

Experiences of New Visitors With Low Food Security Seeking Food Assistance During the COVID-19 Pandemic

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ABSTRACT

OBJECTIVE:

and implications for postpandemic

Table 1. Characteristics of Interview Participants That Sought Food Assistance for the First Time During the COVID-19 Pandemic (n = 18)

Characteristic	(%)
Age ^a (y)	
25–39	3 (16.7)
40–59	10 (55.6)
60–64	4 (22.2)
Gender, female	
Female	13 (72.2)
Race ^a	
White, non-Hispanic	10 (55.6)
Black/African American	1 (5.6)
Asian	1 (5.6)
American Indian/Alaska Native	1 (5.6)
Multiracial	1 (5.6)
Other	3 (16.7)
Ethnicity	
Hispanic, Latino, or Spanish	3 (16.7)
Education ^a	
Some high school/high school/GED	2 (11.1)
Trade school/accreditation	2 (11.1)
Some college or 2-year/Associate's degree	10 (55.6)
4-year college degree	3 (16.7)
Household size	
1 person	3 (16.7)
2 persons	8 (44.4)
3–5 persons	5 (27.8)
> 5 persons	2 (11.1)
Income ^a	
< \$10,000	2 (11.1)
\$10,000–\$19,999	4 (22.2)
\$20,000–\$29,999	7 (38.9)
\$30,000–\$39,999	2 (11.1)
≥ \$40,000	1 (5.6)
Reported having a disability, yes	5 (27.8)
Employment status	
Unemployed because of COVID-19	6 (33.3)
Furloughed or loss of hours because of COVID-19	2 (11.1)
Employed part-time or full-time	6 (33.3)
Unemployed or not working for other reasons (eg, retired, disability)	4 (22.2)
Food security status ^b	
Low food security	6 (33.3)
Very low food security	12 (66.7)
SNAP participation, yes	6 (33.3)
Percent of food from pantry ^a	
< 50%	4 (22.2)
≥ 50%	13 (72.2)
Frequency of pantry visit	
More than once a week	3 (16.7)
Every week	7 (38.9)
A few times a month	3 (16.7)
Once a month	3 (16.7)
Occasionally	2 (11.1)

C COVID-19 Assistance Program. D Supplemental Nutrition Assistance Program. E Food Security Status. F SNAP participation.

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19 exposure and to stay at home with their children.

As an emergent probe, participants were asked whether the pandemic federal relief programs, such as the economic impact payment (stimulus payments) or unemployment assistance, helped them access food. Most participants described how the stimulus checks helped pay their bills, but some mentioned barriers to receiving assistance. Several participants thought they were ineligible for unemployment and/or SNAP even though they experienced loss of income because of the pandemic. It seemed that the primary barrier to receiving assistance was the misunderstanding of eligibility, especially if they were rejected for benefits. Participants explained that the barriers to obtaining government-supported pandemic assistance affected their dependence on food pantries.

Fear of COVID-19 exposure and reducing risk. Some participants were scared to leave their homes and reduced the number of times they went to the grocery store. If they went to the store, participants described behaviors such as not removing things from the cart, sanitizing the groceries when they got home, or sometimes, going to less crowded stores to reduce the risk of exposure. Several participants mentioned using grocery pick-ups and deliveries. They mentioned how stores had free delivery or required a paid subscription, but items often cost more using applications such as Instacart than when buying in-store. Most were satisfied with their experience and willing to pay for the convenience, but some noted their preference in choosing their foods. Other grocery pick-up/delivery advantages include saving time, staying within their food budget, and avoiding impulse purchases. Fear of COVID-19 exposure, in general, was common among participants; however, some participants felt that the pantry drive-through distributions and prepacked boxes seemed safer.

Needing food purchasing behavior to reduce exposure. Participants described how food purchasing changed because of the COVID-19 pandemic and their

financial situations. Participants often went to significantly cheaper stores and mentioned stores they could not afford anymore because of their lower income. It was clear that participants shopped at different places or purchased different items because they could no longer eat as they used to. During the interviews, participants were asked to estimate the percentage of food from the food pantries vs how much they purchased on their own. For most participants (n = 13), > 50% of their groceries came from the pantries. The amount of food purchases was also dependent on whether the participant had SNAP at the time or supplemental pandemic assistance like the additional federal unemployment compensation. One participant explained that 65% to 70% of their food came from pantries, and the remaining 30% to 35% came from SNAP purchases. Another participant said that they received SNAP later during the pandemic and did not want to go to the pantries as often to avoid double dipping. Participants often used the pantry foods to supplement the meals and buy additional items needed, such as eggs, fruits, or condiments; mostly, food purchases were made depending on what was given at the pantries. However, some participants expressed that they did not have money for anything extra that the food pantry did not give (eg, milk, yogurt, or proteins).

Pantries and environments made a difference in how the participants felt about their experience. Participants described the process of going to pantries and their experiences. Some pantries asked for personal information or required an appointment. Many participants noted the long lines while waiting in the car because most food distributions were drive-through models in which prepacked boxes were placed in the participants' car trunks. One individual said the drive-through distributions felt rushed and impersonal. Sometimes, participants felt judged and uncomfortable. However, most participants had a positive experience and felt like many others were in a similar situation because of the pandemic. Depending on their schedule, most participants (38.9%)

they had fresh produce that needed sorting, implying that bad produce should have been thrown away. Most participants preferred the fresh produce but noted the limited shelf-life remaining and how quickly it had to be prepared before it went bad. Some participants said meat types were diverse, whereas others said they did not often receive meat. Milk was also notably important, especially if they had children. Bad quality was associated with rotten produce, expired canned foods, moldy bread, or bugs in nonperishable items.

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ex ice .* Although most participants said they did not experience hunger, many did skip meals or eat less. They

quality of pantry foods. Although people are extremely grateful for the food assistance and pantries, they are also subject to various uncomfortable settings and stigmatized feelings common among pantry users.^{21,26,34} Findings suggest that the pantry environment contributes to how the participant feels (ie, when pantries are welcoming and friendly and normalize pantry-seeking behaviors, participants feel grateful). In contrast, if they experience judgment or even neutral reactions that may be perceived as unfriendly, it may cause discomfort. Several studies have described the positive effects of client-choice and welcoming pantry environments, resulting in improved diet and nutrition outcomes.^{35,36} Understanding new visitor experiences and feelings can help inform emergency food providers to create positive environments and develop distribution methods to better cater to clients' food preferences.

Overall, emergency food increased food availability and access; however, utilization of pantry foods varied among participants because of food preferences and the need for preparation or cooking. Stability would require overcoming these barriers and managing these dimensions during the pandemic, suggesting that income undergirds the need to become food secure.³⁷ This is why many antihunger advocates have started to weave in workforce training programs and advocacy for higher minimum wages, along with the traditional food distribution efforts. Though this study does not follow participants over time, findings describe how the pandemic disrupted individuals' ability to purchase food.

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