indicators of food insecurity and supplemental questions about frequency of occurrence for each applicable indicator. Responses for the 20 belief statements were evaluated using consensus analysis to determine

whether or not there was enough agreement between individuals for there to be consensus on a single shared cultural model. These results were then compared to food insecurity scores calculated from the indicators of food insecurity and their frequency of occurrence.

Chapter Organization

Chapter two begins with an exploration of the history of social capital theory. This outline of theory is then connected to the larger body of literature on social capital measures and health outcomes. The shortcomings in measurement are then addressed through the cognitive anthropological perspective. Following a brief overview of the principles of cognitive anthropology as both a theory and method, cognitive anthropology is then connected to developing cultural models of social capital.

Chapter three looks at the development of food security as both a concept and a measure. It follows the shift in focus from measures of food availability at the national level to food access at the household level. Finally, household level measures of food security and their individual assumptions are evaluated and compared.

Chapter four frames the setting of this research. A brief background of the larger area of Tuscaloosa, Alabama, is given in order to suggest the complex history which comes together in this location. This is followed by an introduction to the research site itself, Temporary Emergency Services (TES).

Chapter five focusses on a report of preliminary research conducted at TES. This research is reproduced here in order to illustrate the information which brought about the larger questions for this thesis.

Chapter six outlines the methodology used across the three larger phases of research.

This includes sampling strategies and final samples; the human subjects' protections taken; the data collection process, including a more detailed look at the methods of cognitive anthropology; a timeline of all research activities; and the data analysis utilized.

Chapter seven presents the findings from this research. It is divided between the three larger phases, as previously outlined. Semi-structured client interviews are analyzed for themes and developed into belief statements. These are supplemented with insights from TES staff and volunteers. Staff and volunteers were also asked to pretest and adapt the HFIAS. Consensus analysis is run on the belief statements and compared across demographic grouping variables. Consensus results are also compared to the results of the HFIAS.

Finally, chapter eight presents an overview of the results and their connection to the larger body of literature. This is highlighted by an exploration of the specific hypotheses which were tested. This is followed by an evaluation of the limitations of the research, the need for further research in the future, and the broader implications of the work on the nature of social capital and social capital research.

CHAPTER TWO

SOCIAL CAPITAL AND COGNITIVE ANTHROPOLOGY

...said Margaret... “You remember how [father] would trust strangers, and if they fooled him he would say: ‘It’s better to be fooled than to be suspicious’ – that the confidence trick is the work of man, but the want-of-confidence trick is the work of the devil.” Mrs. Munt longed to add: “It was lucky that your father married a wife with money.”

- E. M. Foster, *Howard’s End* (1910)

I correspond so very well to what social prejudice has collectively construed...that I am one of the multiple cogs that make the great universal illusion turn, the illusion according to which life has a meaning that can be easily deciphered.

- Muriel Barbery, *The Elegance of the Hedgehog* (2006)

Introduction

Medical anthropology understands human health and well-being as a complex set of relationships which require context specific responses (McElroy and Townsend 2009). One of the most salient issues facing medical anthropology today is the prevalence of social inequality and its impact on health and well-being. Social capital, a complex and debated concept, has come to the forefront of research on differential health outcomes. Anthropology understands groups of people to be joined together by shared information, but without hard and fast boundaries. If this is the case, then there will be differential access to the tools necessary to maintain health. Contemporary theorists often attempt to engage social inequality by looking to positions of power and the development of social structure (Singer and Clair 2003; Farmer 2004). However, it is also likely that individual actors maintain agency even in the face of diminished power. Social capital, in its most general definition, involves social connections which shape one’s ability to access resources (Portes 1998). The social sciences have begun to rely heavily on the concept of social capital to articulate some of the ways in which power differentials and agency play out in relation to health and well-being. Current approaches to understanding and measuring

social capital as an aspect of social inequality emphasize the power of social networks, accessing the kinds of capital preferred by the majority, and standard measures of socioeconomic status. This jump from theory to measurement, however, has been sudden and not well grounded in specific contexts. This stems largely from social capital definitions and measurements which emphasize the priorities and norms of a dominant social group, thus limiting the power and agency of others. The mechanisms through which culturally specific health and well-being are achieved vary greatly across cultures. One way in which to measure variation both within and between cultures is cognitive anthropology (D'Andrade 1995). The incorporation of cognitive anthropology into the discussion of social capital may serve to clarify the usefulness of social capital as a measure of differential health outcomes. This chapter will review the theoretical trajectory of social capital; the use of social capital in the social sciences; the development of tools and proxies seeking to measure social capital; the hypothesized relationship between social capital and health outcomes; a brief background of cognitive anthropology; and the possible future of social capital and cognitive anthropology.

Social Capital: A Brief History of Theory

The theory of social capital has a much more complex and colorful history than might be expected. The phrase 'social capital' may have an intuitive component that also allowed it to be independently developed and refined at multiple points in time and in very diverse places. Most commonly, Pierre Bourdieu (1985) is cited for thoroughly developing social capital as we know it today with his work on the sociology of education. However, the earliest salient references to social capital predate this work by roughly 75 years (Farr 2004). By chronologically charting the trajectory of social capital across multiple disciplines, a better understanding of how this

compelling idea became so popular and so divisive may appear (see **Figure 2.1** for a visual of chronology and intellectual outline of social capital theory).

Many foundational social theories are brought together, albeit in a variety of manners, to create social capital theories. Most central to social capital is Karl Marx. Marx's outlining of the development of capitalism and its impact on the proletariat are central to understand how capital may or may not exist in other forms. Similarly, he lays ground work for differentiating between the complex capitals used in exchange as opposed to simple economic transactions (Marx 1867). The production of a capital-based system of social organization also creates and recreates social roles based on class. Marx suggests that this leads to social solidarity due to shared experience and identification. Social solidarity, in turn, is the source through which groups are able to promote change. Emile Durkheim's work acknowledges the creation of social solidarity, but through mechanisms based on the social norms and roles outlined by the dominant mindset of the group (Durkheim 1895). These social facts, as Durkheim calls them, exist beyond the individual and will continue to exist with or without the individual. The final piece of the origin of social capital comes from Alexis de Tocqueville, a French philosopher with an interest in American democracy (Fried 2002). Tocqueville saw American society as being based on active equality. This equality, he argued, was present in every aspect of daily life. This included the idea that American democracy was based in political, social, and economic equality. Tocqueville, an aristocratic liberal, often compared the equality in America to the relative inequality in France. His idea of equality, however, was largely based on the power of "group think." Not unlike Durkheim, Tocqueville saw the power of the dominant mindset. Among these three central theorists, the majority of later social capital theories can be positioned.

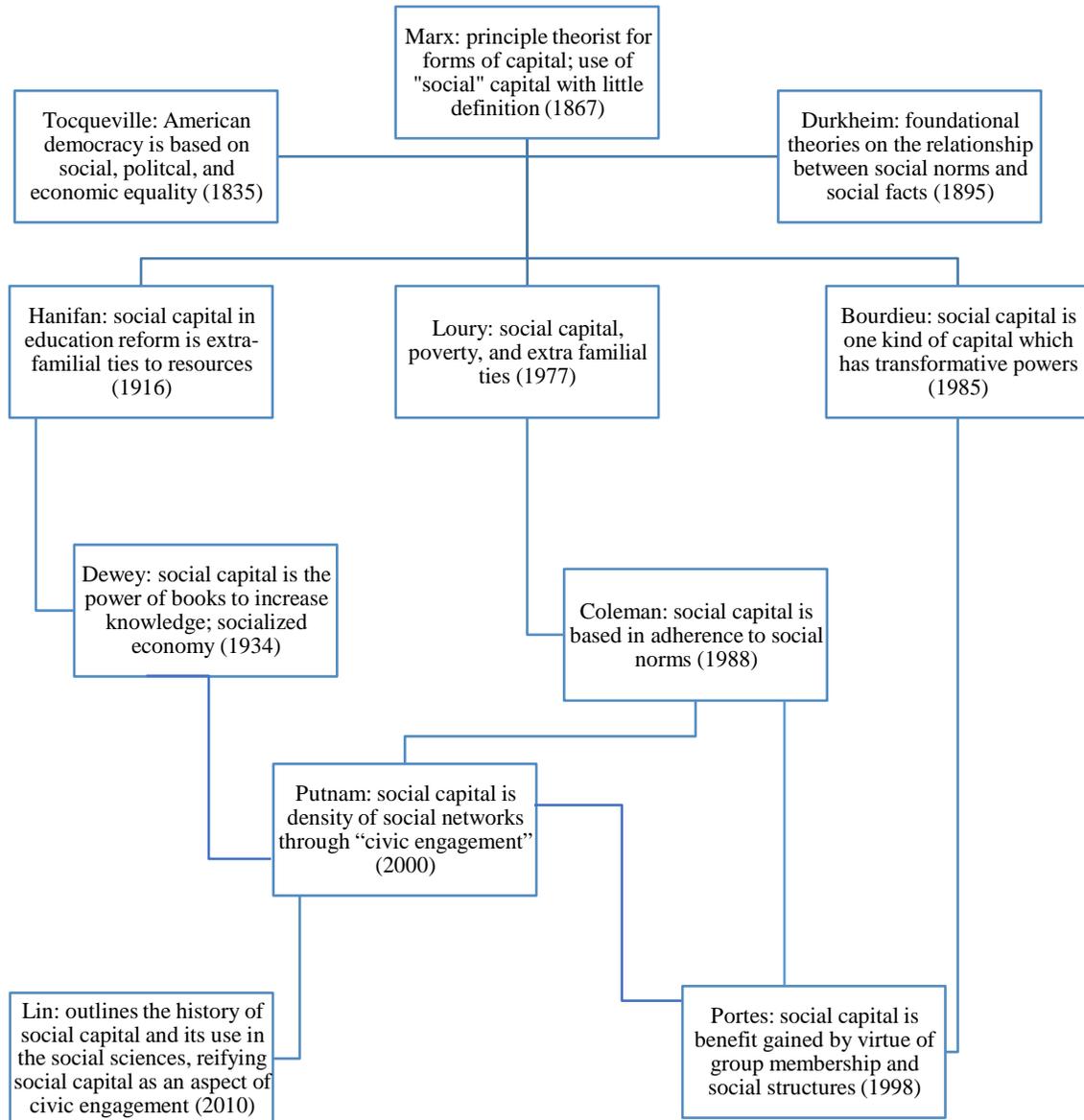


Figure 2.1. Chronological and intellectual outline of the development of social capital theory.

One of the earliest mentions of social capital (beyond an offhand comment from Marx himself) comes from a rural education reformer from West Virginia in 1916. Hanifan spoke of an intangible kind of capital (e.g., social capital) based in social avenues which may increase access to resources like education (Farr 2004; Putnam 2000). Hanifan made note that these social relationships were largely extra-familial and represented access to resources not available to an individual through their family relationships. This is the basis for social capital theory in political

science. Hanifan's focus on education reform goes hand-in-hand with the analysis of social and economic conditions and policy reform in the political sciences. With this in mind, it should be noted that Hanifan's approaches to reform were based on upper-middle class, white American standards of what makes one resource better than another. Value was placed on an individual's involvement with community civics. These biases continue to be echoed in future work on the topic of social capital.

Another education reformer and proponent of civic behaviors as central to community building was John Dewey (Farr 2004). Dewey, in his time, furthered the idea of social capital by outlining education, and specifically books, as being capital-like locations of knowledge which could be used for social gain. This use of social capital fundamentally relates to Hanifan's, yet emphasizes a specific avenue through which one achieves tangible gains. Dewey used the term "social capital" earlier than Hanifan, but did not fully formulate his version until he was exposed to political economic theories in the 1930s. By incorporating political economy and his own brand of pragmatism, Dewey saw social capital as an avenue for developing a socialized economy in which resources were tied to social relationships as opposed to a private, capital economy. This is very much in a Marxist tradition of social solidarity being expressed through a form of capital, here access to resources which increase knowledge.

Farr (2004) suggests that this trajectory of social capital lends itself more to being an illustrative term as opposed to a tangible theory from which to draw measurement. He goes so far as to suggest all uses of the term social capital should be either italicized or placed in scare quotes to emphasize the lack of tangibility. Social capital in the political sciences, and to some extent economics, is then too figurative to have a direct application to capitalist social relations. Civic involvement and social unity come from public engagement with education. It is most

intangible due to a need for some sort of moral obligation to exist which dictates participation in the social functioning of a group or community. The principal theorists for this version of social capital, Hanifan and Dewey, emphasized a mindset which leads to inclusive education and service learning opportunities. Social trust becomes inseparable from social capital due to the supposedly implicit moral obligations to a community. While noble in orientation, this is not the end of this line of thinking on social capital, and it becomes conflated with other theoretical orientations which do not benefit from its inclusion.

Social scientists in anthropology and sociology draw heavily from an intimately related area of knowledge. Distinctions can be made in application, however, which mark these disciplines as using social capital in a different fashion. These areas expand on the idea of resources like education producing social change. However, these social changes are less likely to be looked at in terms of macro-level measurements, such as communities or nations, but as part of each individual's access to resources.

Bourdieu outlines the relationship between cultural capital, social capital, and economic capital at various key points in his career, all with slight variations. Bourdieu first uses the term 'social capital' in his classic piece *Outline of a Theory of Practice* (1977). Here, brief reference is made to the concept in relation to the initial ideas of symbolic capital and social functioning of groups. Bourdieu's applications of capital are intended to reflect the effects of capitalism on the structure of French society. This capital was originally broken down between symbolic capital, the intangible exchanges that occur within the confines of a structure through disinterested actors, and material capital, a more traditional form of economic capital that has an intentional show of power associated with it (Swartz 1997). This conversation about the kinds of capital, the structures at play at the conscious and unconscious level, and the role of the actors (Bourdieu

1977) eventually led Bourdieu to his more refined definition of the forms of capital found in *The Handbook of Theory and Research for the Sociology of Education* (1985). Here, Bourdieu defines social capital as the following:

...the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition...
(Bourdieu 1985: 248)

Bourdieu carries this further by placing emphasis on the social solidarity which may emerge from group level inclusion:

...the profits which accrue from membership in a group are the basis of the solidarity which makes them possible. (Bourdieu 1985: 249)

Social capital is made up of both the symbolic and the material access to capital that an individual has through social connections, like group membership. Bourdieu indicates that group membership means things such as a shared status, title, position, or goal. This shared social action, in the Marxist tradition, then allows individuals access to the symbolic and material capital granted by the solidarity of the social tie. In this sense, the tie itself is an aspect of the social capital, yet is not the social capital.

In Bourdieuan terms, the individual's unique habitus, which includes all interactions with social structures and the differential access to said structures that each individual experiences, grants them access to social capital through changes in social networks based on shared goals and status. Bourdieu revisits these concepts throughout his career, notably in *Distinction: A Social Critique of the Judgement of Taste* (1984) and *Language and Symbolic Power* (1991). The former looks at social capital as being a part of the tripartite capital system that he favored later in his writings: cultural, social, and economic capital. These three forms of capital imply that there are extra-familial aspects of capital that can be transformed from one form to another in

order to change an individual's social position. The latter mention of social capital looks at the ways in which the forms of capital are used in order to compensate for differential access to resources through the linguistic marketplace, where use of language is central to social value judgments. The question is whether or not the social capital at the disposal of an actor allows that actor to meet personal goals. Bourdieu suggests that the main reason to develop social relations outside of the family is to better position one's self to access social capital. This version of social capital focuses on an individual actor's ability to access both symbolic and material gains through social solidarity in the form of group memberships and shared social status.

Bourdieu's work has invited a wide range of kinds of capital into the discourse of the social sciences. While his underlying point of capitals being transformative remains, the distinctions between the capitals and how we determine the nature of said capital is vague. This may actually be a product of capitals being transformative in the sense that transformation implies a degree of fluidity which may hinder analysis. Incorporating this aspect of social capital theory into social capital measurements may increase the conflation of cause and effect and further diminish individual agency. Bourdieu's classic anthropological approach looks to transformative capitals as being indicative of power. If social capital, whatever we may define it to be, is indicative of power, then of course the socially disenfranchised and low income will fall into the category of the powerless.

Loury, an economist, engaged with social capital theory both prior to Bourdieu's major works and after. Loury sought to identify if and how social capital made sense in low income and systematically disenfranchised groups, such as African Americans (Loury 1977). Framing social capital in economic terms, he suggests that aspects of capital exist beyond the individual actor. He equates the successes of the individual and the individual's access to information and services

as being closely related to the individual's social relationships. The social history of slavery in the US had an impact on the ability of African Americans to gain upward mobility in various social settings. Loury noted that individual-centered approaches to understanding economics and social settings limited opportunities for upward mobility. In other words, if an individual is bound by the available resources, then neither the availability of resources nor the social relationships can change. This was clearly not the case, however. By the 1970s, social change had occurred which began to shift the access to various forms of capital for groups like African Americans. Loury argues that the addition of extra-familial ties expands the social capital an individual has and opens up opportunities for social mobility. Unfortunately, Loury never defines what social capital is or what it specifically consists of when he outlines his interpretation. The contribution he makes through the inclusion of both familial and extra-familial ties in social capital theory, however, has been invaluable. It successfully outlines some of the ways in which social capital may permit social mobility within a class-based system of social interaction.

A sociologist and frequent collaborator of Bourdieu, Coleman brought social capital to the forefront of the sociological conversation. As president of the American Sociological Association, Coleman took a stance that declines in social capital in sociological studies of education were closely related to changes in the dominant social norms of the US (Portes 1998).

Coleman's definition of social capital remains vague, but with a purpose:

Social capital is defined by its function. Not a single entity but a variety of different entities, with two elements in common: they all consist of some aspect of social structures, and they facilitate certain actions of actors – whether persons or corporate actors – within the structure.

(Coleman 1988: S98)

By defining social capital by its function, Coleman produces a contradictory theory. The emphasis for Coleman is placed on dense networks which have the ability to maintain closure,

that is networks which are populous enough to be able to enforce social norms. One such emphasized social norm is reciprocity. Coleman saw the exchange of a tangible good from one member of a network to another as a gift. The member who gave the gift is then privileged as the maintainer of the system of social capital within the network. This actor has then created social capital through a social norm of reciprocity, or social capital, which serves to illustrate one's success within and control of the social system. However, the inclusion of something like donation into a system of social capital raises questions about whether the mechanism of donation is reciprocity as opposed to social obligation. It also raises questions about the possession of social capital being the only avenue for receiving the material gains due to a limited network. Portes notes that "defining social capital as equivalent with the resources thus obtained is tantamount to saying that the successful succeed" (1998: 5).

Individual actors do not possess social capital in this version, as social capital is an aspect of social structures (Farr 2004). Social capital is only developed through participation in existing social structures that support the needs of a dominant group. In other words, social capital is rooted in participation and membership in the extra-familial structures, and only of the ruling class. With this kind of application, there is little room for micro-level analysis and a strict focus on the structures as being external to the individual. Coleman's research emphasized sociology as a guide to creating a rational society with status achievements as goals for individuals (Portes 1998). The role of sociology for Coleman was that of a gatekeeper and mediator for social norms which must be instilled and maintained in order to create a successful and civic nation. The values of the World War II, upper-middle class, white Americans were placed on a pedestal as the heart of the production of social capital. A common theme in sociological research on social capital under Coleman's influence was emphasizing two parent households and stay-at-home

mothers as being central to children successfully developing social capital.

The image of social capital in popular culture comes from an amalgamation of these broader theoretical trajectories from the fields of economics, education, and sociology. This is most clear in the work of Robert Putnam. Putnam's book, *Bowling Alone: The Collapse and Revival of American Community* (2000), expanded on his earlier work on the decline of social capital in the post-World War II era (Putnam 1995). This book entered the American popular nonfiction market and brought social capital theory out of academia and into the public eye. Putnam's take on social capital, then, has become one of the more accepted approaches to conceptualizing what comprises social capital. The bulk of the text outlines declines in civic participation, leading to "civic engagement" becoming a phrase synonymous with social capital, which promotes the kind of general social capital which Dewey and Hanifan suggested. This theory of social capital must involve some sort of social obligation and civic engagement for one to be situated to access resources. Putnam does not create a very full definition of what social capital means, but the following quote is the closest approximation:

Whereas physical capital refers to physical objects and human capital refers to properties of individuals, social capital refers to connections among individuals – social networks and the norms of reciprocity and trustworthiness that arise from them (Putnam 2000: 19).

By choosing not to focus on what the definition of social capital is, he looks instead to signs that some sort of abstract social capital has diminished at the national level. Drawing largely from Hanifan, Dewey, and, to some extent, Coleman, Putnam makes the argument that social capital is what America is losing as social norms shift. The effects of Putnam on social capital theory have been to understand the concept as a product of those things through which it is measured. This includes the noted decreases in membership of public institutions and social groups to the perceived decrease in voting activity and community building. Putnam's immense amount of

statistical information on these topics paints a grim picture for American, macro-level social capital.

Critics of Putnam have been far ranging and vocal. The 2002 edited volume *Social Capital: Critical Perspectives on Community and "Bowling Alone"* leads the critique of Putnam's social capital from the political sciences. Putnam's focus on social capital as an aspect of democratic society and political engagement is a sharp turn from his forebears. McLean and colleagues attempt to reconcile this shift within the larger body of literature on social capital with little success. The following is the popular impact of Putnam's idea of social capital:

For Putnam, social capital signifies the measureable number and density of a society's human connections and memberships that connect us in civil society. (McLean, Schults, and Steger 2002: 1)

The popular interpretation of social capital has, thus, lost the connection to the individual actor's ability to access resources, even through membership. It emphasizes the density of social ties available to the individual instead of the tangible resources which an individual has access to through some degree of social solidarity. Another issue with Putnam's chosen measurements comes from the social class which they represent. Voluntary membership in organizations and participation in local politics implies that individuals have a certain degree of leisure time available in order to participate. This inherently privileges a social class which can participate in such activities. It sees the values of the most powerful group as being the most important methods for achieving social capital. If social capital, whatever we may define it to be, is indicative of power, then of course the socially disenfranchised and low income will fall into the category of the powerless. This would create a cyclical disenfranchisement for marginal groups which would stop them from developing social capital. Adhering to dominant norms to gain power, as Loury began to argue, may not be the only way for an actor to gain social capital. This leads to questions about what group membership, whether it is Putnam's voluntary association or

Bourdieu's membership through solidarity, really means for resource availability for individuals. Anthropological and sociological critique of Putnam's work has played a key role in outlining this problem.

The emphasis on the norms of the dominant group being the standard for social capital development leads to one of the most important critiques offered by anthropology. While some anthropologists support the approach outlined by Putnam, but not the goals of emphasizing specific, Western social norms (Gilberthorpe and Sillitoe 2009), most have a broader critique to offer. Durrenberger (2002) notes that capital is wealth and that by applying it to social structures, there is a further conflation happening. He argues that by indicating anyone can develop social capital if they adhere to certain dominant norms, these theorists are suggesting that there are no class disparities: "If everyone has social relations, then everyone has social capital" (Durrenberger 2002: 5). In this sense, Durrenberger is also addressing another contested aspect of social capital: does it exist in gradations or does it exist through a presence or absence measure? A counter critique from anthropology by Natarajan and Ilahiane (2003) argues the fact that Bourdieu's social capital is largely focused on the differential access that class structures create to both material and symbolic capital. Schneider's (2006) response to the larger anthropological discourse on social capital serves to best articulate some of the misunderstandings of the various definitions and their use within anthropology. She makes clear note of the overlapping concepts and the assumptions that exist within each. Namely, she points to Putnam's conflation of trust in society and voluntary membership in social organizations as being a key hurdle for the concept to overcome. If this is the main use of social capital, it will miss the important inequalities that exist within cultures. Schneider argues that the role of the anthropologist in exploring the value of social capital is in developing models within culturally

specific contexts of how social capital works and in understanding the holistic nature of culture.

Unlike Putnam and Coleman's approaches, an anthropological social capital cannot be abstracted as a single entity, but must be contextualized through specific measures. Only in this sense can social capital be understood to acknowledge and account for class disparities. This fits well with the critique by Portes (1998), which sees the only way to truly understand social capital is in relation to the totality of the structures by which individuals are bound. Much of the body of literature on social capital has attempted to utilize the concept as an aspect of capitalistic society, per Western applications of capitalism. This transposing of capital into contexts which do not always lend themselves to such an interpretation puts social capital into a difficult position. Coleman (1988), himself, notes that sociology stands in a position to view the actor as socialized and invested in group action and economics views the actor as individualistic and independent of most social control. Anthropology holds the position of understanding culture as both the classic complex whole and the knowledge distributed between individuals, who then act on that knowledge differentially.

Measuring Social Capital

As the social sciences continue to struggle with how to and whether or not to use social capital theory, a plethora of measurements of social capital have sprung up. Portes (1998) outlines three key aspects which must be differentiated in order to appreciably measure social capital. First, any analysis of social capital must differentiate who the possessors of social capital are in a given context. Portes would suggest that individuals are the possessors of social capital. They belong to large groups, often marked by a social trait, which may or may not include voluntary membership within organizations. The social traits which are commonly associated

with social capital are then things like gender, ethnicity, educational level, and income. These things may change one's available social networks for accessing resources which can result in tangible gains. This would then lead to the creation, or lack thereof, of social capital. Second, Portes notes that the sources of social capital must be differentiated. Social capital theories operate on assumptions pertaining to either individuals alone or social networks/membership in groups being the sources of social capital. Finally, the resource being accessed through the use of social capital must be defined. By pulling apart these aspects of social capital, it may be possible to develop measurements. However, this has been poorly articulated so far in the larger body of literature. **Figure 2.2** outlines the main questions that measures of social capital have worked to address. This complex array of options for measurement, like scale of application and the nature of social capital, illustrates just how diverse the literature is when it comes to evaluating social capital.

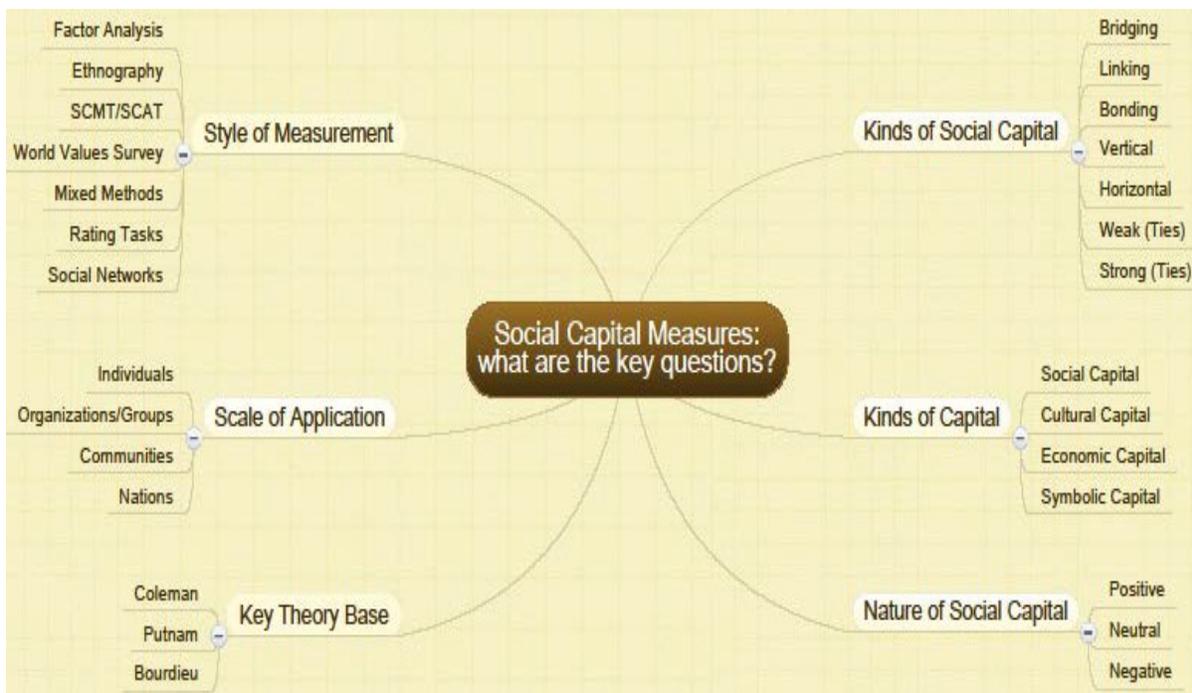


Figure 2.2. Key factors influencing approaches to measuring social capital.

Those who follow Putnam's version of social capital look to statistical measures of community and national involvement in so-called civic organizations. The classic example of this comes from the decline in voter participation and community politics. This is a difficult measure to justify as a measure of social capital, outside of it being identified by Putnam as being related to increasing social capital. Following this tradition, the World Values Survey has become another way in which social capital is measured at the macro-level (The World Values Survey 2010). The World Values Survey is an inventory which measures national level trends in social norms and cultural values. It places nations on continuums which then claim to illustrate a unified view of the world for that specific country. Countries may be placed into different groupings based on perceived happiness, economic gains, social cohesion, and development, which is largely defined in terms of the successful adoption of capitalist ideas. The World Values Survey, specifically, places nations between traditional vs. secular-rational values and between survival vs. self-expression values. These continuums clearly value Westernized ideals for social norms and cultural values. Modified versions of this instrument are used in studies to determine social capital's influence on health outcomes. The factors addressed by the World Values Survey are central to Putnam's interpretation of social capital and seem to add credence to his arguments for when social capital is increasing or declining. This approach to measurement, however, maintains a tautology present in Putnam's work which is outlined by Portes:

Tautology in this [example] of social capital results from two analytic decisions; first, starting with the effect (i.e., successful versus unsuccessful cities) and working retroactively to find out what distinguishes them: second, trying to explain all of the observed differences....the quest for this prime determinant often ends up by relabeling the original problem to be explained. ...theory then goes on to assert that civic virtue is the key factor differentiating well-governed communities from poorly governed ones. (Portes 1998: 20)

That is to say that civic engagement is the sign of civic engagement and democracy is the sign of democracy. The use of the World Values Survey to measure social capital results in the same kind of cyclical argument. This same kind of measurement approach has also been adopted by the World Bank (The World Bank Group 2011). The World Bank works to measure social capital as an aspect of development, again showing a requirement of the adoption of Western ideas of capitalism. The categories of interest in The World Bank's measurement tool break down into the following five areas: groups and networks, trust, collective action, social inclusion, and information and communication. While these are not inherently biased areas, it is worth questioning whether or not they are accessing the direct mechanisms through which one gains access to a resource or what degree of quality said resource has.

Numerous proxy measures have been used to make a similar argument. The most common proxy measure for social capital is, of course, civic engagement (Kitchen, Williams and Simone 2012). This is followed closely by measures of religiosity (Burdine, Felix, Wallerstein, Abel, Wiltraut, Musselman, and Stidley 1999), social cohesion (Lochner, Kawachi, and Kennedy 1999), and socioeconomic status (Kawachi and Kennedy 1999). The use of socioeconomic status (SES) is one of the most troubling approaches to measuring social capital. SES as the effect of social capital and as the cause indicates that poverty is only cyclical. This harkens back to Durrenberger's critique of Putnam's social capital (2002). He suggests that by looking at SES, social classes are made invisible under the guise of simply lacking social capital. This fails to address larger structural questions which may be creating and recreating inequality.

A final, and popular, approach to measuring social capital comes in the form of social network analysis. The density of social ties, as Coleman and others argue, is thought to increase social functioning and social capital. Social network analysis should, in theory, support this.

However, social network analyses emphasizing the density of social ties may miss one of the three differentiations which Portes suggests for understanding social capital: the quality of the resource. The social tie, in and of itself, is not the social capital, but the potential access to the social capital. Social network analysis would then be a point from which to begin investigating social capital in a given context, but not a way to measure social capital. Granovetter stresses that access to resources may not rely on the density of ties, as dense ties may imply a more closed system of ties which experiences less access to new resources (Granovetter 1973). Dense social ties may have a strong impact on social support, but less of an impact of resource acquisition. Instead, the quality of the available ties would be more valuable in understanding social capital. This would move the use of social network analysis of social capital closer to Portes' three part system. With all of these measurements in mind, it becomes clear that the emphasis which Putnam placed on American social values as an aspect of capitalist development has been pervasive.

Social Capital Measures and Health Outcomes

Given the complexity of both the theoretical base and the methodological challenges, it is somewhat surprising that social capital has become such a mainstay in studies of health and nutritional outcomes. Yet, it dominates the literature at every turn in public health, sociology, and anthropology. A brief overview of this body of literature shows that measures of social capital rely principally on the aforementioned measurement tools. This makes the results of many predictive studies of health and nutritional outcomes as tautological as the theory base in which the studies are grounded tends to be. By looking at the measures used in these studies and how they do and do not vary from those previously outlined, medical anthropology may identify areas

of future inquiry.

Kawachi, Kennedy, and Glass (1999) used the General Social Survey (GSS) to measure trust, reciprocity, and membership in voluntary organizations. This data was compared against information from the Behavioral Risk Factor Surveillance System (BRFSS) to determine if the sample had different self-reported health outcomes based on different groups from the GSS. This kind of measure continues to miss the quality of the resources available and the role of group membership outside of voluntary organizations. Despite finding evidence that scoring better on the GSS correlates with scoring lower on the BRFSS, the authors note that the reason why is not clear. They suggest that social capital must be disentangled from social support and that the presence of social capital does not guarantee equal access the resources of that social capital.

Lochner, Kawachi, and Kennedy (1999) continue this discussion by trying to separate out some of these measures. However, in doing so, they also make the argument that social capital is a characteristic of groups and communities only. This is directly contradictory to the previous study, of which both Kawachi and Kennedy were co-authors with Glass. Another study published in 1999 by Kawachi and Kennedy suggests that low scores on the GSS for things like mistrust may have shown a lack of cultural consonance which creates negative health outcomes. While this is a possibility, it does not speak to the nature of social capital or the creation of inequality. Kawachi and Kennedy have become some of the most cited authors in the larger body of literature on social capital and health, despite the presence of three conflicting approaches published in a single year.

Kitchen and colleagues (2012) attempt to address measurement issues by developing a Social Capital Measurement Tool (SCMT). By dividing social capital into both perceptions of social capital and social capital actions, the authors hope to understand these two areas as aspects

of individual experience with the community. Through regression modeling, the authors compare scores on their social capital tool with scores for both mental health and psychological stress. Again, the results indicate that a lower score on the SCMT leads to poorer mental health and more psychological stress. The authors, however, base their tool on Putnam's version of social capital which they refer to as "a validated operational framework for the empirical measurement of an individual's level of social capital" (Kitchen, Williams, and Simone 2012: 216). The only sense in which Putnam's criteria for social capital have been validated is through the use of his cyclical rationale (i.e., a group has low social capital because they do not have enough civic engagement, which leads to increases in social capital). This work also fails to address the nature of the resources available to individuals.

Food insecurity is one area of health and well-being which has been drawn into the discussion of social capital to explain inequality. Dean and Sharkey's (2011) work on social capital and food insecurity in rural Texas uses inventory measures on par with the World Values Survey and The World Bank measures. The authors, however, seek to measure individual level disparities. This micro-level analysis is something which the previous measures are not designed to evaluate. In adapting these tools, the authors sought to elicit individual opinions about the community, safety, and trust in order to measure social capital. A measure of food security, the Radimer/Cornell Hunger Scale, was then used to determine if there was a relationship between the perception of the community as an aspect of social capital and the degree of household level food insecurity. Not only does this study compare individual level measures of social capital with household levels of food security, these measures of social capital fail to meet the three aspects outlined by Portes by not differentiating the resources, the quality of the resources, and the possessor of the resources from those participants asked to evaluate their own access to social

capital.

Cognitive Anthropology: A Brief Background

Cognitive anthropology is an orientation within the wider field of anthropology which relies on specific theoretical and methodological approaches. This orientation stems from the idea that culture is the knowledge which an individual needs to get by within a given group of people (Goodenough 1996). Culture does not exist as a uniform, bounded whole. Cultures are amorphous entities which can coexist and which an individual may share in more or less than another individual. To this end, cognitive anthropology understands cultural knowledge to be shared, yet differentially distributed within and between populations. In this anthropological tradition, knowledge is made up of two parts: the shared cultural knowledge and the idiosyncratic individual knowledge (Dressler, Borges, Balieiro, and Dos Santos 2005). Informants are more or less experts in aspects of cultural knowledge depending on how much they share in this knowledge. That is, some people are more culturally competent in certain areas of cultural knowledge than others.

Cognitive anthropologists seek to elicit information pertaining to different aspects of culture knowledge which hang together, as it were, in some coherent fashion. Knowledge is seen as chunks of information. Some cultural knowledge can exist in smaller chunks and be held in working memory. Prototypes are examples of cultural knowledge which represent the most readily drawn upon exemplar of a larger set of information. D'Andrade notes the example of a robin (1995:179). When respondents are asked to give the most bird-like of all birds, a robin is often mentioned. Birds such as penguins, emus, and ostriches are almost never mentioned. The robin fulfills a set of characteristics which encompasses those needed to qualify as 'most bird-

like' in a given cultural setting. That is not to say that birds which do not look like the robin are not grouped with them, but that the robin represents a large cross section of a larger bird category due to its collection of traits. It is a generalized form, or a generic bird. The robin, then, represents a prototype within the larger chunk of information relating to birds. These larger groups are schema: groups of related knowledge which work together as a scaffold from which to build and interpret cultural experiences. These schema are activated in response to cultural experiences and expectations (D'Andrade 1995). In the previous example, a robin is a prototype within the schema of birds.

Schema can be built to interpret not just cultural knowledge of the natural world, but of social worlds as well. Schema can become interrelated and form what is called a cultural model. The specific content of the related schemas, how the schemas are constructed, and the nature of knowledge sharing differ between and within groups. When schemas join to develop into cultural models, the information becomes too complex to be entirely maintained in working memory. As such, models are engrained into unconscious processes, often from an early age. This leads to models being strong indicators of the content of culturally specific knowledge. These models exist within specific domains. For example, the domain of food would be salient across all cultures. Within specific cultures, however, one or more models of food may exist. Domains may also be of theoretical interest and may represent an idea, as opposed to a tangible object. Dressler and colleagues (2005) investigated the domain of national identity in a cross section of Brazilian communities. While some chunks of information may relate to tangible objects, the domain itself is a cognitive construct.

The study of cognitive models and cultural domains can be completed systematically and quantified through the use of cultural domain analysis (Weller and Romney 1988). Cultural

domain analysis is based on the idea that the chunks of information which exist for a specified domain within a given culture are shared and can be elicited. The information can be elicited through the theme analysis of narratives or through free list elicitation and pile sorting. This information is then tested to determine if these chunks represent a shared model or idiosyncratic variation. Respondents can complete ranking tasks or answer multiple choice questions or dichotomous statements in order to generate data to test the model. The responses can be grouped and analyzed using cultural consensus analysis (CCA), a modified factor analysis. If the responses to a given task are shared by enough people, it is said that there is a shared cultural model and that there is consensus for the model. In other words, if enough individuals agree with each other in regards to the content of the model, then there is a cultural consensus for the model of a particular domain. This process allows for chunks of information both inside and outside of working memory to be accessed. Variations in competence in a cultural model, or knowing more or less of the model, often reflect specific differential access to cultural information.

Cultural Models of Social Capital

When investigating the nature of social capital through cognitive methodologies, the process may seem reversed. This project looks at a theoretically relevant domain and how it manifests within a specific cultural context. Social capital is conceptualized by theorists in varying ways, but with a core message that it represents social connections which allow one to access tangible resources and goods. Given the notion that social capital is a concept useful to predicting differential health outcomes, it is possible that social capital represents a theoretical domain with culturally specific models. Lacking the culture knowledge needed to act on the model of social capital may lead to unequal outcomes in health, access to necessary resources,

and social integration. Sharing less of a cultural model of social capital may also be indicative of social barriers and the systematic disenfranchisement of some populations. However, if individuals coming from disenfranchised populations are still utilizing some aspect of social capital to access resources, then there are many questions left to be asked about the nature of the social capital as a predictive tool.

As social capital has been used for its predictive value in determining how one will seek resources, it is important that any tool for measuring social capital emphasize the resource, the source of the resource, and the social connection which creates access for a given individual (Portes, 1998). In this sense, cognitive methodologies are useful in determining how knowledge of social capital use is distributed. By identifying individuals who have accessed a resource, the cognitive modeling process almost works backwards (see **Figure 2.3** for a visual representation of cognitive methods). Here, a shared piece of information has been identified, namely that these individuals are all able to access a tangible resource. Due to the nature of the services, it seems very likely that the acquisition of the knowledge occurred through some sort of social connection. Because this knowledge is shared between individuals, both in the sense that individuals accessing the resource share the knowledge of access and that the knowledge was previously shared with them, it is less likely that the knowledge represents something idiosyncratic.

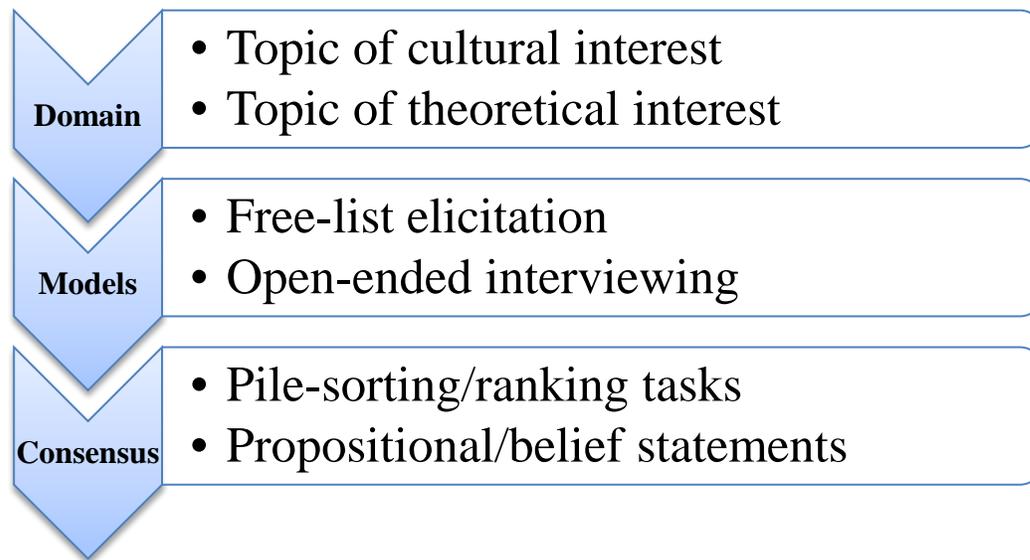


Figure 2.3. Cognitive anthropology tools and methods.

With this in mind, the investigation of cognitive models is fitting. Here, an already activated model might have been identified, namely a tangible resource has been utilized through a social connection. The assumption can be reasonably made that some sort of model for accessing this resource exists, based on the presence of shared knowledge leading to the accessing of the given resource. Asking individuals who have already activated this knowledge to describe the process through which they came to understand how to, and actively chose to, seek out this resource then allows for an understanding of thematic elements regarding the social capital process to be found. These thematic elements are developed into propositional or belief statements regarding how individuals would respond or how individuals feel about certain aspects of the social capital process as it was described by peers. If these thematic elements are shared through responses to belief statements, then the knowledge used to access this specific resource through a social connection represents a larger, shared model of the nature of the theoretical domain of “social capital.”

Social Capital: Where Are We Going?

Those working in the study of differential health outcomes are not completely unaware of the larger issues with social capital measurements. Lynch and colleagues (2000) look to the gross domestic product and Gini coefficient for income inequality in relation to average life expectancy in order to illustrate the inability of other measures of social capital to capture a diverse cross section of experience. They argue that without some more individualized, more micro-level analysis of social capital, it is not possible to make comments about access to resources at the macro-level. Specifically, it should not be done when attempting to evaluate differential social capital and life expectancy. Similarly, Abbott (2009) critiques the value of social capital measures in public health that use social network analysis. His analysis recommends the inclusion of more qualitative analyses in order to differentiate between the social capital, the social support, and the social network. Otherwise, the specificity of the network is lost in analysis. Szreter and Woolcock (2004) critique the political economic implication of a social capital perspective on differential health outcomes. One of the most important critiques offered here is that social capital faces a hurdle in the study of differential health outcomes due to it being conceptualized for other types of studies, such as studies on education. Another issue comes from the conflation of society with the state:

...for some authors the state itself is part of the definition of social capital...the definition of social capital *per se* should not encompass features of the state... This means that while social capital can be empirically studied as *if* it was merely a phenomenon of civil society...the findings will remain incomplete, and so can be misleading... This requires acknowledgement of the variable relationship between the state and society. (Szreter and Woolcock 2004: 656)

This perhaps best sums up the issues with applying social capital to health outcomes and much of the critiques which has been offered by anthropology. Central to any effort from the field of

anthropology to engage with social capital theory must be a return to Bourdieu's understanding of social capital. Bourdieu acknowledges that social capital relates to power and that power is differentially distributed based on class, cultural context, and experience.

Qualitative data can be used to illustrate the differential quality of and access to resources available. Recent work in this area has applied Bourdieu's social capital with great success. Browne-Yung and colleagues (2013) adopted detailed ethnographic interviewing and surveying in two low income populations. These low income populations, however, were situated in different socioeconomic contexts based on employment, which included experiencing different degrees of social interaction. This created the opportunity to evaluate differential experiences of agency based on availability of social capital in each setting. The authors note that Bourdieu's social capital is favorable to Putnam's due to the following:

...Putnam's communitarian approach is more frequently applied in health research, it obscures the role of power, the inequitable distribution of social capital and the consequences for health equity. (Browne-Yung, Ziersch, and Baum 2013: 10)

The low income group with fewer opportunities for education compared to other income groups in the area described less group involvement and less opportunities for career advancement. The low income group with more opportunities for education than the aforementioned group, but still less than other income groups in the area described more group involvement and the sharing of health information with group members. While these results are somewhat preliminary and represent a small cross-section of possible respondents, they speak to the role which anthropology can play in advancing the study of social capital.

The nature of social capital must be addressed further in anthropological discourse. Without the inclusion of the anthropological perspective and the understanding that culture knowledge is shared differentially in specific contexts, the social capital debate will continue to

develop tautological arguments. One potential avenue for future research may rest with cognitive anthropology. When addressing differences both within and between groups, cognitive anthropology is one of the most well suited techniques. Social capital varies, but so do strategies for accessing resources through social ties and community values which may influence community participation. Separating out aspects like the state and civic engagement will create more culturally relative measures of social capital. These measures are more likely to accurately describe the ways in which social capital manifests and what structures produce better access to resources. Cognitive methods may also illustrate when individuals have the knowledge of how to utilize some form of social capital, but are experiencing structural barriers which limit their abilities as actors. The content of a cultural model of social capital and whether or not the content overlaps with more well established measures of the often related religiosity or civic engagement may determine the worth of the concept of social capital in general. With the publication of Lin's (2002) multivolume set on the history and application of social capital, social capital studies stand in a dangerous position. The conflation of social capital with the state and civic engagement continues and will not be fully addressed until anthropology engages across the disciplines to tackle one fundamental question: what is social capital?

CHAPTER THREE

FOOD SECURITY

There is mean things happening in this land. Oh the rich man boasts and brags, while the poor man goes in rags...

There is mean things happening in this land. Too much groceries on the shelves, so we have none for ourselves.

There is mean things happening in this land. Oh, there is mean things happening in this land.

- Pete Seeger "There is Mean Things Happening in This Land" (1958)

Introduction

The predictive value of social capital is noted in the previous chapter as being reliant on both the theory base for conceptualizing social capital and the methodology in use to measure social capital. This same principle carries forward to addressing the associated outcomes of differing degrees of social capital. For the purposes of this research project, this includes the outcome of experiencing differing degrees of food security based on specific measures of food security. This chapter will address the theoretical underpinnings of the food security experience, a brief history of the development of food security measurement, and the rationale for the use of the Household Food Insecurity Access Scale (HFIAS) in the present research. Critical engagement with the relationship between social capital and food security requires sound methodology, which has the potential to capture both individual experience and shared cultural models. As such, cognitive anthropological methods have been adopted in order to elicit both individual narratives and group models. The remainder of this chapter will address the theoretical background which supports the use of cognitive anthropological methods in this setting.

Food Security: A Brief Background

Food security, as defined by the Food and Agriculture Organization of the United Nations

(FAO), occurs when “...all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life” (Food and Agriculture Organization of the United Nations 2012).¹ The language for this definition has a distinct place in the trajectory of the study of food security. Highlighting the factors that influence access and the basic role that access plays represents a long road in the process of understanding what creates food insecurity. The purposeful mention of “food preferences” refers to the value and diverse meaning that food may have in any given culture and how being food insecure may feel like being deprived of this aspect of food.

The concept of food security came to the spotlight in the 1980s in response to incidences of famine, malnutrition, and inequalities in access to food (Sen 1983). Measures of food availability, dietary intake, anthropometry, and nutritional stability had been common for some time (Anderson 2005). The availability of food stuffs had been the central component of both policy making and predictive models for the development of famine conditions (Webb, Coates, Frongillo, Rogers, Swindale, and Bilinsky 2006). However, food security is more complex than just the availability of food. Early studies on food availability failed to recognize this complexity by implying that per capita food availability should indicate the nutritional level of all individuals equally; this has since been heavily critiqued (Moore Lappe, Collins, Rosset, and Esparza 1998). This is clearly not the case due to differential distribution and access to food within populations (Webb, Coates, Frongillo, Rogers, Swindale, and Bilinsky 2006; Sen 1983; Cooper 2013). Food security in terms of access is experiential and tightly bound to specific

¹ This is an adapted definition from the 1996 World Food Summit. The World Health Organization uses a truncated version of this same definition, excluding the kinds of access.

biological, cultural, structural, and psychological aspects of ‘hunger’². A focus on the availability of a food supply fails to capture both the complexity and subjectivity of insecurity.

Operationalizing the abstract experience of food insecurity became a central policy question in response to growing public concerns about ‘hunger’ (Radimer, Olson, Greene, Campbell, and Habicht 1992). Radimer and colleagues saw the experience of hunger as something that was measurable, despite involving subjective qualities. Through the efforts of a research team at Cornell University, the Radimer/Cornell Hunger Scale was developed. This scale consisted of questions about household level experiences with food and emphasized the experience of hunger in households headed by women with children. Aspects of maternal buffering were highlighted as part of the food insecurity experience due to the population of interest. This scale was one of the first widely used food security measurement tools. The results of this research were well met in terms of moving measures of food deprivation forward and creating research that would influence policy.

The Community Childhood Hunger Identification Project (CCHIP) expanded the conversation on hunger by focusing on manifestations of hunger in children (Wehler 1995). CCHIP was funded and developed by the Food Research and Action Center of Washington, D.C., a nonprofit advocacy group. By asking parents to report on child food behaviors, the tool sought to understand the implications for food insecurity in households with one or more children. Much like the approach of the Radimer/Cornell Hunger Scale in terms of maternal reactions to hunger, the CCHIP incorporated the factors that were most relevant to the child expression and experience of hunger within a household. Both the Radimer/Cornell Hunger Scale and CCHIP

² During this period of research on food security, hunger was the conceptual term of choice. Thus, food security and hunger are used interchangeably in some bodies of research. In the current literature, hunger has been removed from most measurement tools.

are questionnaire-based measures of food security and are limited in terms of being able to appropriately adapt the questions to other specific cultural contexts, such as those which do not practice maternal buffering. Also, each of these tools produces results that indicate hunger manifests through a predictable sequence of events. These events are perceived as increasing in severity and/or frequency as individuals become more food insecure.

The Radimer/Cornell and the CCHIP were used as starting points for a 2000 initiative to create a simple food security instrument for use across the United States. While other measures had been developed in the US, they tended to emphasize poverty as a proxy measure for hunger or insecurity (Coates, Webb, and Houser 2003). Questions from both the Radimer/Cornell and the CCHIP were selected by the US government and incorporated into a new instrument, which became known as the Household Food Security Survey Module (HFSSM). The HFSSM is the module currently incorporated into US Census reporting (Bickel, Nord, Price, Hamilton, and Cook 2000). It utilizes questions selected from both the Radimer/Cornell Hunger Scale and the CCHIP with the assumption that the content of each instrument can be applied to the larger population of the United States. By looking at the topics covered in the Radimer/Cornell Hunger Scale and CCHIP, the HFSSM focuses on specific themes which are considered indicative of the US household food insecurity experience. They include anxiety³, running out of food/diminished resources to obtain food, inadequate quality, inadequate quantity, changes in dietary patterns, adults eating less, child buffering, children eating less, and physical hunger (Bickel, Nord, Price, Hamilton, and Cook 2000: 8). The HFSSM approaches food insecurity and hunger as increasing in severity and progressing across these areas.

The HFSSM represents the first time in the development of food security instruments that a distinction is drawn between ‘hunger’ and food security. This shift occurs with the HFSSM in

³ Anxiety, worry, and uncertainty are used interchangeably in the literature on food security.

how the terms ‘food security’ and ‘hunger’ are used. The HFSSM attempts to measure them separately and then pair them as coinciding experiences. ‘Food security’ becomes the experience and the resource availability/utilization aspect. ‘Hunger’ comes to represent the physical manifestation of food insecurity. This could be thought of as the western conceptualization of “hunger pangs” or the physiological manifestation of the absence of sufficient food. In this sense, food insecurity is being approached as something that exists beyond physical manifestations. Instead, it is a potentially cross-cultural experience related to specific aspects of deprivation. The term ‘hunger’ is also suggested to carry meaning that is culturally specific and may be diluting the effectiveness of measuring the experience of household insecurity (Bickel, Nord, Price, Hamilton, and Cook 2000; Coates 2004; Webb, Coates, Frongillo, Rogers, Swindale, and Bilinsky 2006).

While the HFSSM is a marked improvement over previous food security measures in regard to more precisely identifying what it aims to measure, it inherently suffers from the same issues associated with the Radimer/Cornell Hunger Scale and the CCHIP. These previous measures emphasized food insecurity as being a predictable, sequential set of reactions to said insecurity. This is somewhat cyclical and problematic. As Coates (2004) notes, there are food related-stresses and there are response behaviors. These are not the same things, *per se*. In order to develop a tool that measures the food related stresses, as opposed to the response behaviors (known as coping strategies), researchers began to focus on the cross-culturally salient aspects of food insecurity. These would be the aspects that seem to exist beyond culturally-specific response behaviors. The HFSSM contains all of the domains that would prove most useful cross-culturally, but is still stymied in the mixing of cause and effect in other suggested domains. The inclusion of child buffering as a predictable aspect of food insecurity illustrates this issue. While

details from the ethnographic component of the Radmier/Cornell work (1992) suggests that mothers will always go without food before children, other studies have shown that households may ration child food first in the hopes that parents will be able to sustain through a work day (Gross and Underwood 1971; Coates 2004; Cassidy 1987). The need to divide food insecurity and its effects in order to understand how both develop continues to become clearer.

The Household Food Insecurity Access Scale (HFIAS) and Cultural Specificity

Between 2000 and 2003, the Food and Nutrition Technical Assistance (FANTA) program of the US Agency for International Development (USAID) sought to explore the cross-cultural validity of existing food security measurements (Coates 2004). They worked extensively to consolidate information from twenty-one studies which utilized either all or some portion of the U.S. Core Food Security Module (U.S. CFSM).⁴ The U.S. CFSM was a precursor to the HFSSM and was utilized until 2000 in the United States. Despite being replaced by the HFSSM in the United States, the U.S. CFSM was still available and had already been used in modified forms rather extensively across the world. Consequently, data for the FANTA initiative came from sixteen different countries, including places as geographically diverse as Venezuela, Burkina Faso, and Palestine. The twenty-one studies reported utilization of U.S. CFSM as a culturally adapted tool, and it was often noticeably truncated in order to include only questions that held cross-cultural validity (Coates 2004).

The FANTA study looked at how each of the twenty-one earlier studies had utilized the instrument. The original researchers for each of the studies were contacted and asked to

⁴ Beyond utilizing culturally modified versions of the U.S. CFSM, this publication also notes that “variants” of the US measurement were acceptable (Coates 2004: 5). Further investigation of the literature cited indicates this may include the Radimer/Cornell and/or the CCHIP.

participate in the FANTA study in order to better contextualize the results for each case. This was done through open-ended interviews with key informants from each of the prior studies. The items from each version of the food security instruments and from the open-ended interviews were catalogued by FANTA. Each version of the food security instrument was tested for face validity and at least one other form of measurement validity.⁵ By analyzing the instruments as they were used, the FANTA study grouped each of the items into representative themes and sub-themes. These themes were then explored against the ethnographic literature and the five themes present in the U.S. CFSSM: anxiety, inadequate quality/quantity, reduced food intake in adults, reduced intake in children, and behaviors to augment household food supplies. The results showed that each of these themes had some degree of cross-cultural validity. However, they did not occur in predictable patterns, did not represent increasing steps of severity, and missed other themes which may be more pertinent in specific contexts. Coates suggests that further study is needed in order to create items that represent the most common themes for the experience of insecurity, with careful consideration for how to culturally adapt the language (2004: 26).

By 2006, studies which utilized the HFSSM had been incorporated into the FANTA cross-cultural review of food security instruments (Coates, Frongillo, Rogers, Webb, Wilde, and Houser 2006). This changed the sample size to twenty-two studies in fifteen countries. Earlier studies that had less effectively utilized the U.S. CFSSM were removed from the sample. Also, a broader discussion of the Radimer/Cornell scale followed in terms of population-specific measures. The results of the 2006 article continue to support the early work from FANTA.

⁵ Due to the difficulty of testing criterion validity, content validity, and construct validity for all versions of the tools, validity for any one of these was taken as the strength of the tool (Coates 2004).

Accounting for ethnographic context, there are still specific domains⁶ which are noted consistently in food insecure households. Any idiosyncratic items or items which were not cross-culturally supported were removed from consideration. The remaining domains that appear consistently were uncertainty/worry, inadequate quality, insufficient quantity, and social acceptability (Coates, Frongillo, Rogers, Webb, Wilde, and Houser 2006: 1442S). These four domains are nested under the cross-cultural domain of access and are largely experiential. Within each of the aforementioned domains are items that represent the experience of these domains.⁷ For example, many people who experienced some aspect of worry about food focus on time as an aspect of that worry (Coates, Frongillo, Rogers, Webb, Wilde, and Houser 2006: 1442S). While some of these items overlap in specific cultural contexts, they do not seem to do so in a predictable or systematic fashion. The FANTA initiative has continued refining their techniques for addressing these questions. The domain of social acceptability was suggested to be too deeply mired in culturally-specific context to be included in a standardized tool for food security. It is suggested that the domain is always an aspect of food insecurity, but may be better represented by using the other three domains as proxies for evaluating the presence or absence of social acceptability. For example: if a household is experiencing a decline in the quality of food available for consumption, then they may already be consuming foods which are considered socially unacceptable.

The Household Food Insecurity Access Scale (HFIAS) represents the culmination of more than two decades of work on understanding the experience and implications of food insecurity (Coates, Swindale, and Bilinsky 2007). Through the aforementioned cross-cultural

⁶ Beginning with Coates, Frongillo, Rogers, Webb, Wilde & Houser, 2006, the term 'themes' is replaced with the term 'domains'. This continues in subsequent literature and will be reflected in this paper. The use of 'domains' in food security literature should not be confused with the use of 'domains' in cognitive anthropology.

⁷ These were previously referred to as 'sub-themes' by Coates (2004).

work, it was determined that three specific domains occur most consistently in response to access issues: anxiety, insufficient quality, and insufficient quantity. Again, to maintain the cross-cultural validity of the new tool, social acceptability was removed from the prepared questions. It is, however, noted as an aspect of insecurity to be considered in context (Coates, Swindale, and Bilinsky 2007: 1). The HFIAS consists of nine questions about some aspect of food security in the four weeks prior to the interview.⁸ Questions are pretested with an equivalent sample of the relevant population in order to generate culturally appropriate language and context specific examples for each question. The HFIAS guide clearly outlines this process. Questions are to be answered in the affirmative or the negative. If a question is answered in the affirmative, there is a follow up question about the frequency of the event. The follow up question is answered with one of the following three time references: rarely, sometimes, or often. Question one on the HFIAS represents the domain of anxiety/worry. Questions two through four represent the domain of insufficient quality. Questions five through nine, the remaining questions, represent the domain of insufficient quantity. The HFIAS guide indicates that scores can be calculated along one or more of five areas, depending on what are the most pertinent scores for one's research. These include percentage totals for the occurrence of access issues; percentage totals for the occurrence of access issues in one or more of the three domains of food insecurity; overall numerical scores for degree of food insecurity ranging from 0-27; and, descriptive labels representing the prevalence of food insecurity.

It is worth noting that there are other available measures of food security and dietary intake, such as the National Health and Nutrition Examination Survey (NHANES). The NHANES is a national survey which is conducted each year by the Centers for Disease Control and Prevention (2013). This survey, using a representative sample of Americans, looks at a

⁸ See Appendix B for the original HFIAS interview schedule.

variety of health outcomes. Data from the NHANES is regularly used in analysis of national and regional trends in nutritional statuses and food security levels. This data is invaluable in terms of understanding these outcomes at a broad level. However, the data lacks the cultural specificity that a tool like the HFIAS makes available. Similarly, national and regional data on food security levels are available through the HFSSM, which is administered as part of the US census. As previously addressed, the HFSSM questions have not been subject to cross-cultural validity testing. This does limit the ability to make comparisons between governmental and local statistics on food security with those found through the HFIAS.⁹

The use of the HFIAS supports an approach aimed at understanding the specific cultural context which produces differential access to resources through social connections by grounding the experience of food security, as a differentially distributed outcome, in the specific population of interest. When compared with a relevant measure of social capital, it is possible that unique patterning of the occurrence of food insecurity will correlate with a culturally specific understanding of social capital.

⁹ This will be noted throughout when any applicable comparisons are being made.

CHAPTER FOUR

TEMPORARY EMERGENCY SERVICES OF TUSCALOOSA: THE RESEARCH

SETTING

Neighbors bring food with death and flowers with sickness and little things in between. Boo was our neighbor. He gave us two soap dolls, a broken watch and chain, a pair of good-luck pennies, and our lives. But neighbors give in return. We never put back into the tree what we took out of it: we had given him nothing, and it made me sad.

- Harper Lee, *To Kill A Mockingbird* (1960)

Introduction

While both social capital and food security are common topics of interest for social science researchers, both are understudied in the southern United States. The relationship between child development, poverty, and nutrition has been explored in Kentucky (Crooks 1998) and food security and social capital research has been conducted in Texas (Dean and Sharkey 2011), but little attention has been paid to communities in the Deep South. This is especially true for Mississippi, Alabama, Louisiana, South Carolina, and Georgia.¹⁰ This is surprising when considering the prevalence of the systematic disenfranchisement of impoverished groups in these parts of the southern US, both historically and in the present day. The lack of attention to these issues makes the importance of research on these topics all the more vital. By focusing on a food insecure population in the state of Alabama, this research begins to fill this gap by expanding the

¹⁰ A literature search was completed using EBSCO. Each of these states, 'South', 'US South', and 'Deep South' were searched with both 'food security' and 'food insecurity'. All terms were searched as subject terms to increase the likelihood of relevant material being found; results were also confined to scholarly articles. This resulted in one piece on food security for the state of Mississippi (Heiselt and Briley 2010); three pieces on food security for the state of Alabama (Zekeri 2010; Duffy, Zizza, Jacoby, and Tayie 2009; Duffy, Hallmark, Molnar, Claxton, Bailey, and Miklouchich 2002); no results in the state of Louisiana; no results in the state of South Carolina; and three pieces on food security for the state of Georgia (Lee, Johnson, and Brown 2011; Sharkey 2011; Hill, Moloney, Mize, Himelick, and Guest 2011). One piece addressed food and charity in both Mississippi and Alabama (Cashwell, Bartkowski, Duffy, Casanova, Molnar, and Irimia-Vladu 2004). Expanding the search to a full text search produced more literature, with articles from the state of Alabama focused on East Alabama.

knowledge base on food insecurity in the Deep South as a product of social conditions. The unique history of Tuscaloosa, Alabama, has deeply shaped the landscape, the town, and the associated universities. This chapter outlines the history and present conditions of the location of the research site; the history and conditions of the research site itself; and the preliminary research on food security conducted at the site.

Research Setting

Research was carried out in Tuscaloosa, Alabama. The city of Tuscaloosa is the county seat of Tuscaloosa County and is located in west central Alabama. Tuscaloosa sits along the Black Warrior River, a historically vital location for both Native Americans and settlers alike. The area which is today Tuscaloosa has been regularly inhabited since the 11th century. Tuscaloosa is home to the University of Alabama, Stillman College, and Shelton State Community College. The University of Alabama was founded in 1831 and has a strong relationship with the city. During the American Civil War, the university served as a military school. All save four buildings were burned by Union soldiers in retaliation towards the end of the war. The university also played a key role in the Civil Rights Era. In 1963, George Wallace, then governor of the state of Alabama, attempted to bar the integration of the university in what became known as “the stand in the schoolhouse door.” President John F. Kennedy ordered the integration through the Attorney General, Robert F. Kennedy, and Wallace stood down. To this day, the period of segregation at the university and the fight for equality in education is remembered in an attempt to inform future policies which exemplify an inclusive learning atmosphere. This was made clear in 2013 during the 50th anniversary of Wallace’s stand and the integration of campus sororities.

The University of Alabama is also home to the NCAA Crimson Tide football team. To date, the team has won 15 national championships and 27 conference titles. Crimson Tide football has shaped both the Tuscaloosa community and the state of Alabama. Game days invite between 40,000 and 100,000 visitors to the city of Tuscaloosa depending upon who the opponent is for each home game. Houndstooth fabric and pork pie hats can be found in most buildings as small tributes to the late Paul “Bear” Bryant, a Crimson Tide coach. Similarly, the eponymous crimson ‘A’ can be found on the clothing, vehicles, streets, and homes of Alabamians from all demographics.

Tuscaloosa was literally and figuratively reshaped on April 27, 2011 when an EF4 tornado devastated the Tuscaloosa/Birmingham region. This tornado was part of a larger group of over 300 tornadoes which occurred over the course of four days. Ten percent of the city of Tuscaloosa was destroyed that day and 44 were killed in the Tuscaloosa area alone. One of the most damaged areas of Tuscaloosa city was the neighborhood of Alberta City. This area is one of the most impoverished areas in Tuscaloosa, after the West End. Many of those living in Alberta City lacked the resources to respond to the tornado and still lack the resources to rebuild from it.

The current population of the city of Tuscaloosa is estimated at roughly 93,357 (US Census Bureau 2012a). In the 2010 census, population demographics reported 53.8% white and 41.5% black or African American, with the remaining 4.7% representing American Indian, Asian, Hispanic, and multi-racial individuals (US Census Bureau, 2012a). The median household income within the city of Tuscaloosa was \$34,359. This was well below both the median household income for the state of Alabama, \$42,935 (US Census Bureau, 2012a), and the median household income for the US, \$52,762 (US Census Bureau 2012b). During 2012, the unemployment rate has fluctuated between 6.5% and 6.8% for the state of Alabama and 6.3% in

Tuscaloosa County (Alabama Department of Labor 2013). The most recent available survey from the National Center for Education Statistics (2003) lists an illiteracy rate of 14% for the state of Alabama and estimates as high as 35% for the region known as West Alabama, where Tuscaloosa city is located.¹¹ With all of this in mind, it is not surprising that the Alabama Department of Public Health (2010) reports that 17.3% of the population of Alabama is food insecure and 7.0% of the population have very low food security.¹²

Temporary Emergency Services (TES)

Temporary Emergency Service (TES) is a 501c3 non-profit organization which serves the county of Tuscaloosa in Alabama. TES is located in the city of Tuscaloosa. This organization developed out of a coalition of churches which sought to assist the community through food and clothing distribution to those in need. The coalition formalized into a non-profit in 1945. TES went on to become a part of the larger network of United Way organizations of West Alabama. As a part of this larger network, TES is required to shape their guidelines and policies to the criteria of the United Way. With deep-rooted community connections to the churches which were an initial part of the TES foundation and the partner organizations within the United Way network, TES has many points of support within the community. TES receives the sixth highest level of funding out of the 26 current partner organizations of the United Way of West Alabama and maintains fund-raising efforts with all other community organizations previously associated with TES, such as the Tuscaloosa County churches. Today, TES also operates a resale thrift shop in order to increase funding for services and available programs.

¹¹ For more detailed information concerning the types of literacy measured and West Alabama literacy rates, see the Literacy Council of West Alabama Fact Sheet (2012).

¹² It is not entirely clear what measurement tool was used to obtain this data; the information would suggest the HFSSM.

TES is a cornerstone in the county of Tuscaloosa. It is known in the community for consistent, reliable service. The clients of TES run the gamut in terms of ethnicity, gender, age, and reason for seeking assistance.¹³ From families representing multi-generational poverty to people experiencing further fallout from the economic recession; from undocumented immigrants to victims of the April 2011 tornado, TES serves everyone in need:

Temporary Emergency Services Inc. (TES) is a nonprofit organization dedicated to helping individuals and families in crisis situations... TES assists individuals and families in crisis situations in order to allow the clients to survive the immediate crisis they are encountering. TES operates its programs efficiently and effectively, thereby maximizing its limited resources, and the productivity of its employees. TES utilizes programs and services that have been successful for other public, private, and nonprofit organizations. – TES Mission Statement

While my research has focused on the experience of clients and the ways in which individuals share knowledge about the food assistance available within the community, the context of TES has been the backdrop for every moment of this work. The largely female staff runs the facility with certain goals. Specifically, they avoid discrimination at all costs, they advocate for clients at every opportunity, and they accept absolutely no nonsense when it comes to people who misrepresent their needs.

¹³ TES tracks demographics for all clients. Monthly tallies of clients served illustrate the above point, but were not collected as part of this research.



Figure 4.1. TES client waiting room, with banner sent from the United Kingdom after the April 2011 tornado in Tuscaloosa.

TES is run by an executive director (ED) who works with a board of directors to determine policy. The ED relies on a support staff which includes eight paid staff members and many long term volunteers. The staff under the ED includes a full time case manager, an office manager, a bookkeeper, retail staff, and maintenance staff. Long term volunteers operate the donation center for the retail space and the food pantry. Temporary volunteers are taken on a day-to-day basis. TES takes undergraduate and graduate level Social Work interns on alternating semesters. The ED has also developed a program through which nonviolent offenders can opt to perform community service with TES in lieu of fines or probation. These different avenues keep the office, the donation center, and the thrift store consistently staffed.

The organization was selected as my research site after attending a food symposium held

at the University of Alabama. After hearing representatives from many organizations speak, I was interested in the programs at TES, which fit well with my research interests in food security and social inequality. The representative framed the work conducted at TES as being about people and about promoting change within the community through programs which assist low income individuals. TES directly deals with marginalized community members who have qualified for assistance through contact with other community agencies. The location, the people, and the programs were an ideal setting for accessing a food insecure population in an area with both historic and contemporary need for assistance.

Table 4.1 outlines some of the services available through TES and the frequency with which one may utilize the services. All services require a referral from another community organization, proof of prescription, and/or legal documentation. Food and clothing assistance are the most commonly sought services. Prescription assistance is usually sought by older adults and those who have had a sudden illness. A very smaller number of clients receive utility assistance due to the cost associated with the service, which can be between \$35 and \$120. Vital records are often sought by adults who have lost their birth certificate or state identification, or for children preparing to enter public school.

A change in the frequency of services available occurred during my tenure at TES and was a difficult time for staff and clients alike. The transition from several services being available per month to only being able to receive a single service once every three months made regular clients reconsider their access to resources. This change was instituted in order to alleviate concerns expressed by board members who felt concerned that clients were becoming reliant on the services of TES, which are thought of as only “temporary” and “emergency.” While the final decision on how to deal with the concerns of the board was left to the executive

director, the pressure she felt to make a change was acute and largely outside of her control. Many clients expressed their anger about this change to staff, interns, and volunteers during this time. More than one student worker needed to take a long lunch in order to collect themselves following encounters with outraged clients.

Table 4.1. Services available through TES and time requirements between services prior to and after October of 2012.

Services	Availability Prior to October 2012	Availability After October of 2012
• Food	Once Every Three Months	Once Every Three Months; No Other Service Used in Last Three Months
• Clothing	Once Every Three Months	Once Every Three Months; No Other Service Used in Last Three Months
• Prescriptions	Once Every Three Months	Once Every Three Months; No Other Service Used in Last Three Months
• Utilities	Once Every Six Months (Cool Season and Warm Season)	Once Every Six Months; No Other Service Used in Last Three Months
• Vital Records	Once Per Person	Once Per Person; No Other Service Used in Last Three Months

TES clients seeking food assistance come from a variety of backgrounds and have a variety of reasons for seeking assistance. Some clients are seeking temporary assistance due to an immediate crisis, such as a theft or home fire. These services are provided to clients who can produce a police report. Other clients may come for food on a more regular basis due to the conditions of multigenerational poverty, the economic downturn, or the April 2011 tornado. While many community churches and nonprofits refer clients to TES, the most common referrer is the local Food Stamps office, in the Department of Human Resources. Individuals who have recently applied for the Supplemental Nutrition Assistance Program (SNAP), or Food Stamps, are referred to TES during the intermediate period between applying for Food Stamps and receiving their SNAP card.



Figure 4.2. Part of the TES pantry during a well-stocked period.

The pantry at TES is stocked through donations and items purchased through the West Alabama Food Bank (WAFB). Weekly orders are placed and picked up from the WAFB. The content of the pantry and the amount of available stock relies heavily on the time of year and the market prices of food stuffs. TES distributes anywhere from between one bag of food a day up to 40 bags of food. Each food bag has cans of vegetables and fruits, canned or frozen meats, soups, some sort of grain, and any “extra goodies” which may be available at a given time. Staff and volunteers work to use the bags to plan meals whenever possible. With this in mind, bags are expected to last a household of four for a one week period. This is an ideal. Larger households, infants, and low stock in the food pantry are variables which are dealt with to the best of the ability of staff and volunteers, but are continuous concerns.

CHAPTER FIVE

PRELIMINARY RESEARCH

Introduction

Preliminary research was conducted between November and December of 2012 in conjunction with the graduate course ANT 600: Research Methods in the Department of Anthropology at the University of Alabama. This research was approved by the Institutional Review Board of the University of Alabama, IRB # 11-OR-332. It was based on participant observation, one of the key methods in the field of anthropology (Bernard 2011). By volunteering at TES, I was able to observe the functioning and organization of the office as I assisted clients. Based on observations of the location of clients' residences, it was hypothesized that there would be a difference in frequency of use of food services based on location of residence. This fits with the larger body of literature in terms of difficulty accessing services due to location of services compared with individuals' residence. This idea has been conceptualized for both urban and rural areas as 'food deserts', or areas which lack access to fresh foods (McEntee 2009). This issue is prevalent in areas where the population is largely rural and of a lower SES (Lower Mississippi Delta Nutrition Intervention Research Consortium 2004). The nature of resource utilization between men and women is another area of interest in the study of food security. Specifically, the relationship between women, resource utilization, and identity in relation to food has been analyzed (Van Esterik 2005; Commuri and Gentry 2005; Bouis, Eozenou, and Rahman 2011).



Figure 5.1. Food bags ready for daily distribution.

Preliminary Results

All clients were from Tuscaloosa County, Alabama. A sample ($n=26$) was taken through nonprobability, purposive quota sampling. The sample consisted of half rural participants and half urban participants. All individuals utilizing food assistance at TES were considered for participation in the study. Quotas were filled by checking files for the location of the residence of potential participants. Client intake was completed by the researcher or a TES staff member. Food assistance was dispersed prior to inviting potential participants to the study. This was done in order to make sure that no confusion regarding the role of the research and the client's access to food assistance occurred. Data was collected through face-to-face, structured interviews. Informed consent was requested prior to the collection of any data. Participants were permitted to ask for clarification for any question, to refrain from answering any question, or to discontinue the interview at any point. Data was recorded directly onto the interview schedules. Interviews

lasted roughly five minutes each. No identifying information was taken from any participant.

Demographic characteristics, such as age, sex, and number of individuals in the household, were recorded for each participant. A follow up question asked about the main source of income (current employment, savings, social security, or other) for the individual. If “other” was selected, the individual may have offered an alternative, which was recorded. The location of the individual’s residence was then determined as being either in the Tuscaloosa City limits, the Northport City limits, in the county, or elsewhere. The first and second options were collapsed into the single variable of “urban”, while the third became the “rural” variable. No participants resided outside of the county. The remaining questions focused on individual perceptions and experiences with food assistance. Frequency of use, number of months since last use, and kinds of access difficulties were recorded. This was followed by two questions pertaining to availability of assistance and preferences regarding fresh foods. These were measured on Likert type scales. Finally, three free list questions were asked (with a limit of 5 responses each) about individual food preferences. The first, which focused on food items currently being received that were satisfactory, proved to be culturally appropriate. The second and third questions, pertaining to items that were not satisfactory and what would be preferred instead, were dropped from the interview process. These questions resulted in visible discomfort for participants and resulted in no viable data. All data were analyzed in SPSS.

Demographic characteristics are reported in **Table 5.1** and **Table 5.2**. These data were analyzed for the total sample and for both the rural and urban samples. No continuous or ordinal variables followed a normal distribution. An analysis of the independent variable, whether the individual resided in a rural or urban location, and the dependent variable, the frequency of use of food assistance, was completed utilizing nonparametric independent samples tests (**Table 5.1**).

Table 5.1. Pilot study descriptive characteristics for continuous and Likert type variables by location by mean and standard deviation.

Demographic Variables	Total (n=26)	Rural (n=13)	Urban (n=13)	p^c
Age	48 ± 10.6	44.9 ± 3.1	51.7 ± 2.6	.125
Number of Individuals in Household	2.4 ± 1.4	2.4 ± 0.4	2.4 ± 0.4	1.00
Times Using Food Aid in Last Year^a	3.6 ± 6	4.6 ± 2.2	2.5 ± 0.9	.390
Months Since Last Use	4.3 ± 2.8	4.0 ± 1.1	4.6 ± 1	.694
Likelihood of More Use^b	1.6 ± 0.6	1.7 ± .2	1.5 ± 0.1	.418
Likelihood of Wanting Fresh Fruits and Vegetables^b	1.2 ± 0.6	1.1 ± 0.1	1.4 ± 0.2	.479

^a Not all respondents had utilized services previously; represents samples of $n=15$ for total, $n=8$ for rural, and $n=7$ for urban.

^b Measured on a Likert type scale where 1 = very likely and 4 = very unlikely.

^c From nonparametric independent samples test; two tailed significance.

No significant differences were found between urban and rural groups for age ($z = -1.540$, $p = .125$); the number of individuals in each household ($z = .000$, $p = 1.00$); number of times utilizing food assistance in last year ($z = -.944$, $p = .390$); the number of months since last using food assistance ($z = -.416$, $p = .694$); the likelihood of more frequent use of food assistance if available ($z = -.930$, $p = .418$); and the likelihood of wanting fresh fruits and vegetables ($z = -1.144$, $p = .479$). Location of residence had no noticeable impact on frequency of use for food assistance, with an average of 4.6 (sd=2.2) visits in the last year for rural respondents and an average of 2.5 (sd=0.9) visits in the last year for urban respondents. The small sample sizes may impact the significance of these results, as there is a clear trend of rural respondents utilizing the services more frequently.

Table 5.2. Descriptive characteristics for gender, source of income, other sources of income^a, times that respondents were unable to access assistance, and barriers to access by frequency and percentage.

Demographic Variables	Total		Rural		Urban	
	(n=26)		(n=13)		(n=13)	
Gender	<i>n</i>	%				
Female	13	(50)	7	(53.8)	6	(46.2)
Male	13	(50)	6	(46.2)	7	(53.8)
Source of Income						
Current Employment	4	(15.4)	2	(15.4)	2	(15.4)
Savings	4	(15.4)	2	(15.4)	2	(15.4)
Social Security	9	(34.6)	5	(38.5)	4	(30.8)
Other ^a	9	(34.6)	4	(30.8)	5	(38.5)
If Other for Source of Income						
Food Stamps	1	(11.1)	--	--	1	(20)
TANF	1	(11.1)	1	(25)	--	--
Utility Checks	1	(11.1)	--	--	1	(20)
None	6	(66.7)	3	(75)	3	(60)
Were there times in the last year that you were wanting but unable to use the services?						
Yes	19	(73.1)	9	(69.2)	10	(76.9)
No	7	(26.9)	4	(30.8)	3	(23.1)
If unable to access services, what was the reason?						
Came Too Often to be Eligible at Time of Need	1	(3.8)	1	(7.7)	--	--
Gas Money	2	(7.7)	2	(15.4)	--	--
Illness	3	(11.5)	1	(7.7)	2	(15.4)
Not Sure Where to Go For Help	8	(30.8)	3	(23.1)	5	(38.5)
Transportation	5	(19.2)	2	(15.4)	3	(23.1)
Not Applicable	7	(26.9)	4	(30.8)	3	(23.1)

^a Represents samples of $n=9$ for total, $n=4$ for rural, and $n=5$ for urban.

The demographic characteristics of each group are generally comparable (**Table 5.2**).

Most noticeable and pertinent to the research of this thesis are the barriers to access reported by respondents. If a respondent confirmed that there was a time in which they needed assistance, but were unable to access it, the reason was elicited. Despite this being an open ended question, there were a limited number of responses recorded. Rural respondents ($n=9$) and urban respondents ($n=10$) reported access impairments at similar rates, but the distribution of them varied between the two groups. Specifically, rural respondents reported a wider range of impairments. The total sample reporting access impairments ($n=19$) most commonly reported that they did not know where to go for assistance ($n=8$). Of urban respondents, 38.5% reported not knowing where to go and 23.1% rural respondents reported this issue. This may indicate an unequal distribution of knowledge among those who use TES' services, though these samples are small.

Gender as a grouping variable was also investigated due to the large body of literature on women's resource utilization (see **Table 5.3**). No significant differences were found between male and female groups for age ($z = -1.140, p = .287$); the number of individuals in each household ($z = -1.170, p = .264$); number of times utilizing food assistance in last year ($z = -.782, p = .479$); the number of months since last using food assistance ($z = -.951, p = .397$); the likelihood of more frequent use of food assistance if available ($z = -1.657, p = .153$); and the likelihood of wanting fresh fruits and vegetables ($z = -.163, p = .920$). Males reported using food aid more often than females did, with an average of 4.08 (sd=8) for males and an average of 3.08 (sd=3.3) for females. Yet, males reported longer gaps between use of services than females did, with an average of 5.14 (sd=3) for males and an average of 3.50 (sd=2.5) for females. Again, the small sample sizes may be impacting the significance of the results. There is also the possibility that the results for males are skewed due to a specific outlier.

Table 5.3. Pilot study descriptive characteristics for continuous and Likert type variables by gender by mean and standard deviation.

Demographic Variables	Total	Male	Female	<i>p</i>^c
	(<i>n</i>=26)	(<i>n</i>=13)	(<i>n</i>=13)	
Age	48 ± 10.6	50.9 ± 8	45.6 ± 12.4	.287
Number of Individuals in Household	2.4 ± 1.4	2.0 ± 1	2.8 ± 1.6	.264
Times Using Food Aid in Last Year	3.6 ± 6	4.08 ± 8	3.08 ± 3.3	.479
Months Since Last Use^a	4.3 ± 2.8	5.14 ± 3	3.50 ± 2.5	.397
Likelihood of More Use^b	1.6 ± 0.6	1.77 ± 0.6	1.38 ± 0.5	.153
Likelihood of Wanting Fresh Fruits and Vegetables^b	1.2 ± 0.6	1.3 ± 0.8	1.1 ± 0.4	.920

^a Not all respondents previously used services; sample of $n=15$ for total, $n=7$ for men, and $n=8$ for women.

^b Measured on a Likert type scale where 1 = very likely and 4 = very unlikely.

^c From nonparametric independent samples test; two tailed significance.

Descriptive characteristics divided by male and female continued to prove to be relatively comparable, with a few points of interest (**Table 5.4**). Within sources of income, twice as many women ($n=6$) were on social security than men ($n=3$). In fact, men ($n=5$) had no income more often than women ($n=1$). The most common barrier for men to access services was not knowing where to go for help ($n=5$). Women reported this barrier less frequently ($n=3$), possibly indicating a different information sharing network. The most common barrier reported by women was not having transportation to reach necessary services ($n=5$). No men reported this barrier.

Table 5.4. Descriptive characteristics for location, source of income, other sources of income^a, times that respondents were unable to access assistance, and barriers to access by frequency and percentage.

Demographic Variables	Total		Male		Female	
	<i>(n=26)</i>		<i>(n=13)</i>		<i>(n=13)</i>	
Location	<i>n</i>	<i>%</i>				
Rural	13	(50)	6	(46.2)	7	(53.8)
Urban	13	(50)	7	(53.8)	6	(46.2)
Source of Income						
Current Employment	4	(15.4)	2	(15.4)	2	(15.4)
Savings	4	(15.4)	2	(15.4)	2	(15.4)
Social Security	9	(34.6)	3	(23.1)	6	(46.2)
Other ^a	9	(34.6)	6	(46.2)	3	(23.1)
If Other for Source of Income						
Food Stamps	1	(11.1)	1	(16.7)	--	--
TANF	1	(11.1)	--	--	1	(33.3)
Utility Checks	1	(11.1)	--	--	1	(33.3)
None	6	(66.7)	5	(83.3)	1	(33.3)
Were there times in the last year that you were wanting but unable to use the services?						
Yes	19	(73.1)	9	(69.2)	10	(76.9)
No	7	(26.9)	4	(30.8)	3	(23.1)
If unable to access services, what was the reason?						
Came Too Often to be Eligible at Time of Need	1	(3.8)	1	(7.7)	--	--
Gas Money	2	(7.7)	2	(15.4)	--	--
Illness	3	(11.5)	1	(7.7)	2	(15.4)
Not Sure Where to Go For Help	8	(30.8)	5	(38.5)	3	(23.1)
Transportation	5	(19.2)	--	--	5	(38.5)
Not Applicable	7	(26.9)	4	(30.8)	3	(23.1)

^a Represents samples of $n=9$ for total, $n=6$ for males, and $n=3$ for females.

The constrained free-lists report the food preferences of TES clients (**Table 5.5**). The results indicate that traditional staple foods still serve as the primary preferred foods, regardless of food security status. These foods include bread ($n=17$), meat ($n=13$), beans ($n=10$), vegetables ($n=9$), milk ($n=7$), and peanut butter ($n=7$). With the top 13 items all mentioned by at least 3% of

participants, it is clear that opinions on preferred foods are somewhat shared. However, the remaining 27 items are reported by no more than three respondents. This illustrates some idiosyncratic aspects of the respondent's food preferences. One respondent reported pull top cans as a preferred food. He went on to say that his living situation lacked a can opener or stove, which altered his food requirements even from a service like TES.

Table 5.5. All unique food items mentioned as foods enjoyed and frequency of mention of each item across all responses.

Unique Food Items (<i>n</i> =40)	Frequency and Percentage of Each Item Overall (<i>n</i> =130)		Unique Food Items	Frequency and Percentage of Each Item Overall
	<i>n</i>	%		
Bread	17	(13.1)	Rice	2 (1.5)
Meat	13	(10.0)	Baby Food	1 (0.8)
Beans	10	(7.7)	Cakes	1 (0.8)
Vegetables	9	(6.9)	Chicken	1 (0.8)
Milk	7	(5.4)	Eggs	1 (0.8)
Peanut Butter	7	(5.4)	Formula	1 (0.8)
Tuna	5	(3.8)	Goodies	1 (0.8)
Soups	5	(3.8)	Grapes	1 (0.8)
Canned Goods	4	(3.1)	Grits	1 (0.8)
Cereal	4	(3.1)	Hams	1 (0.8)
Crackers	4	(3.1)	Low Cholesterol	1 (0.8)
Fruit	4	(3.1)	Mayonnaise	1 (0.8)
Greens	4	(3.1)	Packaged Foods	1 (0.8)
Macaroni and Cheese	3	(2.3)	Peaches	1 (0.8)
Pasta	3	(2.3)	Pork n Beans	1 (0.8)
Apples	2	(1.5)	Pull Top Cans	1 (0.8)
Green Beans	2	(1.5)	Snacks	1 (0.8)
Juice	2	(1.5)	Sweet Potatoes	1 (0.8)
Noodles	2	(1.5)	Tomatoes	1 (0.8)
Oranges	2	(1.5)	White Potatoes	1 (0.8)

The sample is small, but may represent larger patterns regarding populations using TES.

The preliminary research grounds the research objectives of this thesis in three ways. First, the lack of significant differences in use for both residence location and gender illustrate that the clients of TES may represent a single population unified by characteristics other than simple use of the service. Second, assumptions about differences between genders in the larger body of

literature are not supported in this setting (Radimer, Olson, Greene, Campbell, and Habicht 1992); the investigation of what resource use and information distribution between women using TES is warranted in order to further expand this area of research. It is worth investigating whether or not these assumptions about the ways in which women utilize resources, such as privileging their children in resource consumption, are applicable to this population. Third, there is anecdotal evidence of shared experience and knowledge in the form of the limited response set in terms of barriers to access and the frequencies of preferred food items between respondents. The preferred food items mirror both the content of the bags at TES when possible and the historical trends in southern diets.¹⁴

With all of this in mind, I chose to continue working with TES for my thesis due to the connections I could see between TES clients and social capital theory. Clients coming to TES were accessing a resource that they needed. In this case, they were accessing food. These clients were also low income, marginal members of society, often lacking the traditional markers of social capital attainment. Yet, they continue to access a resource through some form of social connection: a partner agency. Every individual who receives food from TES is required to have a referral from a partner agency, implying some form of social interaction precedes the resource attainment. If social capital is fundamentally the ability of an actor to utilize social connection to access a tangible resource, then TES clients may be utilizing one or more cultural models for this abstract concept of social capital. These potential models would allow the clients of TES to be agency filled players in the realm of social capital and an ideal population to work with when exploring the topic.

¹⁴ For more information on dietary preferences in the southern US, see Dirks and Duran 2001 for a review of early 20th century dietary intake of African Americans in Alabama recorded by the USDA's Office of Experiment Stations; see Latshaw 2009 for a review of recent trends in identity and foodways in the southern US; see Szurek 2005 for a study of foodways with a focus on Tuscaloosa.

CHAPTER SIX

METHODS

Introduction

Research was conducted in three overlapping phases, utilizing both qualitative and quantitative data collection techniques. Phase one included an open-ended interview schedule and a general demographic questionnaire which was administered to a sample of current TES users. The open-ended interviews were analyzed to develop propositional statements, or belief statements (**RO1**). Phase two focused on interviews with TES staff and volunteers. This phase included both interviews about the nature of TES and participants roles at TES (**RO2**) and interviews for pretesting the HFIAS measurement tool (**RO2.a**). Phase three utilized the general demographic questionnaire which was used in phase two, the adapted HFIAS, and the propositional statements with a separate sample of current TES users. The propositional statements were used to identify if a cultural model of social capital exists for this population (**RO3**). The consensus results were then compared with individual levels of food security to determine what, if any, relationship existed (**RO4**). This chapter will outline the sampling structure, the human subjects' protections, the data collection techniques, and the data analysis process.

Sampling

Three samples were taken. Phase one participants were TES clients. Again this was a purposive sample. Only women were considered. Potential participants were approached after

having received food assistance and were taken on a first come basis for participation in the research. Sampling for this phase of the research was expected to include no more than $n=20$ participants (**Table 6.1**). The phase two sample represents volunteers and staff of TES. This was also a purposive sample. Participants were accepted based on being employed or a long term volunteer at TES. Community service workers and temporary student workers were not considered for participation. Sampling for this phase of the research was expected to include no more than $n=10$ participants. The final phase of research was expected to include a purposive quota sample of TES clients and a snowball sample of non-TES clients of no more than $n=20$ participants respectively.

Table 6.1. Proposed maximum sample sizes.

Phase One Sample	Phase Two Sample	Phase Three Sample	
TES Clients	TES Staff and Volunteers	TES Clients	Non Clients
20	10	20	20

Phase one's sample was closed at $n=10$ due to repetition in the content of open ended interviews (**Table 6.2**). A limited number of regular staff and volunteers who have contact with clients ($n=4$) were ultimately available for interview for phase two. One former student worker requested to participate after completing an internship, bringing the total sample for phase two to five. Due to practical constraints regarding available resources for the research, the non-TES client sample was removed from phase three of research. This resulted in a total sample of twenty for the TES client sample.

Table 6.2. Achieved sample sizes.

Phase One Sample	Phase Two Sample	Phase Three Sample	
TES Clients	TES Staff and Volunteers	TES Clients	Non Clients
10	5	20	X

Human Subjects

This research was approved by the Institutional Review Board of the University of Alabama, IRB# 12-OR-258. All participants were given informed consent and interviewed privately (see Appendix A for informed consent documents).

Both the samples for phase one and phase three were given verbal informed consent only. This was done in order to ensure that there was no documentation linking participants to the study so as to maintain anonymity. All participants of both phases one and three were read their informed consent, informed that there was no risk involved, that they were not required to participate in the study, that they could withdraw from participation at any time, and that they could ask questions at any time. Phase one and three participants were also asked to consent to audio recording, but were informed that it was not required in order to participate. Upon agreeing to participate, they were given a copy of the informed consent document to keep should they have questions or concerns at a later time.

Phase two participants were given written informed consent. Respondents in phase two were informed that their names would not be used at any point or on any document. However, they were informed that they would be identified based on their respective roles at TES and, therefore, could not be guaranteed complete anonymity. All participants were read their informed consent, informed that there was little to no risk involved, that they were not required to participate in the study, that they could withdraw from participation at any time, and that they could ask questions at any time. Phase two participants were also asked to consent to audio recording, but were informed that it was not required in order to participate. Both I and the participants received signed copies of the informed consent documents.

Data Collection

As outlined in chapter two, many approaches to studying the nature of and cultural understandings of social capital are possible. Cognitive anthropology is an underexplored approach which may serve to alleviate some of the issues in measuring social capital. Cultural Consensus Analysis (CCA) looks at cultural knowledge in order to understand what is shared and what is idiosyncratic. Both *intracultural* variability and *intercultural* variability can be measured through statistical analyses (Handwerker 2001). The elicitation process for a cultural model that is to be tested, Cultural Domain Analysis (CDA), ensures that the knowledge chunks generated for the model come from other members of the culture (D'Andrade 1995). The culture construct assumption, or that there is a single shared culture, can then be examined when testing the model through CCA. Variability can be accounted for and can be tested through this modified factor analysis (Romney, Weller, and Batchelder 1986).

It is possible that the domain of access to resources should be the salient cultural domain of interest and that free-lists of all possible resources should be elicited. This would inherently miss certain aspects of what social capital exists as theoretically by not looking to how one has utilized their social capital (i.e., their social connections) while directly accessing a resource. By the same token, social network analysis could be another approach to measuring social capital. This methodology meets with some of the same problems that a free-listed domain analysis of access points for resources would, following Abbott's critique of the use of social network analysis for social capital in public health settings (1999). While the technique may hold the complexity to produce information about social capital within the network, distinguishing between the social capital, the social ties, and the social support is difficult without substantial qualitative grounding in the specific context to supplement the network analysis. By looking for

a cultural model through the use of a narrative analysis, this research has the potential to highlight and distinguish between local knowledge of social capital, social ties, and social support. This can then be tested using CCA in order to determine if the knowledge is shared between individuals or if the knowledge represents idiosyncratic viewpoints shaped by differing backgrounds.

Phase One

Phase one focused on the semi-structured interviewing of current TES clients. Demographics were collected from all respondents for phase one (see Appendix C for interview schedule). This phase represents the elicitation phase for CCA. Following Spradley (1979) and the “Typical Grand Tour” questioning technique (1979: 86), TES clients were asked to walk me through a typical day in their lives. The “Grand Tour” question asks a respondent to elaborate on a specific topic and their personal experiences with it, here a day in their lives. This is a semi-structured interview technique which allows for the introduction of supplemental questions. These supplemental questions, or “Mini-tour” questions, followed the semi-structured questions and sought to elicit more information on specific topics. These topics included: topics brought up by respondents, who respondents saw in a day, how respondents related to that person, and what about the other person made the respondent choose to keep them in their social network. This technique was used to produce a narrative which may show the kinds and degrees of social interactions which respondents experienced in a typical day. Respondents were also asked to share how they learned of the services at TES and if they would share information about the services with others. This aspect of the “Grand Tour” sought to understand how information was shared in this population, specifically information which may lead to access to tangible resources. This kind of semi-structured method is useful in finding the limits of variation

(Handwerker 2001). The narratives which are produced are not meant to be comparable data, but are unique experiences which can illuminate shared themes and unique variations.

Phase Two

Phase two focused on participant observation and interviewing staff and volunteers. It is worth noting that participant observation was conducted in all phases of research, but was emphasized here in conjunction with staff and volunteer interviews (see **Table 6.3** for a timeline of the research). While participant observation was conducted for the duration of data collection, this phase was used to understand the nature of TES, the role of TES staff and volunteers, their relationships with clients, and the goals of all parties. The staff was casually interviewed as appropriate, covering some or all of the topics listed in Appendix D. The HFIAS was also pretested in this phase (see Appendix B for the original HFIAS schedule). Staff and volunteers with the most contact with clients were asked to judge each question in terms of its use of language, its appropriateness for the client population, and to give examples of relevant food items or scenarios which might help to supplement questions. This follows the standard procedure recommended by the HFIAS guide (Coates, Swindale, and Bilinsky 2007).

Phase Three

Phase three focused on the testing of the proposed model of social capital through CCA. Demographic data was collected for all respondents (see Appendix E for the interview schedule). Participants were asked to respond to 20 belief, or propositional, statements which represented themes present in the narrative from phase one. These questions could be answered as 'Agree' or 'Disagree'. This approach to CCA is well established in the larger body of literature (Garro 1986; Handwerker 2001). It is a variant of sentence frame structures (Garro 1986; Weller and Romney 1988), an earlier approach to the use of dichotomous data in CCA. By using statements which

emphasize shared beliefs, this technique can represent culture knowledge in the language of those being interviewed. The use of dichotomous responses limits a potential response set and elicits an opinion of how respondents think and how they feel that their peers think about each statement. This is ensured by advising respondents to think about how they and other people like themselves would feel about a given statement. Agreement results for these statements are then more likely to be generalizable to the larger group. This data can then be analyzed using specific statistical procedures, which are discussed in the following section on Data Analysis. The adapted HFIAS guide was also given to respondents at this time. Respondents were asked to answer each question for their household and to think about the previous month, or previous four week period of time.

Table 6.3. Research timeline.

Data Collection Techniques	Nov-Dec 11	Jan-12	Feb-Jun 12	Jul-Sep 12	Oct 12 – Mar 13	Apr-July 13
Participant Observation						
Preliminary Research						
Ethnographic Interviews w/ Staff and Volunteers						
HFIAS Pretesting						
Ethnographic Interviews w/ Clients						
Theme Analysis and Belief Statement Development						
CCA/HFIAS w/ TES Sample						

Data Analysis

Phase One

The content from these interviews was used to explore the potential domain of social capital and to determine the limits of the domain. Themes which represented social interaction, sharing of knowledge, decision making, and accessing resources were coded. Theme analysis was completed using both traditional text analysis methods, such as highlighting printed narratives (Bernard 2011), and more modern text analysis methods, such as using NVivo 9 software (QSR International 2010). Themes were developed into 20 propositional or belief statements. Statements were formed in order to not be double-barreled, or not to make two statements at the same time. These statements, however, may represent multiple salient themes, as a single statement can be related to more than one chunk of knowledge. Half of the statements were phrased in either the affirmative or the negative in order to diminish response bias (Weller 2007). Statements were formatted to be answered as either 'Agree' or 'Disagree' (Weller and Romney 1988).

Phase Two

Participant observation notes were recorded both as a report of each day at TES and as a personal diary (Bernard 2011). These were used to inform decision making for the remainder of the research project. Ethnographic interviews collected from the volunteers and staff of TES during this phase of research were used to provide background on TES, belief statements, and clients. These interviews were analyzed as needed to contextualize the large research project. Simple coding of interview notes and participant observation notes was utilized (Bernard 2011). This same approach was used in order to determine what changes to make to the HFIAS. Staff and volunteer suggestions for the HFIAS were recorded and coded in order to make necessary

changes (Coates, Swindale, and Bilinsky 2007).

Phase Three

All data for this phase were analyzed in SPSS 17.0 and Anthropac 4.983 (Borgatti 1996). CCA analysis is a modified factor analysis. Whereas traditional factor analysis would place the questions as variables and the individuals as cases, the consensus procedures understand individuals as variables. The aggregate responses for each individual can then be correlated with all other responses and weighted based on the level of agreement present between respondents (Romney, Weller, and Batchelder 1986). If enough variability is accounted for between the first and second factor (3:1), then it is assumed that there is a shared culture (Weller 2007).

The Anthropac program reports the three main components of the consensus analysis (Romney 1999). First, the program produces eigenvalues. Eigenvalues represent the amount of variability explained by each factor. Each factor represents an underlying variable which is thought to be represented in the observed variables, or available information. A factor, then, represents the agreement between respondents with minimal residual variation. Second, the program gives factor loading scores for each individual. These are known as ‘competency scores’ and represent the intercorrelation between respondents and the shared culture knowledge. Finally, the program produces the culturally correct answer key. This key lists the anticipated answers for each statement based on an average of the weighted intercorrelation of respondents’ competency scores.

Formal CCA was run in Anthropac using the covariance method (**H.1**). This method accounts for response bias (Weller 2007). Per Weller’s recommendations, the match method was run first. A potential existed for response bias due to the nature of the research setting and respondents’ ideas about how they “should” respond. The covariance method was run in order to

determine if there was a response bias present. The match method showed a small, but noticeable amount of inflation. Due to this, the covariance method was preferred and used for all other CCA performed on this data set. It was estimated that the responses to the belief statements would result in a .55/.45 split of true and false statements, respectively. The data was run with the .55 estimate for true or agree statements. Respondents were plotted on the first and second factors in a scatterplot to visualize results. Visualizations like this supplement CCA by showing the intersection of individual informant's knowledge across each factor (Handwerker 2001). Percentage of overall agreement for each statement was compared to the overall themes produced in order to determine if the most agreed upon statements were more representative of traditional social capital models or a local model of social capital (**H.1.a**).

Descriptive statistics were run on all demographic data. Pertinent consensus analyses, bivariate statistics, and multilinear regressions were run in order to determine the influence of grouping variables on consensus results and the relationship between competency scores and food security levels (**H.2**).

CHAPTER SEVEN

RESULTS

Phases One Through Three: Participant Observation

Participant observation is a traditional anthropological method proved to be one of the most valuable in grounding my research. I became not just an anthropologist, but an active player in the TES setting. As a long term volunteer, the staff saw me as reliable and unlikely to depart, as many students and volunteers do. They took the time to train me in all aspects of office work and client intake. In August of 2012, I was asked to begin working with the West Alabama Food Bank (WAFB), the main supplier of food to TES. Weekly orders are placed with WAFB. Orders are placed at approximately \$300 per week. I have also been invited to represent the organization with other community partners and at public events. I was differentiated from social work students by staff and other long term volunteers due to the nature of my research agenda.

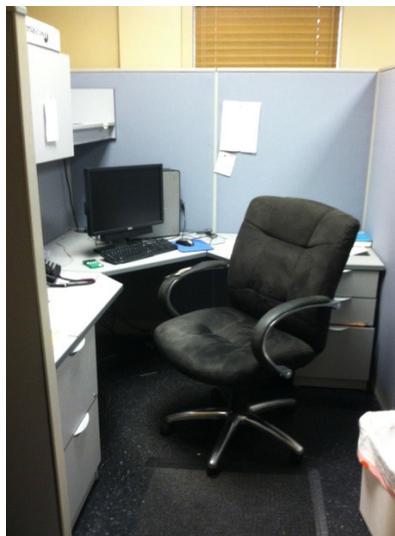


Figure 7.1. Student office at TES, where client interviews were conducted.

As a participant observer, I became part of the public face of TES. One client referred to me in conversation as “that bright girl”, a reference to my skin color. I was one of the only white intake workers at that point in time and it was quickly recognized that I had given the client a slip with a return date for his next available food assistance. Specifically, it was noted that I had given the client a small amount of food before his return date and he was looking for more. The other women in the office laughed. Miss Lucy¹⁵, with tears in her eyes, looked to me and said:

He’s been gone for a while, but he is in all the time. He don’t talk to anybody normally, but Marcy. It’s like his safe place to come sit out there [in the waiting room]. He must have liked you though!

It was around this moment that I began to realize the nature of the situation and that my lack of experience had shown. I was trained, like the interns, that if someone came to TES and seemed to be truly hungry, then I should use my best judgment when it came to giving out food without a referral. Before I could say anything apologetic about having been taken in by a regular client, Miss Marcy chimed in:

Yeah, he knew you were a sucker! That ‘bright’ girl! Ha! He got you!

As the women laughed, it became clear that this was not the first time this had happened in the office nor would it be the last. This gentle teasing and situational adaptability was the atmosphere of the office on any given day.

In this setting, I was an equal in the office, yet I was marked in certain situations as the proverbial other. My age (23 through 25) placed me in the position of being mentored by the women running the service. My work as an anthropologist separated me from social work interns who were completing projects and being graded. As a young white woman, both my gender and my ethnicity prompted differential treatment on occasion, though this largely came from clients.

¹⁵ All names have been changed.

This differential treatment swayed in both positive and negative directions depending on the circumstances as well.

It is important to acknowledge my close relationship with my research site. Working with TES, I was included in a variety of events. I organized focus groups with staff for a study conducted through Howard University on the impact of the recent tornado, developed volunteer tracking time sheets for their computer system, designed new fire report forms, and set up a new pick up system for donations. This was in addition to placing the weekly food orders and doing client intake. To say that I became a part of TES may be a large understatement.

One typical day, I was sitting with the ED and taking notes on program planning. A knock at the door announced a former intern for a visit. I introduced myself to the young woman. She assumed that I was a current social work intern. I replied:

No, I'm an anthropologist. [The ED] has been kind enough to let me do some research here. But it's been really cool to get to know the social work interns and what they do.

The young woman smiled and noted the relationship between our academic fields. The ED agreed and went on to say:

Yeah, she's not a social worker, but she thinks like one. And she gives her time. Probably too much of it!

This notion of giving time proved to be one of the most central themes to all of the interviews I conducted and all of my time as a participant observer. Learning to think like a social worker and incorporate myself into the atmosphere of TES allowed for a level of cultural immersion which was incredibly useful in guiding this research.

Phase One: Open-ended Interviews with Clients

Open-ended interviews with TES clients were conducted on a sample of $n=10$ (see **Table**

7.1 and Table 7.2 for demographics). The average age of respondents was 38 (± 15.7). The oldest interviewed was 67 and the youngest were 19. Estimated household incomes ranged from \$1200 to \$0 for the previous month, averaging \$752.50 ($\pm \133.43). Households ranged in size from one to six persons, with an average of 3.4 (± 1.4). The number of children in each household ranged from zero to three, with a mean of 1.7 (± 1.3).

Table 7.1. Demographic variables for phase one sample for continuous variables.

Demographic Variables	Total	Minimum	Maximum
	(n=10)		
Age	38 \pm 15.7	19	60
Estimate of Household Income for Previous Month	\$752.50 \pm \$333.43	\$0	\$1200
Number of People in Household	3.4 \pm 1.4	2	7
Number of Children in Household	1.7 \pm 1.3	0	4

Level of education varied within the sample. All respondents had completed some high school education; 40% did not complete high school, 50% completed high school or received their GED, and 10% had some college education. The majority of respondents had children in the household ($n=8$), with one respondent reporting no children in the household, and one respondent reporting that she was expecting. The majority of respondents identified as religious ($n=8$). Faiths varied and were well-dispersed between Methodist, Baptist, Presbyterian, and a general response of Christian. Only two reported no religious affiliation. Political affiliation was another diverse demographic. Of respondents, 40% reported no political affiliation, 30% reported being Democrats, and 30% reported being Republicans. Respondents were evenly split between Black/African American ($n=5$) and White ($n=5$). Respondents reported taking their own cars to TES ($n=6$) or getting a ride from someone else ($n=4$). No respondents utilized the bus service. Finally, less than half of the respondents had been to TES before ($n=4$).

Table 7.2. Descriptive characteristics for level of education, presence of children in the household, religiousness, applicable religions, political affiliation, ethnicity, transportation, and previous use of TES by frequency and percentage.

Demographic Variables	Total (<i>n</i> =10)	
	<i>n</i>	%
Highest Level of Education		
Grade School	--	--
Middle School	--	--
Some High School	4	(40)
High School/GED	5	(50)
Some College	1	(10)
BA	--	--
Do you have any children?^a		
Yes	8	(80)
No	1	(10)
Expecting ^b	1	(10)
Are you religious?		
Yes	8	(80)
No	2	(20)
Faith		
None	2	(20)
Catholic	--	--
Methodist	2	(20)
Baptist	3	(30)
Presbyterian	1	(10)
Christian (general)	2	(20)
Political Affiliation		
None	4	(40)
Republican	3	(30)
Democrat	3	(30)
How would you describe your ethnicity?		
Black/African American	5	(50)
White	5	(50)
How did you get to TES today?		
Car	6	(60)
Other Person's Car	4	(40)
Bus	--	--
Walk	--	--
Have you been to TES before?		
Yes	4	(40)
No	6	(60)

^a Clarified as children in the household.

^b Respondents were not asked if they were pregnant; this individual chose to report it, however.

Phase One: Theme Analysis and Belief Statements

The analysis of the narratives developed in the previous part of phase one relied on coding for shared themes. Themes were identified through repetition, relatedness, and theoretical presence. The presence or absence of a theme in the larger body of theoretical

literature did not preclude a theme from being included in the analysis, however. **Table 7.3** shows all of the final themes taken from the narratives and their presence or absence in the theoretical literature. All of the themes appear in the latter. In some cases, these themes exist on a continuum. As noted above, there are indications that social support has varying degrees of importance for individual respondents. This is an important point to consider when associating the chosen themes with both personal models and shared models of knowledge regarding resource acquisition through social connections. As such, I did not use a theme like Isolation, but instead looked at Social Support in general and as a continuum of more or less social support.

Table 7.3. Themes coded for and their theoretical significance.

Theme	Theoretical
Decision Making	
Help Seeking	X
Social Interaction	X
Social Support	X
Resource Access	X
Time Management	
Task Management	
Prioritization	

Building these themes began by reviewing what a typical day in the life of each respondent was like. Respondent A09 described a typical day in her life in a way that proved to be similar to the majority of subsequent respondents' depictions of a typical day:

...so basically my day is going to work, comin' home, just tryin' to feed my kids, help with homework, wash clothes, cook, iron, get ready for the next day. So it's like a daily routine. So it's basically being a mother and trying to work. And take care of the household.

A09's narrative encapsulates the responsibilities and expectations many of these women

describe. She also described her day in a task oriented manner (Task Management) which indicates that she views her life in terms of achieving specific tasks. This theme emerges in relation to Time Management and Prioritization of tasks throughout a typical day. The commonness of this group of themes is not surprising. A kind of task based experience like this highlights short-term planning which often goes hand in hand with experiences like food insecurity. This is not to say that no attempts are made at long-term planning. However, the importance of meeting the most immediate needs may supersede the ability of an individual to focus on long-term planning due to a lack of resources in terms of time and energy. This kind of Prioritization and Decision Making is essential to understanding the daily experiences of the women who come to TES. This kind of process extended across all demographics as well, including respondent A04. A04, one of the two youngest respondents, was African American and currently in college:

Well, I go to school...um...usually mornings. And then I'm off the rest of the day. And...um...tryin' to find work is really, like, my job at this point. Um...my hours were already cut back and I had only been working there two weeks. So basically, it's just going to school in the morning and trying to find a job in the afternoon.

Despite the significant social differences between A04 and A09, who was a single mother with a high school education, their perceptions of their daily lives as sequenced events were similar.

Respondents produced narratives which highlighted two broad orientations: one of an isolation-based independence and one of a community centered orientation. The former is illustrated in the following narrative offered by a young white respondent, A01, who had never been to TES before. Her typical day and her personal preferences were much like the experiences of other respondents:

Most of the time I like to read the Bible, like if I get lost or somethin'. [In a typical day] laundry, dishes, mopping, clean up the house.

When asked about whom she would look to for support, A01 expressed that her social network was small and that social support was not as vital to her as independence was:

...I don't go to anything. I usually stay home. Um...I usually just talk to myself and *think*, like 'what am I gonna do?'

The topic of family proved to further illustrate her feelings of separation from others:

[Family] is really complicated. Like, I've always called them, called them, called them, and it's just like I don't feel like bein' a burden anymore. So. I don't wan' to do it. I called [my mom] to take me to the Food Stamp Office. That's about it. She took me over here to get some food, so...(shrugs)

This respondent mentions many of the themes which are reproduced in the narratives of other respondents: tactics for Decision Making; a lack of Social Interaction, or isolation; task orientation; and independence from social support. A01, however, continues to emphasize a desire to not burden others and to think problems through on her own. This kind of narrative was echoed in some of what A04 discussed when I asked if she would discuss or suggest available services with any friends or family:

You said would I want to talk to 'em? No, it's really just...um...[my brother and I are] tryin' to kind of save money and cut back, that sort of thing. Which is why, um, we've gone to food stamps. Cause...um...my parents are, basically, tryin' to make us responsible. [My mom's like, you know, 'well, if you can apply for food stamps, you'll get them. It will help you towards bills. You know, don't *use* it, don't use people or whatever, but, you know, you need it right now'. So, not really. I don't plan on it. I don't feel that I am in *need* need I guess.

This was also not the first time that I had come across the idea that one person's need was more real than another's. This had come up repeatedly in respondents during preliminary research as well. It was often associated with independence and feelings of helping others by not

monopolizing resources. A04 seems to be echoing a similar feeling.

On the other end of this spectrum is respondent A08, who seemed to feel that her social relationships keep her connected to the community:

The community's fine cause everybody help each other...[I see] the employees, my fellow employees at work. The kids, my neighbor across the street, that's about it.

When asked about her relationship with her neighbor and whether she felt close with her neighbor, A08 responded:

Yes, ma'am. She's a elderly lady. She watches out for me and I watch out for her. ...I've been living in the neighborhood for three years. [And] everybody at work is very close. Social. So something happens to somebody, everybody feels it. So, we're all close at work. Like one big family.

This respondent discusses her feelings of connectedness to the community through Social Interaction and Social Support. A08 continues:

...the problems come. Everybody deal with each other's problems. But, yeah, it's nice. Everybody's close.

She feels that her social network supports her and she returns the support. This includes times of Decision Making and Help Seeking. This kind of community connectedness was echoed by A07 in her experiences with her church:

I got to St. Paul in Northport. I feel good there. And the choir. And I usher. Very busy. And in the church, I'm in the young adults group.

Social Support and Social Interactions were also very important to A02, one of the most unusual clients I interviewed. She was a middle-aged African American woman who had recently, and not for the first time, experienced health problems which compromised her in a variety of ways. This, as she explained to me, increased her candor in the situation, giving way to a brief and difficult narrative about her community experiences and who she gets her social support from:

Ain't everybody gonna do you right. I know from my minister. I'm at church every Sunday and he take care a me. He know I got the devil in me and he gonna get it out. And I say to people 'I seen the devil' and they know it's true. They see it in me. And he knows it's there and he knows I can't help myself. So he gonna help me. And he's white like you, so he knows. He told me to come here. I got so many bills from the hospital and I can't spend no money on food.

While A02's mental state made the interview very atypical, some of the basic themes which she expressed were the same as her peers. She was interested in Social Interactions and Social Support as tactics for Help Seeking. These interactions had also proven to be successful for her in terms of reaching the needed food assistance (Resource Access).

These are not necessarily clear cut group differences, though. One example of overlap between the groups comes from women who spoke about their friends and social connections who might also need the services of TES. This included concepts of Resource Access which these women may share with others. A10 mentioned the following:

Yeah, I would tell people about this. And yes, ma'am, I got friends who need this. And you never know when something will happen. Gotta know where to go.

A03 and A01 also reinforced this notion, with the very isolationist A01 requesting to take a card for TES with her in case she could share it with others. This occurred despite her self-perceived lack of social connections. A03 was able to identify friends in need of the services of TES as well as feel that the community itself needed to hear more about the services:

Well, I think everybody should know [about TES]. Cause bein' single mothers and women, there's a lot of help out here, but maybe a lot of women don't know that. But, I mean...it's all about, I guess, people gettin' out and reachin' out. To know what's out here, available for them, cause a lot of people like I didn't know about this place until I went to the Food Stamp Office, so a lot of people don't know [TES] exist[s]. But they do know help is out there, they just don't know where to go to get it. So maybe if someone could do better advertisin' on lettin' people know where to come to get help or assistance for food and all that, that would help out people that do not know about [TES']

services. But there are a lot of people that I know, females out there that need help, that are single with kids.

A03's narrative is particularly illuminating when considering ideas of social capital based resource access. While she does discuss that individuals need to look for points of access to resources when they are in need (Help Seeking), she emphasizes that the burden should be on the points of access, such as TES. She has confidence that the community has resources for people like her and expects the community to guide the way to these resources when one is in need. She also emphasizes that there is a need in the larger community to know more about Resource Access, which matches the narrative offered previously by A10. A03, who produces one of the most prolific narratives, completed her interview by requesting detailed information on where she could send other single mothers to get referrals for services.

Another overlapping theme came from the idea of relatedness. On the topic of her social relationships with coworkers, A06 expressed a need for understanding and safety in social interactions:

What about 'em? They can relate to what I tell them, cause nines a' ten either they've been through it or they gonna go through it. But just really, even...even if they hadn't been through it, just bein' able to talk to get stuff off your chest, and to talk out loud to get somebody else's...you know...input on it, so. It's okay talking to 'em. Mainly it's somebody that you can trust to talk to without putting everything everywhere else and understanding without bein' so judgmental. So, it's a pretty good relationship at work to talk to 'em. (laughs) Certain people. So...

This is a feeling previously echoed by A08, who explained it further when she returned to her relationship with her elderly neighbor:

She watches my house and I watch hers. Or if I'm at work and my kids are there, she makes sure, you know, they're okay, so we watch out for each other. If she needs something, I'll bring it from the store for her, you know, vice versa. Cause she's a elderly lady, which her

kids check on her, but by me being across the street I just make sure I check on her also.

These Social Interactions are crucial to the Decision Making of these women, regardless of a more community or more personal orientation to the world. A04, despite having almost no social connections had an immediate answer to whom she would seek out to discuss serious problems:

A04: Um...my, my aunt. She's in Tennessee, but I know she'd come in a second, so...

Sarah: Yeah?

A04: Definitely.

Sarah: What about her makes you feel comfortable?

A04: She's very...calm. Um, with her own kids, not so much. She yells at them. She gets mad at them. But of course with her nieces and nephews and everything she is very calm and understanding. Just wants us to be okay. That's all.

A04's desire to discuss problems with her aunt, despite distance, illustrates a trust and confidence that was surprising given how limited her discussion of social interactions was in general. The differentiation between herself and her cousins in terms of her aunt's behaviors also highlights that she and her aunt have separate experiences from each other. This, in all likelihood, fosters a relationship not unlike that described by A06 with her coworkers. Separate life experiences are being brought together through social support aimed at managing problems. This allows these women to relate to their social connections in a more intimate, yet detached way due to a lack of shared problems.

Participants were asked what one needs to have in order to have a good life. This was a question with some variable answers which fit into one of two broader themes based around item specific responses and behavior based responses. A01 said the following:

Water and power. (laughs) Cable. And food! I can deal with a leak in the roof! (laughs and pauses) And gotta have water. Gotta have power. And gotta have food.

This fits with A01's description of her own life, which was focused on daily tasks and the items

associated with those tasks. A04, on the other hand, emphasized a more behavior based philosophy of what makes a good life:

Um...I would say working hard and...helping others. Um...that's the biggest things. I really don't believe in like just doing everything to get rich or get rich quick. So, I would just say, work hard for what you need. And if you do get an excess, then...you help others with that, basically.

Both of these respondents expressed limited Social Interactions, but experienced their Prioritizations of what makes a good life in different ways.

Drawing on these narratives and themes, a single statement may represent multiple themes. Statements are not necessarily discrete items and may have variable points of reference. By coding for multiple themes in each statement, the statements may better capture what themes are culturally salient to this population. **Table 7.4** outlines the belief statements derived from the narratives and their related themes. The complex nature of social capital, the suggested theoretical measures, and the overlapping and still divergent cultural narratives further support the use of single statements that represent multiple themes.

Table 7.4. Constructed belief statements and the related themes which they represent.

Belief Statements	Themes
1. It's better to think problems through on your own.	Decision Making
2. Reading the bible helps when you have a problem.	Decision Making
3. It is easy to feel alone in Tuscaloosa.	Social Interaction
4. It is important to have all the information before making a decision.	Decision Making
5. It is not difficult to take care of a household by yourself.	Social Support Task Management
6. People should only ask for help in emergencies.	Help Seeking
7. There are more important things than getting food on the table.	Decision Making Resource Access Prioritization
8. Everybody helps each other.	Help Seeking Social Support
9. People who do not have the time to be social do not get as much help.	Social Interaction Social Support Time Management Prioritization
10. When people are alone, they need less help.	Help Seeking Social Support
11. Being connected to the community is important for getting what you	Help Seeking

need.	Social Interaction Social Support
12. Neighbors watch out for you if you watch out for them.	Social Support
13. Nobody wants to deal with other people's problems.	Decision Making Social Support Prioritization
14. Staying busy will make people feel less alone.	Social Interaction Time Management Task Management
15. People who do not relate to you are more likely to be judgmental of you.	Social Interaction Social Support
16. Sometimes you just can't get the things you need, no matter how hard you work.	Resource Access Task Management
17. Places like the Food Stamp Office are more likely to help than individuals are.	Help Seeking Resource Access
18. There is a lot of help here, if you know where to find it.	Help Seeking Resource Access
19. It is difficult to find the time to look for help.	Help Seeking Time Management Prioritization
20. The people who need the most help rarely get it.	Help Seeking Resource Access

Phase Two: Ethnographic Interviews with Staff and Volunteers

Semi-structured, ethnographic interviews were conducted with five staff members and volunteers. The majority of these interviews were conducted during the workday and in an informal manner. This process offers a better understanding of the organizational structure of TES, the experience of the staff members, and where the personal goals of the staff and the organization meet. This information serves to contextualize the protocols of the organization and the interpersonal relationships that staff members develop with clients. By examining the experiences of staff members, it is possible to understand how and when they may become actors in the development of social capital for clients.

Staff and volunteers have come to TES through a variety of backgrounds. While some have social work backgrounds, others come from military, civil, and private sector careers. This diversity of experience mirrors that of the clients themselves. This is not the only trait that is similar between the two groups though. Staff and volunteers reported that among their reasons

for working with TES were personal experiences with need. This shaped the views of all staff and volunteers, serving as a catalyst for committing time to TES.

Phase Two: HFIAS Pretesting

The pretesting phase of the HFIAS was completed with staff and volunteers who work directly with clients ($n=4$). The former student intern was not included due to the timing of inclusion in the research. While this sample is small, it was determined to be sufficient due to the overwhelming repetition of responses and themes. The language of the HFIAS was largely maintained. Those on whom the tool was pretested discussed the need to ensure that language was appropriate for all who responded to questions at TES in general. It was consistently stated that the content of the HFIAS was appropriately worded for the clients of TES. “These questions are good. They talk about things we should know and [clients] will understand them,” said one staff member who has been with TES for more than a decade.

Table 7.5. Adapted HFIAS instrument.

NO	QUESTION	RESPONSE OPTIONS
1.	In the past four weeks, did you worry that your household would not have enough food?	0 = No (skip to Q2) 1=Yes
1.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)
2.	In the past four weeks, were you or anybody in your household not able to eat the kinds of foods you preferred because of a lack of resources? For example: Bread, tuna, peanut butter, or beans	0 = No (skip to Q3) 1=Yes
2.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)
3.	In the past four weeks, did you or anybody in your household have to eat a limited variety of foods due to a lack of resources? For example: Only rice and tomatoes or	0 = No (skip to Q4) 1 = Yes

	franks and beans	
3.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)
4.	In the past four weeks, did you or anybody in your household have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food? For example: Powdered soups or broths, hard bread	0 = No (skip to Q5) 1 = Yes
4.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)
5.	In the past four weeks, did you or anybody in your household have to eat less food at a meal than you felt you needed because there was not enough food?	0 = No (skip to Q6) 1 = Yes
5.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)
6.	In the past four weeks, did you or anybody in your household have to eat fewer meals in a day because there was not enough food?	0 = No (skip to Q7) 1 = Yes
6.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)
7.	In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?	0 = No (skip to Q8) 1 = Yes
7.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)
8.	In the past four weeks, did you or anybody in your household go to bed at night hungry because there was not enough food?	0 = No (skip to Q9) 1 = Yes
8.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)
9.	In the past four weeks, did you or anybody in your household go a whole day and night without eating anything because there was not enough food?	0 = No (questionnaire is finished) 1 = Yes
9.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)

I chose to make small changes to the specific language based on language used by staff

when completing client intake (see Appendix B for the non-adapted HFIAS). Specifically, the use of ‘household member’ in questions 2, 3, 4, 5, 6, 8, and 9 was changed to ‘anybody in your household’. This was done to mirror the language used by TES staff with clients. It is a deliberate choice used to differentiate between related individuals living in one’s household and the presence of unrelated individuals residing in a household. Question 5 was altered from ‘eat a smaller meal’ to ‘eat less food at a meal’. This was done to reflect the diverse eating patterns clients mentioned during my time at TES. A smaller meal implied that small was a negative, but a fair number of small meals in a day is not uncommon in the eating patterns clients mention. This may be attributed to personal schedules and preferences, or out of some sort of patterned need relating to food insecurity. By changing the language to reflect a direct comparison in overall quantity, as opposed to the differentially interpreted ‘smaller’, it became less ambiguous. Question 8 was changed from ‘go to sleep at night’ to ‘go to bed at night’, which is the more common phrasing according to TES informants. Context specific examples for questions 3 and 4 were developed. The examples in question 3, reflecting limited food variety, were ‘only rice and tomatoes, or franks and beans’. The examples in question 4, reflecting foods the respondent did not want to eat, were ‘powdered soups, or broths, or hard breads’.

Phase Three: Cultural Domain Analysis

Demographics for Phase Three Sample

Phase three consisted of a sample of 20 women (see **Table 7.6** and **Table 7.7** for demographics). The average age of respondents was 38 (± 15.6). The oldest client interviewed was 67 and the youngest were 19. Estimated household incomes ranged from \$1300 to \$600 for the previous month, averaging \$948.75 ($\pm \198.42). Households ranged in size from one to six

persons, with an average of 3.2 (\pm 1.4). The number of children in each household ranged from zero to three, with a mean of 1.4 (\pm 1.1).

Table 7.6. Demographic variables for phase three sample for continuous variables.

Demographic Variables	Total	Minimum	Maximum
	(<i>n</i>=20)		
Age	38 \pm 15.6	19	67
Estimate of Household Income for Previous Month	\$948.75 \pm \$198.43	\$600	\$1300
Number of People in Household	3.2 \pm 1.4	1	6
Number of Children in Household	1.4 \pm 1.1	0	3

Level of education varied within the sample. All respondents had completed some high school education. Five did not complete high school. The majority of respondents had completed high school or had obtained a GED (*n*=13). One respondent had some college education and one respondent held a BA. The majority of respondents had children in the household (*n*=13), with *n*=6 reporting no children in the household, and one respondent reporting that she was expecting. 90% of respondents reported identifying as religious. Faiths varied and were well dispersed between Catholic, Methodist, Baptist, Presbyterian, and a general response of Christian. Only two reported no religious affiliation. Political affiliation was another diverse demographic. Of respondents, seven reported no political affiliation, eight reported being Democrat, and five reported being Republican. Respondents were nearly evenly split between Black/African American (*n*=11) and White (*n*=9). Respondents reported taking their own cars to TES (*n*=12), getting a ride from someone else (*n*=7), and walking (*n*=1). No respondents utilized the bus service. Finally, less than half of the respondents had been to TES before (*n*=9). Eleven respondents were new clients who had not been to TES before. Over all, this sample is comparable to the phase one sample.

Table 7.7. Descriptive characteristics for phase three sample.

Demographic Variables	Total	
	(n=20)	
	n	%
Highest Level of Education		
Grade School	--	--
Middle School	--	--
Some High School	5	(25)
High School/GED	13	(65)
Some College	1	(5)
BA	1	(5)
Do you have any children?^a		
Yes	13	(65)
No	6	(30)
Expecting ^b	1	(5)
Are you religious?		
Yes	18	(90)
No	2	(10)
Faith		
None	2	(10)
Catholic	1	(5)
Methodist	4	(20)
Baptist	7	(35)
Presbyterian	4	(20)
Christian (general)	2	(10)
Political Affiliation		
None	7	(35)
Republican	5	(25)
Democrat	8	(40)
How would you describe your ethnicity?		
Black/African American	11	(55)
White	9	(45)
How did you get to TES today?		
Car	12	(60)
Other Person's Car	7	(35)
Walk	1	(5)
Bus	--	--
Have you been to TES before?		
Yes	9	(45)
No	11	(55)

^a Clarified as children in the household.

^b Respondents were not asked if they were pregnant; this individual chose to report it, however.

Cultural Consensus Analysis

The formal CCA (Romney, Weller, and Batchelder 1986) was run on the 20 propositional statements, using the 'Agree' or 'Disagree' format (n=20). The CCA results indicate that there is not enough agreement in the responses to the belief statements for a single shared model to exist between respondents (see **Table 7.8**). The eigenvalue ratio of the first factor to the second factor

(ratio=1.195) does not meet the 3 to 1 ratio required in order to achieve consensus (Weller 2007).¹⁶

Table 7.8. Cultural consensus analysis results for complete sample ($n=20$).

Consensus Results	20 Belief Statements	Ratios Between Factors
Factor 1	3.775	1.195
Factor 2	3.159	1.666
Factor 3	1.897	
Mean Competence (sd)	0.31 (0.305)	

Table 7.9 lists the statements and the percentage of respondents ($n=20$) who agree or disagree with a given statement. Statements 4, 5, 12, and 19 have the highest overall agreement ($\geq 80\%$ ^{17, 18} agreement for ‘Agree’ or ‘Disagree’) in responses. These statements are somewhat diverse and do not seem to represent a singular aspect of social capital. Instead, they may represent a larger set of beliefs shared by low income individuals in Tuscaloosa regarding decision making (4), task (5) and time (19) management, social support (5, 12), prioritization (19), and help seeking (19).

Statements which respondents agreed on between 65% and 75% of the time included statements 2, 7, 9, 13, 14, and 15. This is still a majority level of agreement, but is not particularly high. Statements represent themes of decision making (2, 7, 13), prioritization (7, 9, 13), resource access (7), social support (9, 13, 15), social interaction (9, 14, 15), time management (9, 14), and task management (14).

¹⁶ The match method reported a ratio of 1.098 for the first and second factors.

¹⁷ Due to the sample size, percentage responses in **Table 7.9** increase and decrease by increments of 5%. This is reflected in determining the cut off points for grouping statements by agreement level.

¹⁸ Cut offs for high, moderate, and low agreement are unique to this project and were selected in order to better conceptualize the distribution of agreement across items.

Table 7.9. Percentage of agreement for belief statements for total sample ($n=20$).

Belief Statements	Agree	Disagree
1. It's better to think problems through on your own.	50%	50%
2. Reading the bible helps when you have a problem.	75%	25%
3. It is easy to feel alone in Tuscaloosa.	55%	45%
4. It is important to have all the information before making a decision.	95%	5%
5. It is not difficult to take care of a household by yourself.	10%	90%
6. People should only ask for help in emergencies.	60%	40%
7. There are more important things than getting food on the table.	30%	70%
8. Everybody helps each other.	50%	50%
9. People who do not have the time to be social do not get as much help.	75%	25%
10. When people are alone, they need less help.	45%	55%
11. Being connected to the community is important for getting what you need.	50%	50%
12. Neighbors watch out for you if you watch out for them.	90%	10%
13. Nobody wants to deal with other people's problems.	70%	30%
14. Staying busy will make people feel less alone.	65%	35%
15. People who do not relate to you are more likely to be judgmental of you.	75%	25%
16. Sometimes you just can't get the things you need, no matter how hard you work.	45%	55%
17. Places like the Food Stamp Office are more likely to help than individuals are.	40%	60%
18. There is a lot of help here, if you know where to find it.	40%	60%
19. It is difficult to find the time to look for help.	80%	20%
20. The people who need the most help, rarely get it.	60%	40%

The weakest degree of agreement is found in statements with just 50% to 60% overall agreement. These statements include 1, 3, 6, 8, 10, 11, 16, 17, 18, and 20. At ten total statements, this is a large portion of the items. In other words, respondents are split on their responses for half the items. This group of statements represents themes of decision making (1, 6), social interaction (3, 11), help seeking (6, 8, 10, 11, 17, 18, 20), social support (8, 10, 11), task management (16), and resource access (16, 17, 18, 20).

Table 7.10. Distribution of number of questions for each theme across three levels of agreement.

Theme	High Agreement 80%-100%	Moderate Agreement 65%-75%	Low Agreement 50%-60%
Decision Making	1	3	2
Help Seeking	1	--	7
Social Interaction	--	3	2
Social Support	2	3	3
Resource Access	--	1	4
Time Management	1	2	--
Task Management	1	1	1
Prioritization	1	3	--

Table 7.10 illustrates that the themes with the least amount of agreement are Help Seeking and Resource Access. Help Seeking resulted in only one high agreement response and seven low agreement responses. Resource Access resulted in only one moderate agreement response and four low agreement responses. Both of these areas are central to any social capital theory and illustrate that a single cultural model of social capital cannot exist for this sample.

As there is not a single shared model, the individual cases were next plotted on a scatterplot in order to determine what differences may exist visually between respondents.

Figure 7.2 shows the total sample plotted across the first and second factors.

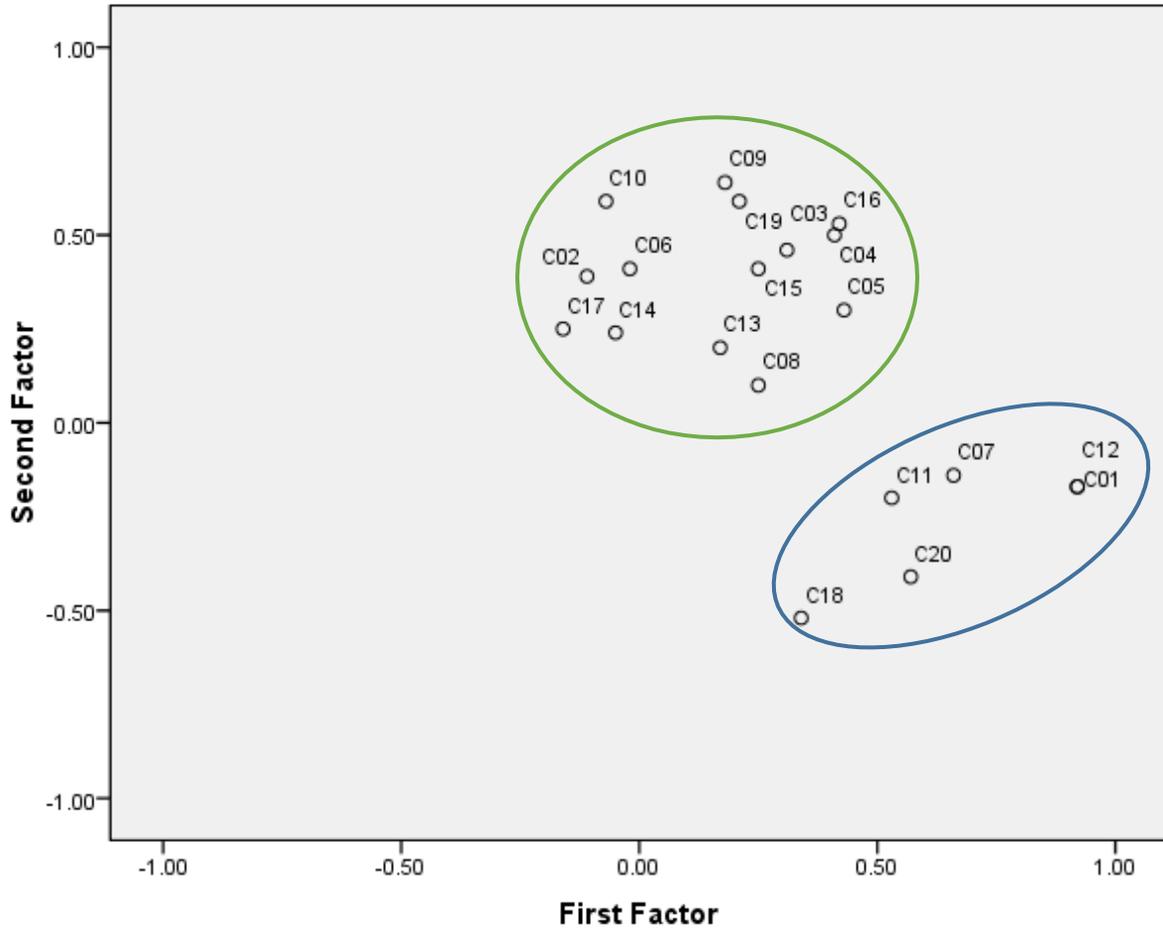


Figure 7.2. The first factor plotted against the second factor of the CCA. Each label is an individual respondent’s level of agreement across the first and second factors.

The scatterplot indicates that there are at least two separate groups of respondents, noted by the larger circles in **Figure 7.2**. It is possible that these two groups differ in their competence scores based on another demographic or social variable. Typically, this would not be analyzed further due to a lack of consensus. However, this research warrants an exploration of what other variables maybe influencing the lack of consensus. In the following analyses, the scatterplot in **Figure 7.2** will be shown highlighting a variety of the grouping variables listed in **Table 7.6** and **Table 7.7**. Demographics such as these grouping variables are often associated with differential social capital. Further plots can be found in Appendix F, including variables in which a majority

of groups not eligible for consensus analysis due to their small size.

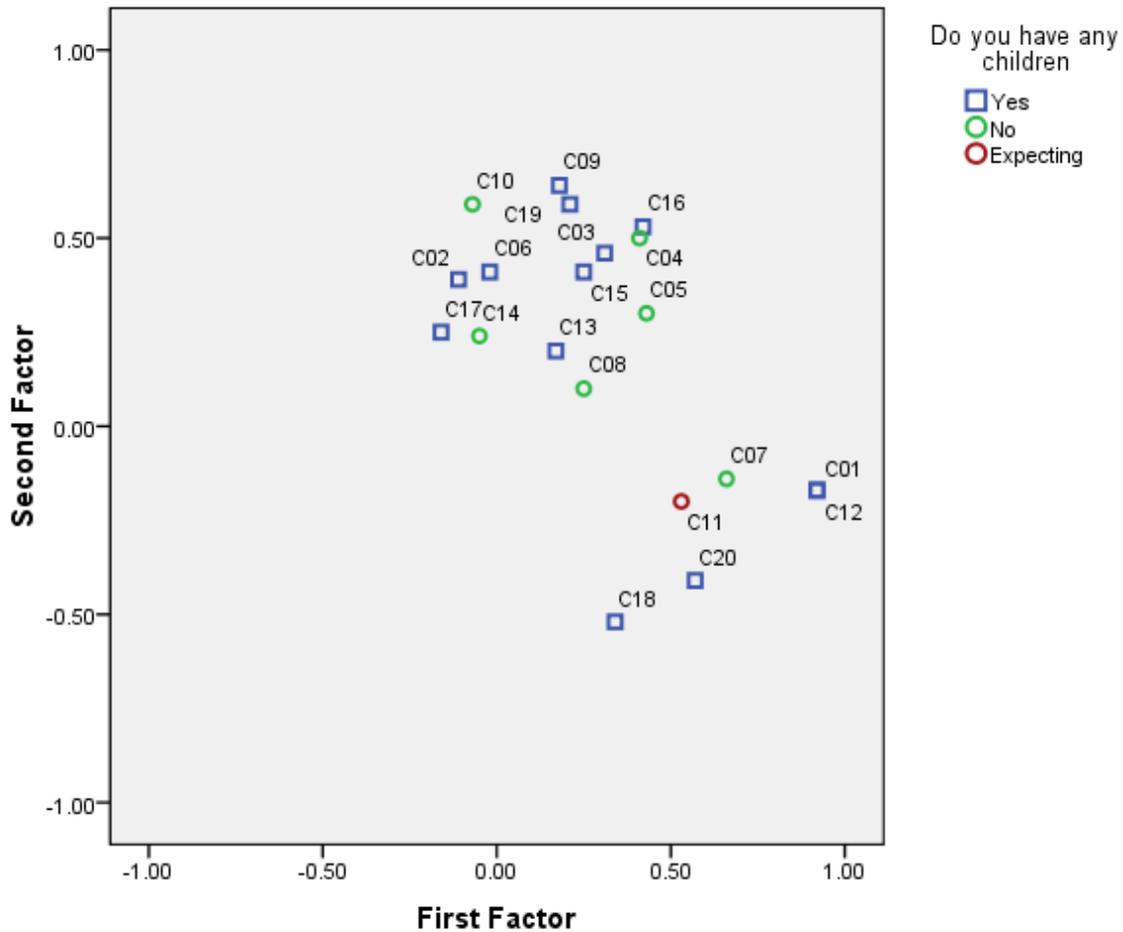


Figure 7.3. The first factor plotted against the second factor of the CCA, grouped by presence of children in the household.

Presence of children in the household was plotted against the first and second factor (Figure 7.3). Data for this variable was split between having children and having no children in the household. The distribution shown does not further explain the differences between the three groups. The one case of an expectant mother was combined with the no children group, as there were not currently children living in the household. Each group was run in Anthropac 4.983 for consensus. Having children in the household ($n=13$) did not lead to a group consensus (ratio=1.163; mean competency=0.244; sd=0.384). Having no children currently in the

household ($n=7$) also did not lead to a group consensus (ratio=1.043; mean competency=0.36; sd=0.209).

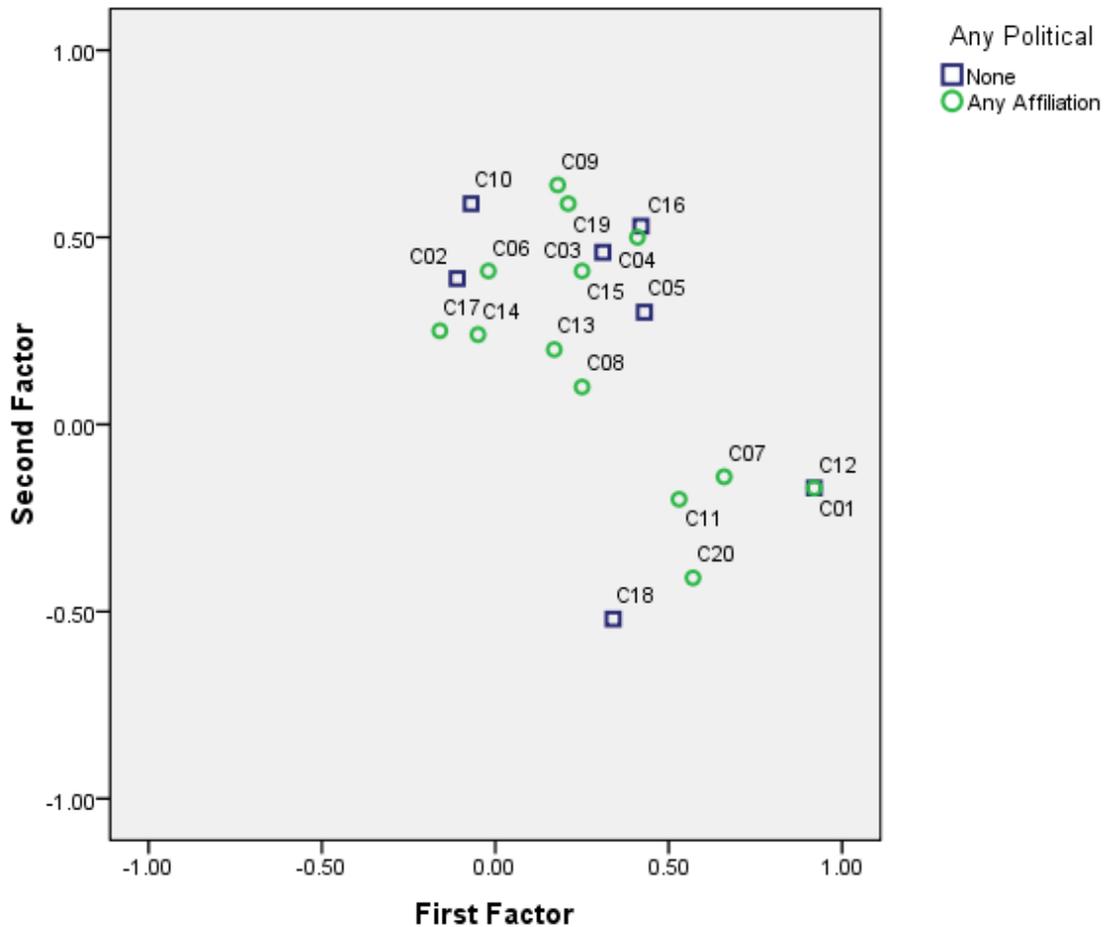


Figure 7.4. The first factor plotted against the second factor of the CCA, grouped by presence or absence of political affiliation.

Political affiliation was plotted against the first and second factor. Data for this variable was split between any and no affiliation. The distribution shown in **Figure 7.4** does not further explain the differences between the two groups. Having a political affiliation ($n=13$) did not lead to a group consensus (ratio=1.17; mean competency=0.261; sd=0.329). Having no political affiliation ($n=7$) also did not lead to a group consensus (ratio=1.184; mean competency=0.274; sd=0.345).

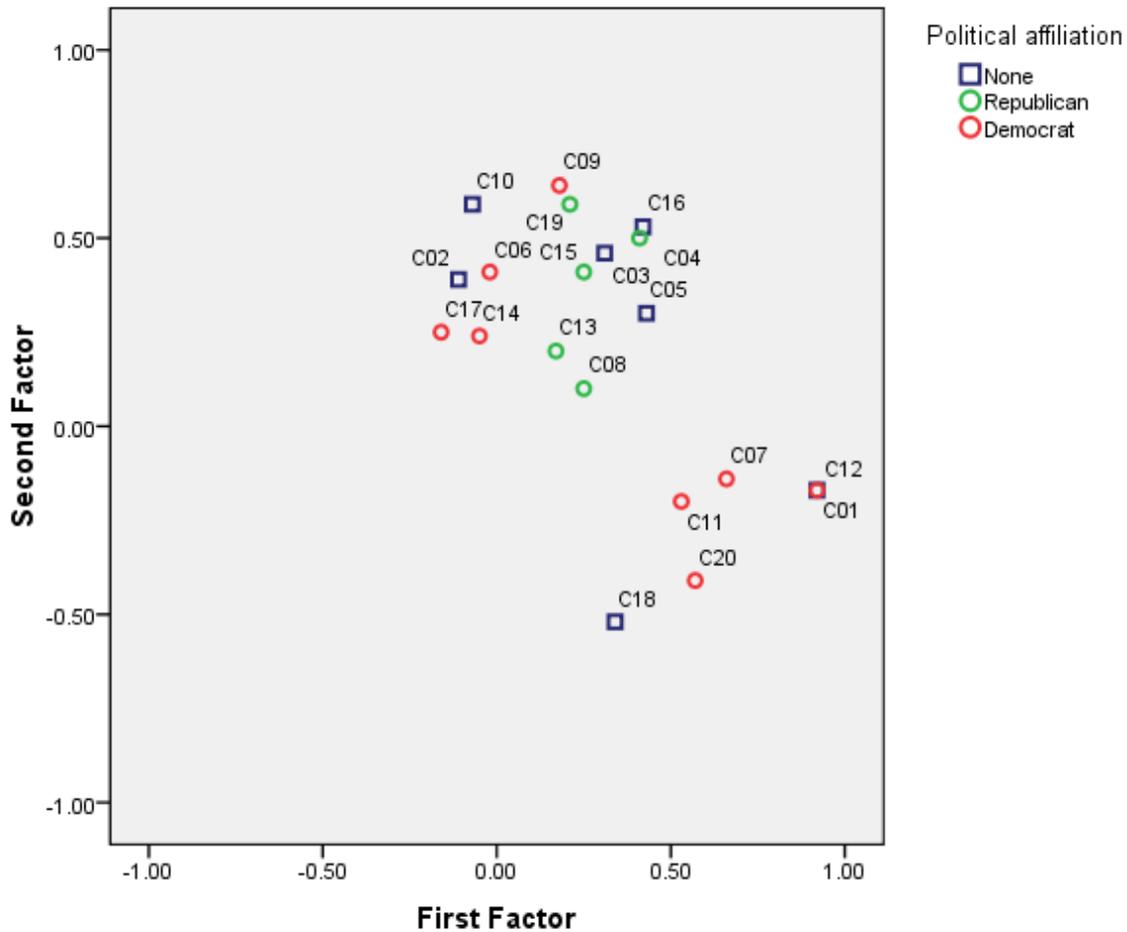


Figure 7.5. The first factor plotted against the second factor of the CCA, grouped by associated political affiliation.

Political affiliation was broken into no affiliation, Republican, and Democrat. This was plotted against the first and second factor. The distribution shown in **Figure 7.5** does not further explain the differences between the two groups. Having no political affiliation ($n=7$) did not lead to a group consensus (ratio=1.184; mean competency=0.274; sd=0.345), nor did having a democratic affiliation ($n=8$) did not lead to a group consensus (ratio=1.058; mean competency=0.273; sd=0.442). nor did having a republican affiliation ($n=5$) did not lead to a group consensus either (ratio=1.325; mean competency=0.416; sd=0.31). These sample sizes are

all small and are likely to be insufficient to determine consensus unless the consensus is quite high (Bernard 2011).

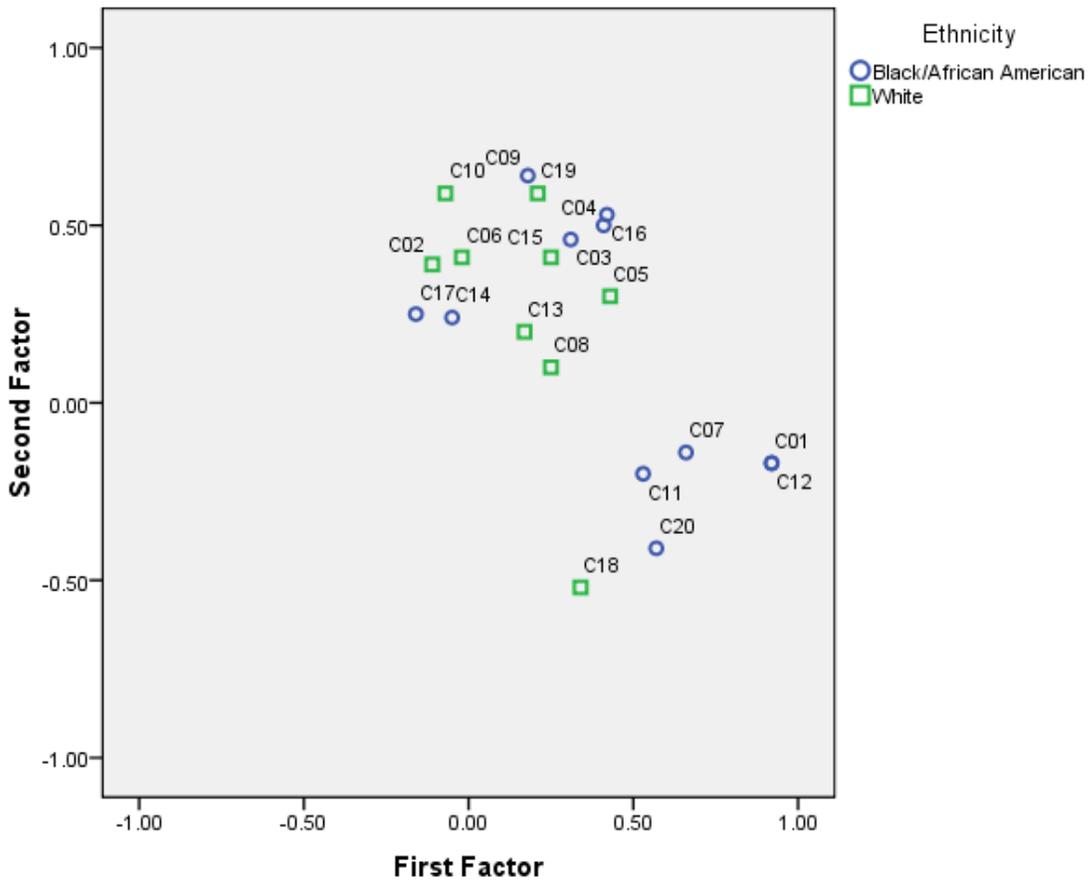


Figure 7.6. The first factor plotted against the second factor of the CCA, grouped by ethnicity.

Ethnicity was plotted against the first and second factor (see **Figure 7.6**). The cluster in the lower right side of the plot is largely African American. The larger cluster toward the upper left has a mix of White and African American respondents, with African American respondents largely on the periphery. Data for this variable was split between White and African American. There was a near consensus for African Americans ($n=9$), with a ratio of 2.101. This is logical given that African American respondents are dispersed between the two clusters seen in **Figure 7.6**. This sample had a mean competency of 0.411 ($sd=0.378$). There is a single factor solution

for White respondents ($n=11$), meaning that all of the variability is explained by the first factor. Mean competency for White respondents is 0.319 ($sd=0.289$). As seen in **Table 7.11**, there is not a significant difference between the competency scores for these two groups ($p=.582$), despite the consensus results. Competency scores for both groups are low, indicating that these are likely not true cultural models.

Table 7.11. Competency scores by ethnicity.

	Total	Black/African American	White	<i>p</i>
	(<i>n</i>=20)	(<i>n</i>=9)	(<i>n</i>=11)	
Competency^a	0.31 ± 3.05	0.411 ± 0.378	0.319 ± 0.289	.582 ^b

^a Mean ± standard deviation shown.

^b Independent Samples t-Test, with 2-tailed significance.

Table 7.12. Divergent statements by ethnicity from weighted answer keys. A stands for ‘agree’; D stands for ‘disagree’.

Belief Statements	Black/African American	White
1. It’s better to think problems through on your own.	D	A
3. It is easy to feel alone in Tuscaloosa.	D	A
6. People should only ask for help in emergencies.	D	A
8. Everybody helps each other.	A	D
10. When people are alone, they need less help.	D	A
13. Nobody wants to deal with other people’s problems.	D	A
14. Staying busy will make people feel less alone.	D	A
16. Sometimes you just can’t get the things you need, no matter how hard you work.	D	A
17. Places like the Food Stamp Office are more likely to help than individuals are.	D	A
18. There is a lot of help here, if you know where to find it.	A	D
20. The people who need the most help, rarely get it.	D	A

Responses to individual items differed most for the statements listed in **Table 7.12**.

African American respondents were more likely to disagree with statements relating to isolation than White respondents were. African American respondents were also more likely to respond in

ways which indicated a positive feeling about helping others and the availability of help in the community. This particularly noticeable in the first three questions. White respondents seem to respond with an emphasis on self-sufficiency and independence.

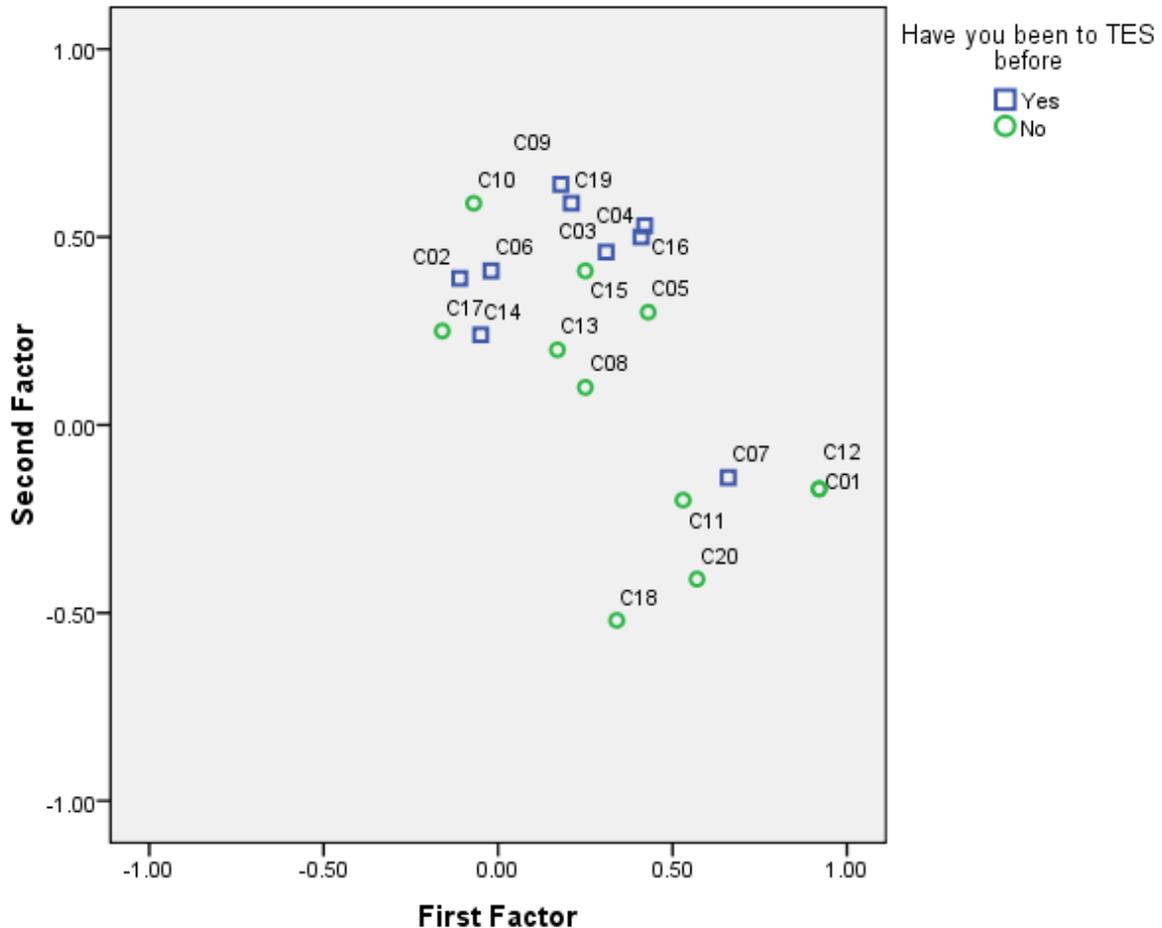


Figure 7.7. The first factor plotted against the second factor of the CCA, grouped by whether or not TES had been used before.

Previous use of TES’ services was plotted against the first and second factor (see **Figure 7.7**). Data for this variable was split between having been to TES before and not having been to TES before. The cluster in the upper left has a central group of all but one of the individuals who had been to TES before. There was a near consensus for those who had been to TES before ($n=9$), with a ratio of 2.702. This sample had a mean competency of 0.46 ($sd=0.199$). Those who

had not been to TES before ($n=11$) also had a near consensus (ratio=2.441; mean competency=0.355; sd=0.388). As seen in **Table 7.13**, there is not a significant difference between the competency scores for these two groups ($p=.514$). Competency scores for both groups are low, indicating that these are likely not true cultural models.

Table 7.13. Competency scores by use of TES before for first factor.

	Total ($n=20$)	TES Before ($n=9$)	No TES Before ($n=11$)	<i>p</i>
Competency^a	0.31 ± 3.05	0.46 ± 0.199	0.355 ± 0.388	.514 ^b

^a Mean ± standard deviation shown.

^b Independent Samples t-Test, with 2-tailed significance.

Phase Three: Food Security

The HFIAS data was scored for both the HFIAS Score and the HFIAS Category, per the HFIAS guide instructions (Coates, Swindale, and Bilinsky 2007). The HFIAS scores are supplemented with the HFIAS category scores, which offer descriptive labels. Respondents from TES ranged from moderately food insecure ($n=5$) to severely food insecure ($n=15$). No other categories (food secure or mildly food insecure) were present in this sample.

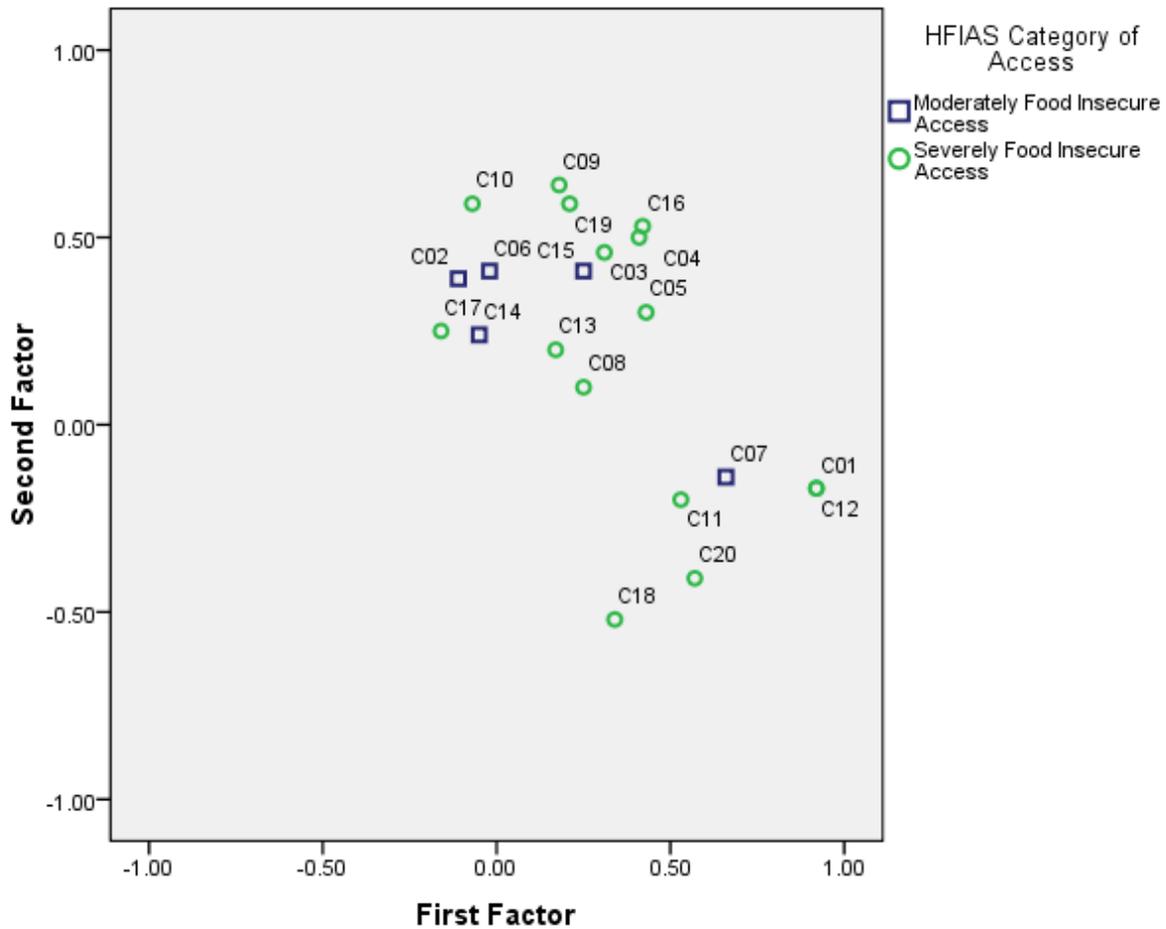


Figure 7.8. HFIAS category scores plotted against the first and second factors.

Figure 7.8 shows the HFIAS categories and competency across the first and second factor. While four out of five individuals who are moderately food insecure appear in a close group on the upper left portion of the scatterplot, the fifth individual is far removed in the lower right. Given the small size of the moderately food insecure group ($n=5$) and the split seen in the plot, consensus was not run on this group. The severely food insecure group ($n=15$) was separated and checked for consensus. Being severely food insecure did not lead to a group consensus (ratio=1.253; mean competency=0.381; sd=0.267). This indicates that there is not a shared model of social capital for those who are severely food insecure.

The relationship between food security and competency scores may better be explained through the analysis of HFIAS scores as opposed to the categories. The average HFIAS score on a scale of 0 to 27, with 27 being the most extremely food insecure, the TES sample averaged 15.55 (sd=3.94). The lowest reported score was 10 and the highest score was 23. A bivariate Spearman correlation (see **Table 7.14**) between HFIAS scores and competency scores was moderate at .436, and was significant at the <.10 level ($p=.054$). This indicates that competency scores and HFIAS scores are likely moderately positively correlated.

Table 7.14. Bivariate correlation of HFIAS scores and competency scores.

	Spearman Correlation	<i>p</i>
HFIAS and Competency	.436	.054*

*Correlation is significant at the 0.10 level (2-tailed).

Spearman's correlations were done in order to determine what, if any, associations might exist between cultural competence and political affiliation (coded as 0 for none, 1 for any affiliation); having been to TES before (coded as 0 for no, 1 for yes); ethnicity (coded as 0 for Black/African American, 1 for White); presence of children in the household (coded as 0 for no, 1 for yes); income (a continuous variable); HFIAS scores; and educational level (coded as 0 for not having graduated high school, 1 for having graduated high school). **Table 7.15** outlines the correlations between these variables. Very few variables correlate with each other at a significant level. As noted above, HFIAS scores and cultural competence are positively correlated. HFIAS scores are also positively correlated with having been to TES previously ($R=.439$; $p=.053$). This is logical, given that higher food insecurity would lead to greater need of the services available through TES.

Table 7.15. Bivariate correlation matrix of competency on the first factor and potential covariates.

	Cultural Competence	Political Affiliation	Ethnicity	Have children	Been to TES before	Household income	HFIAS Score	Education
Cultural Competence	1							
Political Affiliation	-.127	1						
Ethnicity	.105	-.179	1					
Have children	-.136	-.099	.032	1				
Been to TES before	.270	-.032	.212	-.032	1			
Household income	-.245	-.082	-.131	.374	.114	1		
HFIAS Score	.436*	-.119	.263	-.101	.439*	-.257	1	
Education	-.010	.061	-.174	.061	.174	.342	.020	1

*. Correlation is significant at the 0.10 level (2-tailed).

A hierarchical multiple regression model was run with previous use of TES as the control, competency on the first factor as the independent variable, and HFIAS scores as the dependent variable. All tolerance and variance inflation factors (VIF) scores were within ranges which suggest no issues with colinearity: tolerance >0.10 and VIF <10. **Table 7.16** outlines the R, R², R² change, and significance change for both Model 1 and Model 2.

Table 7.16. Hierarchical multiple regression with HFIAS score as the dependent variable.

	R	R ²	Adjusted R ²	R ² Change	F change	Sig F change
Model 1	.417	.174	.128	.174	3.798	.067
Model 2	.497	.247	.158	.073	1.639	.218

1. (Constant), been to TES before.

2. (Constant), been to TES before, and Competency Score.

Table 7.17. Hierarchical multiple regression models for HFIAS score as the dependent variable.

	Standardized Coefficients (β)	t	Sig.
Model 1 $R^2=.174$; $p=.067^*$			
(Constant)		3.922	.001
Been to TES before*	.417	1.949	.067
Model 2 $R^2=.247$; $p=.090^*$			
(Constant)		3.867	.001
Been to TES before	.342	1.566	.136
Competency Score	.280	1.280	.218

*. Significant at the 0.10 level.

According to Model 1 in **Table 7.16**, having been to TES before explains 17.4% of variance in HFIAS scores ($R^2=.174$; $p=.067$). Competency scores only account for an additional 7.3% of variance in Model 2 (R^2 Change=.073; $p=.218$). Competency scores do not explain a significant amount of variance in food security levels when controlling for the known correlate of having been to TES before. Standardized regression coefficients (β) are listed in **Table 7.17**, along with t scores and significance levels for Model 1 and Model 2, which includes the addition of the competency score. In Model 1, having been to TES before has a significant β at .417 ($p=.067$). This indicates that having been to TES before accounts for a significant amount of variance in HFIAS scores at 17.4% ($R^2=.174$; $p=.067$). Having been to TES before loses its significance in Model 2 ($\beta=.342$; $p=.136$). Competency scores do not account for a significant amount of variance ($\beta=.280$; $p=.218$). Model 2 continues to explain a significant percentage of overall variance in HFIAS scores at 24.7% ($R^2=.247$; $p=.090$). This is a slight increase in total variance explained due to the addition of the competency score to the regression model. However, the significance level decreased some in response to this addition. These regression models suggest that there are complex relationships at play, which are also indicated by the culturally salient themes, the lack of consensus in a shared model, and the distribution of responses to statements across subgroups, such as ethnicity and previous use of TES.

CHAPTER EIGHT

DISCUSSION

Introduction

This project had four research objectives, which served to frame and assess specific hypotheses. **Research Objective (RO)1** was to explore the social interactions in the everyday lives of women vulnerable to food insecurity. The narratives produced in phase one served to illustrate that the women coming to TES all experienced social interactions to differing degrees during a typical day. This difference in degree of social interaction may have led to diminished opportunities to experience cultural knowledge sharing. This is illustrated in some of the narratives which highlighted isolation and private decision making. **RO2** was to develop a sense of place at TES by conducting participant observation and collecting staff interviews. This was supplemented with **RO2.a**, which was to pretest and adapt the Household Food Insecurity Access Scale. Phase two explored both of these objectives. Participant observation and time working with staff and volunteers gave a picture of the prioritization of clients, the process of determining needs, and the structure of trust within the organization. The adaptation of the HFIAS was an example of all three of these facts in the sense that the clients' ability to understand the questions was important to staff members; the questions were deemed valuable in expanding the understanding of client needs; and that I was trusted to discuss such sensitive topics with clients. Phase three followed with two research objectives. **RO3** was to determine if a cultural model of social capital existed for women using TES. This did not turn out to be the case. There was, however, evidence of culture knowledge sharing. This indicated that some

aspects of the belief statements may be best suited to certain subgroups within the sample, such as African American respondents being more likely to agree with statements orientated toward the larger community. Finally, **RO4** was to determine the relationship between the degree of food insecurity and the agreement with a model of social capital. These ROs helped evaluate three specific hypotheses which represent the culmination of this work.

Hypotheses (H) Results

Three specific hypotheses were tested, two of which interrelated. Of the three hypotheses, only one was supported by the present data. **H.1** stated that a shared model of social capital would exist for TES users seeking food assistance. This was not supported; there is no single shared model of social capital. Investigating the theoretical domain of social capital proved to be difficult, yet valuable. A lack of consensus on social support was previously found in a low income Tuscaloosa population by Dressler (2001). Low income populations have shown a trend for not reaching in consensus in other populations as well (Oths, Carolo, and Dos Santos 2003). A review of the narratives further supported the identification of idiosyncratic aspects of model construction for this population. The greatest differences within the phase three sample were by ethnicity and previous experience with TES. While neither set of differences was significant, they are worth noting. African American respondents were likely to identify with statements which emphasized a community focused orientation and white respondents were more likely to identify statements which emphasized independence and, possibly, isolation. The lack of a single shared model of social capital indicates that this population has differential experiences which shape knowledge distribution and beliefs. Even with the use of a cognitive anthropological tool, the views which shape how one accesses a resource through a social connection cannot be

homogenized well in a single measure. This may indicate both the complexity of the social capital concept and the gradations which exist within every population, including marginalized populations.

H.1.a stated that the most agreed upon portions of the shared model would reflect local knowledge more so than traditional measures of social capital. This is supported based on the theme breakdown for item agreement. With Resource Access and Help Seeking being the weakest supported themes, there is evidence that the themes most closely related to the theoretically emphasized aspects of social capital are not as salient as other themes, such as Time Management and Prioritization, in this marginalized population. Social Interaction is another weakly shared theme among respondents, only appearing in the moderate and low agreement groupings of responses. Social Support, another theme which appears for both theoretical and cultural importance, is spread relatively evenly between the three agreement groupings (high agreement=2; moderate agreement=3; low agreement=3). This lack of agreement on these individual items may indicate that, despite accessing the tangible resource of food, these women are operating on different models, with knowledge being distributed across these themes in two varying ways. First, respondents may be operating on different models from each other, which may or may not overlap. Second, the models in play may not support the traditional social capital theories, nor the measures for traditional social capital.

H.2 stated that the level of competency in the model of social capital would predict food security levels. For the purposes of this hypothesis, the competency scores were still considered as a range of potential beliefs despite the absence of a single shared model. This hypothesis is not supported based on consensus analysis of the most severely food insecure respondents, determined by the HFIAS categories. HFIAS scores and competency scores show a moderate

positive correlation. However, when controlling for the known covariate of having used TES before, competency scores alone failed to account for a significant amount of the variation in HFIAS scores. Knowledge of emic social capital does not predict food security levels at any significant level (see **Figure 8.1**). However, there is a relationship between HFIAS scores and both competency scores and previous experience with TES. This would seem to indicate that idiosyncratic models are developed from each of these women's personal experiences with being food insecure. Experiences with insecurity may be reshaping how these women think about their communities. The correlation between competency and HFIAS scores could further support this as women who are more food insecure seem to have awareness of more of the statements which are associated with resource access. The correlation of previous use of TES with HFIAS scores may also indicate that these women are more likely to seek and achieve assistance when they are at the most extreme levels of food insecurity. Differential experiences impact personal world view and alters the knowledge (or beliefs) that these women are acting on, thus changing culture knowledge relating to social capital (see **Figure 8.2**). The narratives offered by food insecure clients indicate that their approaches to prioritizing during their daily lives are central to their ability to access what they need. Prioritization of tasks, such as A04 seeking out work while A01 would seek out services first, are varied and support the reality of personal experience as key to resource access.



Figure 8.1. Proposed direction of relationship.

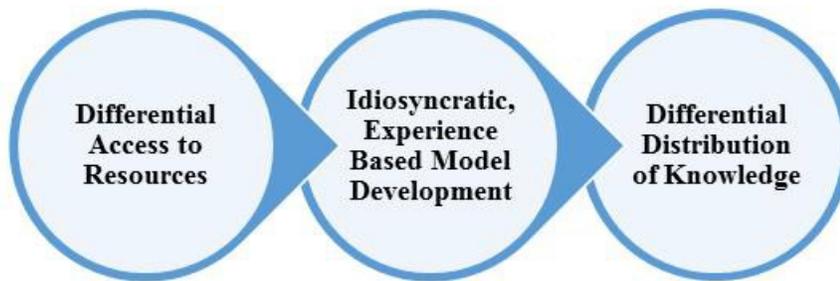


Figure 8.2. Observed direction of relationship.

It is good to refer back to Portes' (1998) outline of the three components of social capital which must be articulated in order for social capital measures to be valuable, as discussed in chapter two. First, the clients of TES are the possessors of social capital due to their status as clients. Second, the staff and volunteers of TES are the sources of social capital due to their status as social points of access offering a resource. Third, the resources in question are the food bags themselves. These three points are differentiated in this research, yet the predictive value for food security levels is still weak. Despite the large body of literature which suggests that

social capital measures can predict health outcomes (Kawachi and Kennedy 1999), differential access to resources (Browne-Young, Ziersch, and Baum 2013), and food security (Dean and Sharkey 2011), the culturally constructed measure of social capital does not relate significantly to the prediction of food security in this study.

Limitations

Every research project includes limitations; this research is no exception. As noted in chapter five, this research was originally intended to include a comparable sample of non-TES clients in phase three. This sample was not collected due to a lack of personal resources on my part. The importance of comparing culture knowledge between those who are accessing a resource and those who are not cannot be emphasized enough. Without looking more deeply at the roots of this kind of differential access, social capital theory will continue to simply scratch the surface.

Each sample that was collected for this research was small. They were sufficient to fulfill the requirements of both cultural domain analysis and consensus analysis. However, given the lack of a single shared model and the variability seen within respondents, a larger sample may prove to be useful in explaining some of the differences in knowledge sharing.

No data was collected on employment status. This oversight limited my ability to develop a clear picture of socioeconomic status. Without more information, it is easy to inadvertently homogenize a low income population. There are gradations within every SES group which may prove to further explain differential resource access and differential knowledge sharing.

Only white and black/African American respondents were collected due to a lack of attendance by other ethnic groups. Tuscaloosa is known for having a significant number of

undocumented immigrants who have sought food assistance in the past, according to the ED of TES. However, the change in immigration law in the state of Alabama, which was implemented during June of 2011, has changed this. These populations are now more invisible than ever and are missing this key resource access point. Future studies must focus on understanding how these individuals are accessing food and determining the repercussions of the change in law. This was, unfortunately, outside of the scope of the present work.

Finally, interviews would benefit from increased length and detail. This is a difficult proposition, though, due to the population of interest. The interviews for phase one lasted between five minutes and 45 minutes. The shorter interviews often ended with a polite, yet insistent, “I’ve really got to be leaving.” Research like this can only be as successful as the insights from respondents are detailed. When working with such a marginalized and resource limited population, though, time is valuable. Time is often borrowed. Time is more fleeting. With this in mind, I was reluctant to overextend respondents at TES when they expressed concern with time.

Future Research

As discussed in the limitations, the value of a sample with similar need, but no access to a resource would be immense. The lack of a detectable shared model from the belief statement used in this research does not negate the fact that women using TES have accessed a resource. Many reported that they came to TES after learning about the services from the Food Stamp office. A sample of women who have not yet reached a partner agency, most likely the Food Stamp office, yet who were food insecure according to the HFIAS may indicate what knowledge allows one woman to access and assistance while another does not.

To this same end, developing belief statements utilizing both individuals who had accessed a tangible resource and individuals who had not accessed a tangible resource may better inform further research. Belief statements developed solely from the narratives of a sample of TES users may only ever represent those narratives. We can test these statements on samples of TES users and non-users in order to produce information about how similar the responses are from non-users to the culture knowledge of TES users, but this fails to consider the complex culture knowledge of non-users. Collecting narratives from both users and non-users would allow one to control for the potential of a single shared model that is enacted differently between both groups (accessing TES or not accessing TES), and to also investigate the other avenues by which food insecure individuals might be accessing food. This would limit the privileging of the culture knowledge of TES users as more successful than non-users and increase the representation of narratives of non-users. If the domain was populated with culture knowledge from both those who had accessed a resource and those who had not, the belief statements could be coded for population of origin. This would further facilitate comparisons and the investigation of a broad shared model between the two groups.

Ranking tasks would assist in determining the prioritization of knowledge in this population. Half of the belief statements were not well agreed upon by respondents. Ranking the statements based on their degree of importance offers the opportunity to view the nuances and any gradations of knowledge distribution in the respondents. By testing the consensus through ranking the statements, it may be possible to determine more about the variation in knowledge and how subpopulations differ in their ranking of knowledge.

Implications and Conclusions

Jo Anne Schneider's (2006) call to arms sets the stage for anthropology to engage social capital theory and method across the disciplines. This research project outlines one approach which anthropology may take to develop unbiased measurement tools for specific cultural contexts. The complex relationships found here with the female clients of TES indicate that the experience of social support, resource access, and other social capital themes are variable within populations. It seems safe to infer that they would also be variable between populations. This lack of uniformity in beliefs and knowledge prioritization raises questions about the social capital variables used by researchers following Putnam (2000) and Coleman (1988). Variables like political participation, volunteerism, and other form of so-called civic engagement have been measured as being equally available in terms of knowledge and membership. This does not seem to be the case, however, when looking at the kinds of community experiences tested with the CCA and discussed in the narratives. Some women, like A01 and A04, mostly stay home or do not seek out others for assistance in day to day activities. Some women, like A03 and A08, are close with neighbors and coworkers and expressed that their social network was of value to them. Yet, all of these women were able to come to TES and access food assistance. Membership in voluntary organizations was not required, no respondents reported political activity in the community, and while many reported religious affiliations, about half of those did not discuss their church as a central social connection.

The utility of social capital must be questioned given that both etic tools (such as the SCMT or the World Values Survey) and an emic tool (this analysis of social capital as a cultural model) fail to capture the complexity of the concept. The narratives produced here indicate that there is shared knowledge and shared understanding of how the community functions and the

principles by which one is able to access resources. There does not appear, however, to be a single shared model which explains a section of knowledge which could be called “social capital.” Resource access for this population does not depend on the traditional trappings of social capital, nor is it bound by a single view based on cultural practices. Instead, resource access is adaptable and varied based on the situation and need per personal experience. Similarly, the role of social interactions and social networks plays more or less of a part in accessing a resource, yet are not required to be the fundamental back bone of resource access.

The conflation of the development of capital with civic trust and social interaction does not serve to assist in determining the differential resource distributions that are so commonly seen in the US. Capital is a term, in and of itself, which comes with specific implications in Western cultures which are not appropriate in all settings. This would fit with Farr’s (2004) critique from the political sciences perspective, Portes’ (1998) critique from the sociological perspective, and some of the commentary in anthropology (Schneider 2006; Natrajan and Ilahiane 2003). The women on staff and volunteering at TES may serve as creators of some form of theoretical social capital in the sense that they are a social connection with a resource to give to others. However, the ability of a client to find and utilize this resource is not dependent on their own knowledge of a more culturally defined kind of social capital. Capital, then, may not be the best descriptor of the nature of resource access in this population. With all of this in mind, what are the implications for the future of social capital research and anthropology?

There are broad implications to be drawn from this research, both despite the absence of a single cultural model and, indeed, because of the absence of a single cultural model. Without a cultural model of social capital which can be superimposed onto a theoretically defined set of variables, there may be no shared understanding of what theorists would call social capital. Yet,

the clients of TES are also accessing a necessary resource. This illustrates that economic poverty does not beget the complete poverty of resource access which social capital theory would expect in a population such as this. The successes of these women in gaining food assistance in the face of economic deprivation and limited time for social interactions are in direct contradiction to the expectations of social capital theory. Variables of interest associated with social capital, such as social support and help seeking, continue to be important aspects of resource access. By tangling these variables up with those associated with civic engagement, the complexity of differential resource access becomes lost in the complexity of the measure. In order to determine the nature of these differences, we must engage with the specific context more directly than social capital measures have historically permitted. Food assistance from TES exists as but a temporary solution. These women will still be in need, often within a month's time. Long term answers must be found in order to produce research that serves those in need. It is unlikely that this will be achieved through investigations of social capital.

This research illustrates some of the thought processes and experiences of those who are in need of resources, are low income, and are determining how to access what they need through their own knowledge base. It is important to remember that all sample sizes are small and that further research may better clarify these points. These results indicate that further exploration of the experiences which the clients of an organization like TES go through to access resources may support a move away from the concept of social capital. A more direct measure of how these women view resources and the availability of resources without presupposing a connection based on civic engagement and reciprocity would better expand our understanding of differential access. This is possible through the continued use of cognitive methods to explore the culturally specific tactics to resource access. Anthropology must continue to contribute to the discussion of

social capital in the larger academic arena.

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Appendix A

Informed Consent Documents

Phase One
Social Capital, Food Security, and Resource Utilization in a Low Income Population
Verbal Informed Consent

You are being asked to take part in a research study called "Social Capital, Food Security, and Resource Utilization in a Low Income Population". This study is being done by me—my name is Sarah Morrow, and I am a master's student at the University of Alabama. I am being supervised by Dr. Elizabeth Cooper, my advisor in the Department of Anthropology at the University of Alabama, and my thesis committee. This study is about the daily lives of women in Tuscaloosa County who are in need of food assistance. This study seeks to understand your relationship with your community and how you feel about services in the community. These relationships with the community are sometimes called social capital. This information will help community leaders and researchers to better understand how women in need of food assistance feel about their community.

If you decide to take part in this study, you will be asked a short list of questions about your background. I will then ask you to describe a day in your life and how community organizations, like Tuscaloosa Temporary Emergency Services (TES), play a part in your life. I will be taking notes on paper. With your permission, I will also be using a tape recorder to make sure that I have understood your responses. This is not required, and I will take notes only if you prefer. The questions will last at least twenty minutes. The interview may go on longer if you are available. If you would like to continue the interview on another day, please call me and come back in to TES. There are no costs, risks, or payments involved.

Everything you say is confidential. My advisor and I will be the only people who will have your responses. I will not record your name. Different numbers will be used to identify participants. I will not tell any person or organization that you were in my study. All paper data will be kept in a locked box and all audio data will be kept in secure files. When the study is over, all evidence of your participation will be destroyed.

Taking part in this study is voluntary. It is your free choice. You can refuse to be in it at all. If you start the study, you can stop at any time. You can refuse to answer any question. You can ask me questions at any time. If you have questions, concerns, or complaints about the study right now, feel free to ask them. If you have questions, concerns, or complaints about the study later on, please call me, Sarah Morrow, at 205-534-7864.

There is a group at the University called the Institutional Review Board, or IRB. This group protects the rights of people in research studies. The IRB may check from time to time to make sure that all of the people who took part in research studies were treated well. If you have questions about your rights as a person in a research study, call Ms. Tanta Myles, the Research Compliance Officer of the University, at 205-348-8461 or toll-free at 1-877-820-3066. You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach website at http://osp.ua.edu/site/PRCO_Welcome.html or email the Research Compliance office at participantoutreach@bama.ua.edu. After you participate, you are encouraged to complete the

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survey for research participants that is online at the outreach website or you may ask the investigator for a copy of it and mail it to the University Office for Research Compliance, Box 870127, 358 Rose Administration Building, Tuscaloosa, AL 35487-0127.

Do you have any questions for me right now?

Do you want to be part of this study?

Do I have your permission to audio record this interview?

(If consents:) You will receive a copy of this consent form to keep.

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Phase Two
Social Capital, Food Security, and Resource Utilization in a Low Income Population
Written Informed Consent

You are being asked to take part in a research study called "Social Capital, Food Security, and Resource Utilization in a Low Income Population". This study is being done by me—my name is Sarah Morrow, and I am a master's student at the University of Alabama. I am being supervised by Dr. Elizabeth Cooper, my advisor in the Department of Anthropology at the University of Alabama, and my thesis committee. This study is about the daily lives of women in Tuscaloosa County who are in need of food assistance. You are being asked to participate in this study as a staff member or volunteer at Tuscaloosa Temporary Emergency Services (TES). This study seeks to understand the relationships that women using TES develop with their community. These relationships with the community are sometimes called social capital. As a TES staff member or volunteer, you are an important part of connecting food insecure women with the larger community.

If you choose to participate in this study, I will ask you questions about the organization (TES), your role in the organization, how you feel it relates to the community, and any other areas that may seem relevant or that you wish to pursue. I will also ask for your assistance in pretesting a food security instrument, the Household Food Insecurity Access Scale (HFIAS). I will be conducting research at TES for the duration of my thesis research and your assistance will help me understand the context of the project better. I will be taking notes on paper. With your permission, I will also be using a tape recorder to make sure that I have understood your responses. This is not required, and I will take notes only if you prefer.

Everything you say is confidential. My advisor and I will be the only people who will have your responses. Your name will not be used to identify you. Information collected from you may later be identified as coming from a staff member. As a staff member, you are a cultural expert. Identifying that you are knowledgeable and trusted in this area is an important part of this study. However, your name will never be used. All paper data will be kept in a locked box and all audio data will be kept in secure files. When the study is over, all evidence of your participation will be destroyed.

Taking part in this study is voluntary. It is your free choice. You can refuse to be in it at all. If you start the study, you can stop at any time. You can refuse to answer any question. You can ask me questions at any time. If you have questions, concerns, or complaints about the study right now, feel free to ask them. If you have questions, concerns, or complaints about the study later on, please call me, Sarah Morrow, at 205-534-7864.

There is a group at the University called the Institutional Review Board, or IRB. This group protects the rights of people in research studies. The IRB may check from time to time to make sure that all of the people who took part in research studies were treated well. If you have any questions about this research study, please ask the researcher at this time. If you have questions about your rights as a person in a research study, call Ms. Tama Myles, the Research Compliance Officer of the University, at 205-348-8461 or toll-free at 1-877-820-3066. You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach

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website at http://osp.ua.edu/site/PRCO_Welcome.html or email the Research Compliance office at participantoutreach@bama.ua.edu. After you participate, you are encouraged to complete the survey for research participants that is online at the outreach website or you may ask the investigator for a copy of it and mail it to the University Office for Research Compliance, Box 870127, 358 Rose Administration Building, Tuscaloosa, AL 35487-0127.

(If consents:) You will receive a copy of this consent form to keep.

Signature of Researcher—Sarah Morrow

Date

Signature of Participant

Date

I give the researcher my permission to record this interview: Yes or No

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Phase Three
Social Capital, Food Security, and Resource Utilization in a Low Income Population
Verbal Informed Consent

You are being asked to take part in a research study called "Social Capital, Food Security, and Resource Utilization in a Low Income Population". This study is being done by me—my name is Sarah Morrow, and I am a master's student at the University of Alabama. I am being supervised by Dr. Elizabeth Cooper, my advisor in the Department of Anthropology at the University of Alabama, and my thesis committee. This study is about the daily lives of women in Tuscaloosa County who may need food assistance. This study seeks to understand your relationship with your community and how you feel about services in the community. These relationships with the community are sometimes called social capital. This information will help community leaders and researchers to better understand how women in need of food assistance feel about their community.

If you decide to take part in this study, you will be asked a short list of questions about your background. I will then ask you some questions about how you feel about your community. Finally, I will ask you about the food available to you. I will be taking notes on paper. With your permission, I will also be using a tape recorder to make sure that I have understood your responses. This is not required, and I will take notes only if you prefer. The questions will last thirty minutes. There are no costs, risks, or payments involved.

Everything you say is confidential. My advisor and I will be the only people who will have your responses. I will not record your name. Different numbers will be used to identify participants. I will not tell any person or organization that you were in my study. All paper data will be kept in a locked box and all audio data will be kept in secure files. When the study is over, all evidence of your participation will be destroyed.

Taking part in this study is voluntary. It is your free choice. You can refuse to be in it at all. If you start the study, you can stop at any time. You can refuse to answer any question. You can ask me questions at any time. If you have questions, concerns, or complaints about the study right now, feel free to ask them. If you have questions, concerns, or complaints about the study later on, please call me, Sarah Morrow, at 205-534-7864.

There is a group at the University called the Institutional Review Board, or IRB. This group protects the rights of people in research studies. The IRB may check from time to time to make sure that all of the people who took part in research studies were treated well. If you have questions about your rights as a person in a research study, call Ms. Tanta Myles, the Research Compliance Officer of the University, at 205-348-8461 or toll-free at 1-877-820-3066. You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach website at http://osp.ua.edu/site/PRCO_Welcome.html or email the Research Compliance office at participantoutreach@bama.ua.edu. After you participate, you are encouraged to complete the survey for research participants that is online at the outreach website or you may ask the investigator for a copy of it and mail it to the University Office for Research Compliance, Box

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870127, 358 Rose Administration Building, Tuscaloosa, AL 35487-0127.

Do you have any questions for me right now?

Do you want to be part of this study?

Do I have your permission to audio record this interview?

(If consents:) You will receive a copy of this consent form to keep.

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Appendix B

Original HFIAS

HFIAS Instrument Development Guide: Basic Instrument (Coates, Swindale, and Bilinsky 2007)

NO	QUESTION	RESPONSE OPTIONS	CODE
1.	In the past four weeks, did you worry that your household would not have enough food?	0 = No (skip to Q2) 1=Yes __
1.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks) __
2.	In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	0 = No (skip to Q3) 1=Yes __
2.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks) __
3.	In the past four weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources?	0 = No (skip to Q4) 1 = Yes __
3.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) __

		weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)	
4.	In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?	0 = No (skip to Q5) 1 = Yes __
4.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks) __
5.	In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	0 = No (skip to Q6) 1 = Yes __
5.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks) __
6.	In the past four weeks, did you or any other household member have to eat fewer meals in a day because there was not enough food?	0 = No (skip to Q7) 1 = Yes __
6.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) __

		2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)	
7.	In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?	0 = No (skip to Q8) 1 = Yes __
7.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks) __
8.	In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food?	0 = No (skip to Q9) 1 = Yes __
8.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks) __
9.	In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?	0 = No (questionnaire is finished) 1 = Yes __
9.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) __

		3 = Often (more than ten times in the past four weeks)	
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Appendix C

Phase One Interview

A. Demographics

1. How old are you? _____
2. What is your estimated household income in the last month? _____
3. What is the highest level of education that you have completed? _____
4. How many people are in your household? _____
 - 4.a. Do you have any children? _____
 - 4.b. If yes, how many children do you have? _____
5. Are you religious? ____yes ____no
 - 5.a. If yes, how do you identify your faith? _____
6. What is your political affiliation? _____
7. How would you describe your ethnic background? _____

Questions for TES samples only:

8. How far did you have to travel today to come to TES? _____
9. How did you get here today? _____
10. Have you been to TES before? _____

B. Descriptive Open-ended Questions

1. Will you please tell me about a typical day in your life?
 - 1.a. What are some of the things that you might do on a typical day?

2. Who are all of the people that you interact with on a typical day?
3. Who outside of your family do you see on a typical day?
 - 3.a. How do you know (insert name)?
 - 3.b. How long have you known (insert name)?
 - 3.c. How do you feel about (insert name)?
4. How did you learn about the services at TES?
5. Have you told anyone outside of your family about the services at TES?
 - 5.a. What about that person made you want to talk to them about TES?"
6. What other community organizations do you participate in?
 - 6.a. Churches?
 - 6.b. Social groups?
 - 6.c. Governmental groups?
7. When you have a problem, who do you talk to?
 - 7.a. What about that person/place makes you feel comfortable?
8. What are some of the things that a person needs to make a good life?
9. Is there anything else you would like to share with me today?

Thank you very much for your time and participation.

Appendix D

Phase Two Possible Questions

1. Tell me how you came to work at TES.
2. How do you feel about the organization?
3. Why do you continue to work at TES?
4. How do you feel about the clientele?
5. What are some of the reasons that clients have come to TES?
6. What do you feel is your role in relationship to the clients?
7. Do you feel that the organization communicates well with the community?
8. What about other organizations?
9. What do you think about the availability of food in Tuscaloosa for people in need?
10. What do you feel your role is in relationship to the larger community?
11. What are some of the issues relating to TES/clients/the community that you feel are important? What about these issues makes them important?

Appendix E

Phase Three Interview with Adapted HFIAS

A. Demographics

1. How old are you? _____
2. What is your estimated household income in the last month? _____
3. What is the highest level of education that you have completed? _____
4. How many people are in your household? _____
 - 4.a. Do you have any children? _____
 - 4.b. If yes, how many children do you have? _____
5. Are you religious? ____yes ____no
 - 5.a. If yes, how do you identify your faith? _____
8. What is your political affiliation? _____
9. How would you describe your ethnic background? _____

Questions for TES samples only:

11. How far did you have to travel today to come to TES? _____
12. How did you get here today? _____
13. Have you been to TES before? _____

B. Belief Statements

I am going to read you some statements. I'm i'terested in how people think about certain things.

Please tell me if you and the people you know would agree or disagree with each statement

1. It's better to think problems through on your own.

Agree Disagree

2. Reading the bible helps when you have a problem.

Agree Disagree

3. It is easy to feel alone in Tuscaloosa.

Agree Disagree

4. It is important to have all the information before making a decision.

Agree Disagree

5. It is not difficult to take care of a household by yourself.

Agree Disagree

6. People should only ask for help in emergencies.

Agree Disagree

7. There are more important things than getting food on the table.

Agree Disagree

8. Everybody helps each other.

Agree Disagree

9. People who do not have the time to be social do not get as much help.

Agree Disagree

10. When people are alone, they need less help.

Agree Disagree

11. Being connected to the community is important for getting what you need.

Agree Disagree

12. Neighbors watch out for you if you watch out for them.

Agree Disagree

13. Nobody wants to deal with other people's problems.

Agree Disagree

14. Staying busy will make people feel less alone.

Agree Disagree

15. People who do not relate to you are more likely to be judgemental of you.

Agree Disagree

16. Sometimes you just can't get the things you need, no matter how hard you work.

Agree Disagree

17. Places like the Food Stamp Office are more likely to help than individuals are.

Agree Disagree

18. There is a lot of help here, if you know where to find it.

Agree Disagree

19. It is difficult to find the time to look for help.

Agree Disagree

20. The people who need the most help, rarely get it.

Agree Disagree

C. Food Security

Finally, I am going to ask you some questions about your household and food. For each question, think about the last four weeks, or month when you answer.

NO	QUESTION	RESPONSE OPTIONS	CODE
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1.	In the past four weeks, did you worry that your household would not have enough food?	0 = No (skip to Q2) 1=Yes	
1.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)	
2.	In the past four weeks, were you or anybody in your household not able to eat the kinds of foods you preferred because of a lack of resources? For example: Bread, tuna, peanut butter, or beans	0 = No (skip to Q3) 1=Yes	
2.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)	

		weeks)	
3.	In the past four weeks, did you or anybody in your household have to eat a limited variety of foods due to a lack of resources? For example: Only rice and tomatoes or franks and beans	0 = No (skip to Q4) 1 = Yes	
3.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)	
4.	In the past four weeks, did you or anybody in your household have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food? For example: Powdered soups or broths, hard bread	0 = No (skip to Q5) 1 = Yes	

4.a.	How often did this happen?	<p>1 = Rarely (once or twice in the past four weeks)</p> <p>2 = Sometimes (three to ten times in the past four weeks)</p> <p>3 = Often (more than ten times in the past four weeks)</p>	
5.	<p>In the past four weeks, did you or anybody in your household have to eat less food at a meal than you felt you needed because there was not enough food?</p>	<p>0 = No (skip to Q6)</p> <p>1 = Yes</p>	
5.a.	How often did this happen?	<p>1 = Rarely (once or twice in the past four weeks)</p> <p>2 = Sometimes (three to ten times in the past four weeks)</p> <p>3 = Often (more than ten times in the past four weeks)</p>	
6.	<p>In the past four weeks, did you or anybody in your household have to eat fewer meals in a day because there was not enough food?</p>	<p>0 = No (skip to Q7)</p> <p>1 = Yes</p>	

6.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)	
7.	In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?	0 = No (skip to Q8) 1 = Yes	
7.a.	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)	
8.	In the past four weeks, did you or anybody in your household go to bed at night hungry because there was not enough food?	0 = No (skip to Q9) 1 = Yes	
8.a.	How often did this happen?	1 = Rarely (once or twice in the past four	

		<p>weeks)</p> <p>2 = Sometimes (three to ten times in the past four weeks)</p> <p>3 = Often (more than ten times in the past four weeks)</p>	
9.	<p>In the past four weeks, did you or anybody in your household go a whole day and night without eating anything because there was not enough food?</p>	<p>0 = No (questionnaire is finished)</p> <p>1 = Yes</p>	
9.a.	<p>How often did this happen?</p>	<p>1 = Rarely (once or twice in the past four weeks)</p> <p>2 = Sometimes (three to ten times in the past four weeks)</p> <p>3 = Often (more than ten times in the past four weeks)</p>	

Appendix F

Further Demographics Plotted on First and Second Factors for Complete CCA Sample

