

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

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ABSTRACT

Objective: To describe the experiences of first-time visitors with low food security seeking food assistance during the coronavirus disease 2019 pandemic.

Design: A qualitative study.

Setting: Emergency food distribution sites in West Central Florida.

Participants: Adults (aged 18–64 years) seeking food assistance between November, 2020 and July, 2021.

Phenomenon of Interest: Using food security as a multidimensional concept, in-depth interviews explored the impact of emergency food assistance on food availability, access, utilization, and stability.

Analysis: Applied thematic analysis was conducted to identify emergent themes.

Results: Participants (n = 18) were White (55.6%), female (72.2%), and aged 40–59 years (55.6%). Seven salient themes described participants' experience seeking food assistance (eg, the crisis resulting in seeking food assistance, mixed quality of pantry foods, and gaining firsthand insight on hunger). Although food assistance increased food availability and access, there were barriers to using the pantry foods (eg, foods not preferred, health/allergies).

Conclusions and Implications: Study findings suggest that first-time visitors seeking emergency food assistance during the coronavirus disease 2019 pandemic may be experiencing temporary cycles of financial instability, which could impact dietary quality. Because pantry foods are often the primary source of household food supply, client-focused emergency food distribution tailored to client needs can increase food availability, access, and utilization.

Key Words: food insecurity, emergency food assistance, food pantry, first-time visitors, COVID-19 (*J Nutr Educ Behav.* 2023;000:1–10.)

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INTRODUCTION

During the early period of the global coronavirus disease 2019 (COVID-19) pandemic in the spring and summer of 2020, food insecurity reached tremendously high levels across the US—when compared with pre-pandemic times, overall prevalence rates doubled and tripled among

households with children.¹ During that time, nearly all the 200 food banks (98%) in the Feeding America network saw an increased need for food assistance, with an average increase of 59%.² Among these visitors, an average of 38% were people who never sought food assistance before.² Although research shows that food insecurity is associated

with negative health outcomes, such as higher risk for chronic diseases,³ obesity,³ and poor mental health,^{4,5} the full extent of the impact of food insecurity during the COVID-19 pandemic is not known, especially for people who sought food assistance for the first time.

Although food pantries were available and heavily marketing their services on television and social media during the pandemic, the Urban Institute's nationally representative Well-Being and Basic Needs Survey reports that about half of the adults (49.3%) that did not use charitable food also did not know about them; in addition, 52.9% were not comfortable seeking food assistance if they had a need.⁶ The unprecedented rates of food insecurity and additional new populations seeking assistance during the COVID-19 pandemic suggest the need to understand the ramifications

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and implications for postpandemic recovery and the role of emergency food assistance in promoting food security. The current study explored food insecurity as a multidimensional concept to describe the impact of food assistance on new visitors' experiences.

Conceptual Framework: Food Insecurity as a Multidimensional Concept

According to the Food and Agriculture Organization of the United Nations, food security consists of 4 pillars: food availability, access, utilization, and stability over time.⁷ Theoretically, food security can be achieved if all dimensions are present and stable. Although food security exists at different levels (eg, global, national, and community), this study uses the individual participant's lens to understand their environment and use of emergency food at the community level.

The first dimension of food security, food availability, refers to food in the country or specific context (eg, neighborhood). This specifically pertains to the amount of available food (eg, there may be limited food availability because of food supply disruptions during COVID-19).^{8,9} To understand a more individual level of food insecurity in this study, participants' food availability was explored regarding how much food they had on hand or available in the home to consume. The dimension of food access involves the ability and methods used to obtain food. This dimension includes an economic, physical, and social component,^{8,9} and food acquisition behaviors such as purchasing foods and related decision-making processes.¹⁰ Economic components include food affordability and financial ability to purchase enough foods; physical components include the geographic region, area, and physical structures related to food access; and social components include cultural aspects and societal views of the methods to obtain food. The third dimension of food security, food utilization, describes how food is prepared, processed, and cooked for the body to consume and used for nourishment and health.¹¹ Finally,

stability over time refers to the ability to withstand and overcome shocks and crises while maintaining other food security dimensions.

Including all 4 pillars is essential because it acknowledges that individual food security depends on environmental and societal factors outside of the individual's control—this is key to developing collaborative, multilevel solutions to address food insecurity. Note that the multidimensional approach describes food security, which explores food insecurity to identify ways to reach the former. The US Department of Agriculture (USDA) defines food insecurity as “a household-level economic and social condition of limited or uncertain access to adequate food.”¹² This qualitative study addresses the research question: how do emergency food assistance clients experience food insecurity across each dimension as new visitors seeking assistance during the COVID-19 pandemic?

METHODS

Participants and Recruitment

A convenience sample was recruited to survey West Central Florida from November, 2020 to July, 2021. The first author was responsible for recruitment and partnered with a food bank to identify potential participants; the food bank is in an urban county, serves a 10-county region including rural and suburban areas, and partners with more than 400 food distribution partners across the region. For in-person recruitment, the first author, food bank staff, and volunteers distributed paper recruitment flyers with the direct web address to participate in the online Qualtrics survey (Qualtrics, 2020) at 12 food bank-affiliated distribution sites across 2 urban counties. The food bank also supported recruitment by posting on their website and social media posts. Any individual seeking food assistance aged 18–64 years, a Florida resident, and English-speaking were eligible to participate in the study, which involved an initial survey (n = 129) and a follow-up survey (n = 59) at least 3 months later

(presurvey and post-survey results will be reported elsewhere). Survey respondents indicated if they were willing to be interviewed or wanted more information (n = 83), and only food insecure individuals (n = 77) were invited to participate in an interview (food security status was determined by the USDA's 10-item Adult Household Food Security Survey Module).¹³ Demographic items on the survey included age, gender (male, female, nonbinary, transgender, other), race (American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian and other Pacific Islander; White or Caucasian; Some other race), ethnicity (Hispanic, Latino, or Spanish), marital status, housing situation (own, rent, other), household size, veteran/disability status, employment status, education, household income, income sources (employment, disability assistance, social security income, student loans, unemployment assistance, other), and receipt of government assistance (*Supplemental Nutrition Assistance Program* [SNAP], *Special Supplemental Nutrition Program for Women, Infants, and Children* [WIC], *Temporary Assistance for Needy Families* [TANF], *Medicaid*, other governmental or social service program, I am not using any federal assistance programs).

In addition, survey respondents were categorized on the basis of their response (yes or no) to the question, “Did you ever seek food assistance (free food or groceries) from a food pantry, church, food bank, or other place BEFORE the start of the COVID-19 pandemic?” and invited to participate in interviews accordingly (ie, because-of-COVID-19 participants sought food assistance for the first time and before COVID-19 participants sought food assistance at least once before the pandemic). Each participant's category was confirmed again before the interview to ensure accurate classification. Consent was obtained before each online survey and verbally before the interview. Participants were compensated with a \$15 gift card for the interview. The University of South Florida Institutional Review Board expedited and approved the study.

This study was part of a larger project that recruited participants seeking food assistance because of COVID-19 ($n = 18$) and before COVID-19 ($n = 18$). This paper presents the qualitative findings from the because-of-COVID-19 sample to describe the experiences of new visitors with low food security seeking food assistance during the COVID-19 pandemic.

Data Collection

A theory-informed, semistructured interview guide allowed for exploratory investigation and emergent probes when necessary. The interview guide was pilot-tested with 1 food pantry user before the interviews, and the first author conducted all the interviews. The interview guide questions were modified throughout data collection to probe for additional insights (eg, asking about pandemic stimulus checks related to how participants purchased groceries). All interviews were conducted via video conferencing software (Microsoft Teams, Microsoft Corporation, 2020), except for 1 that was conducted in-person, socially distanced at an outdoor distribution site.¹⁴ Thematic saturation was met when 80% to 90% of the themes were identified post facto.¹⁵ In addition, Low¹⁶ explained that a reflective assessment of how thorough the data supports the how and why participants sought food assistance validated saturation.

Data Analysis

Interviews were transcribed verbatim by the first author and a team of research assistants, which were cross-checked by the first author for accuracy; excessive verbal fillers (eg, ums, you know) were removed during transcription and for illustrative purposes in this paper.¹⁷ To create the codebook, the first author worked with 1 research assistant who was involved in the transcription of the interviews. The preliminary codebook included theory-informed, *a priori* codes (deductive), and emergent codes from the first author's initial reviews of the transcripts (inductive) across the 4 food security

domains. For example, access to transportation and cultural foods were *a priori* food access dimension codes, whereas pantry environment and food purchasing were important emergent codes. The first author presented and discussed the codes and definitions with the student researcher, and they both coded 1 transcript independently. Additional codes and examples were added and revised to create the initial codebook and modified later during coding cycles with the second coder.¹⁸ Training for the research assistant involved in codebook development and the second coder included readings and video tutorials on qualitative data analysis and multiple meetings with the first author to discuss coding.

After the initial codebook was developed, the 2 coders independently coded 4 transcripts, 1 at a time, resolving disagreements after each transcript was coded and updating the codebook together. From the fifth transcript onwards, 3 to 4 transcripts were independently coded simultaneously, with discussions occurring after each batch was coded. All 18 transcripts were independently coded by both coders and finalized after consensus agreement; this process was adopted in lieu of calculating interrater reliability.¹⁹ All coding was completed using ATLAS.ti (version 22, Scientific Software Development GmbH, 2022). Applied thematic analysis, a qualitative data analysis approach focusing on solving practical problems was used to identify patterns and common themes.¹⁷ Once all 18 transcripts were coded, the research team decided on the final themes and findings.

RESULTS

Sample Characteristics

First-time, because-of-COVID participants ($n = 18$) were mostly female (72.2%), White (55.6%), aged 40–59 years (55.6%), and attended some college or had a 2- or 4-year degree (72.2%). Employment status varied, with the largest group (33.3%) unemployed because of COVID-19. Most participants were categorized as very low food security

(66.7%), but only 33.3% received SNAP benefits. Participant demographics are summarized in [Table 1](#).

Qualitative Themes

The primary research question explored how emergency food assistance use during the COVID-19 pandemic impacted each food insecurity dimension among new visitors. There were 7 salient themes describing impact on food availability, access, utilization, and stability across each dimension, including (1) crisis, added burdens, and barriers to pandemic assistance caused the need to seek food assistance, (2) fear of COVID-19 exposure and reducing risks, (3) new food purchasing behaviors to reduce spending, (4) pantry environments made a difference in how the participants felt about their visit, (5) pantry foods—hit or miss, (6) mixed quality of pantry foods, and (7) gaining firsthand insight on hunger as a societal problem and appreciation for services. Illustrative quotes for each theme are in [Table 2](#).

Crisis, added burdens, and barriers to pandemic assistance and reasons for seeking assistance. Before the pandemic, all the interview participants had never visited food pantries. When asked about seeking assistance, some participants mentioned their job sectors impacted by the pandemic and being temporarily furloughed, experiencing job loss, or loss of income. Participants described having jobs in home health care, dentistry, construction, early child care, the airline industry, sales-based jobs, and special events. Several participants also explained having added responsibilities such as caring for family members who lost their jobs or paying for unexpected expenses like health care bills or car repairs. Although most participants were impacted by the pandemic directly through their own or spouse's jobs, some had other reasons. Two participants experienced chronic health issues before the pandemic, resulting in job loss and financial challenges during the COVID-19 pandemic. Two participants quit their jobs because of fear of COVID-

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

Characteristics	n (%)
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)

COVID-19 indicates coronavirus disease 2019; SNAP, *Supplemental Nutrition Assistance Program*.

^aDenotes missing data; ^bFood security status was categorized using the US Department of Agriculture's Adult Household Food Security Survey Module.

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 risks. 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.

New food purchasing behaviors to reduce spending. Participants described how food purchasing changed because of the COVID-19 pandemic and their

Table 2. Themes of COVID-19 Impact on Food Access, Pantry Food Utilization, and Reflections of First-time Visitors

Theme	Illustrative Quotes
(1) Crisis, added burdens, and barriers to pandemic assistance caused the need to seek food assistance	<p>That's the hardest part [losing their job]. I had to rely on that stimulus and hope it came in, and mine did not come in—my second one, and now the third didn't come in. So, it's really put me in a hole. But if I didn't have that, I'd be even worse than what I am right now and I don't have it, but I'm hoping that I get that so. (P19 Female)</p> <p>My first appointment with them [food bank pantry] and I've been doing it regularly just about every month unless I don't need food and then I don't sign up. And then I started getting the extra \$300 that the government gave us in January [2021], so that's helped. I stopped going for a while, but I started again because Florida ended the extra \$300, like about two months ago. So, I just don't really have enough money with unemployment for getting groceries. (P36 Female)</p>
(2) Fear of COVID-19 exposure and reducing risks	<p>And then we were a little bit concerned because there was too many people, it was too crowded and with COVID-19, it was scary. Kind of like, a lot of times I needed to go get the food at that pantry, but I didn't go because I was worried about getting contaminated and getting sick and getting the rest of family sick. (P18 Female)</p> <p>Once a week every 10 days, we would suit up like we're going into a biohazard contamination unit. I mean mask, gloves, eye protection. At that point we didn't know exactly how it was spread or what could kill it. I used to come into the back porch, stripped down to my underwear, leave everything in the washing machine, so she [her elderly mother] didn't have to touch my clothes 'cause I didn't know if my clothes are contaminated. . . .My mom is now 71, but I was terrified I was going to get it and give it to her and kill her. (P11 Female)</p>
(3) New food purchasing behaviors to reduce spending	<p>Even before the Pandemic, I was an ALDI shopper so with the pandemic it just kind of solidified that was my go-to. I mean, unless I am in a real pinch, and there's not an ALDI near me. The only other grocery store I'll go to would be like a Winn-dixie. Publix is just overpriced. Yeah, they're pretty stores and stuff like that but for the most part, the other stores have the same stuff, so I don't shop at Publix. I used to when I was rich, you know, but that was a long time ago. (P6 Female)</p>
(4) Pantry Environments Made a Difference in How the Participants Felt about Their Visit	<p>People were so friendly, kind – it's a totally different experience. Lot of courtesy, a lot of respect and a very different experience. You know because when you go to a pantry, it's not because you don't need it, it's 'cause you need it, and a lot of people fall on hard times. It's just some people are, perceive them differently. And when I go to the pantry that I go to, I never feel like that. I just feel like people are doing, volunteering their time, it's not like it is something that they have to do. They're doing it 'cause they want to do it, and it's a big difference. You could feel it. . . .I'm sure it's not easy because I know when sometimes it gets hot here, I see the people are sweating there in line. I can't imagine- that's hard. But the demeanor and how they treat people, it helps because it's a difficult situation to be in. COVID-19 has affected millions of people all over the world, so it kind of gives you – you feel better when you're treated with that kind of respect. (P18 Female)</p>
(5) Pantry foods—hit or miss	<p>I'm going to be honest. I have no clue how to cook an eggplant. And they seem to like giving away a lot of squash and eggplant and that's not something I know how to cook, so. But they wouldn't have known that. I came in the house and I'm like, "What is this?" Like, I've literally, I think I ended up having to Google one of them because I didn't know what it was. Sometimes you got lucky, and you get meat. And sometimes, they have snacks for the kids. It's kind of like you don't know what you're gonna get when you get there. (P14 Female)</p>
(6) Mixed quality of pantry foods	<p>No, I don't think I've gotten anything ever that was bad quality. It's always been good. It's like it's always like fresh food. Now, some of the Publix stuff may be close to getting to the end of the date, but that's OK. We'll just cook it that night. Anything else we may have said, "Hey, you know what? This is still got like another two or three days before it's bad, but this will go bad tomorrow. So, let's cook this tonight." We'll just kind of rearrange our schedule on it. (P33)</p> <p>Yes, it is better than the grocery store because it's not sitting on the shelf. I find the couple of times that I did go, it lasted two to three weeks because it was so fresh. They were taking it out—they were taking it out of the actual cartons from the farmstand like, wherever it came from. When I asked the people I said, "how are you getting all this wonderful produce," and they said they're donating it. There's just, they're not shipping to super- people are not shopping as much in supermarkets and they've got the berries coming, and they've got to keep moving so they figured rather than throwing them out, they wanted to find a resource to donate so they come directly here. (P16 Female)</p>

(continued)

Table 2. (Continued)

Theme	Illustrative Quotes
(7) Gaining firsthand insight into hunger as a societal problem and appreciation for services	<p>I think there was a stigma around it. That's no longer the case. I felt like—and I hate to put it this way—like a dirty lowlife. I feel like I'm getting government food and whatnot, but they have always been respectful and just non-judgmental. And it felt, I felt bad doing it because I always think if there's somebody that needs it more than I do. And like just myself, knowing that if, there's about five families that we help with these boxes. Like we always get two boxes, we keep one for our family, and the rest go out into the community. And Feeding America's always been really quite phenomenal. There is absolutely no judgment. You don't have to fill anything out. So, I like that quite a bit. (P11 Female)</p> <p>I have never been, and it was somewhat a misconception. I always thought that they probably just didn't give away anything that will be helpful, just useless food and everything like that. . . just the misconception that food pantries for someone who's homeless or something like that and you just automatically and pinned as rundown or dirty or something that's not, I guess you could say not too safe. . . . And I consider myself, middle class working class and everything like that. And never thought that I would have to resort to that." (P26 Male)</p>

COVID-19 indicates coronavirus disease 2019.

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).

Pantry environments made a difference in how the participants felt about their visit. 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%) went almost every week.

Pantry foods—hit or miss. Overall, all participants were grateful for the food and said the pantries were helpful. However, it was common for participants to say that the foods were hit or miss, not always providing the foods that they needed or wanted. One person says that you adapt to the pantry foods because you do not have the liberty to choose what you want to buy. Almost all participants gave away any foods they could not use, noting the importance of not wasting food. Reasons for not being able to use the foods included allergies/special diets, not enjoying the items (eg, eggplants, squash, Monterey Jack cheese), having

too much just for themselves, or the items were not considered healthy. Some participants noted the excessive amounts received, such as multiple cases, 20-lb bags, or multiple flats of 1 item.

Because of the random types of foods received, participants noted the need to be creative and Google recipes online for items they were unfamiliar with or had ever used. In general, pantry foods require some preparation or cooking. Some participants embraced the variety, whereas others felt like it was wasteful. Although most participants had not experienced a client-choice pantry in which they could select the items they wanted instead of a prepacked box, the few that did experience it mostly preferred to choose their foods.

Most participants said they tried to consume a healthy diet but not always with all 5 food groups; 3 participants said they ate healthier because of the pantries. Of the 18 participants, 9 said they preferred healthy foods from the pantries; 7 of the 9 people also pointed out that pantries offered unhealthy foods like hot dogs, processed foods, refined white carbohydrates, or high sodium products. Participants often mentioned health issues or the need to adjust to other household members' diets and preferences.

Quality of pantry foods. In most cases, participants said the pantry foods were good quality; in some instances,

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.

Gaining firsthand insight into hunger as a societal problem and appreciation for services. Although most participants said they did not experience hunger, many did skip meals or eat less. They usually had something to eat, but it may have been less desirable or insufficient (eg, eating noodles with olive oil and salt or cereal without milk). Sometimes, it was a lack of time to meal plan and have something ready. In most cases, participants managed with their food or rationed out portions to make it stretch.

When asked about participants' first food pantry visit, they describe various emotions with underlying feelings of stigma, judgment, and embarrassment. Participants used words such as demeaning, demoralizing, and embarrassing, with some explaining that you must put aside your pride to resort to asking for help. However, those descriptions were mostly for the first visit, and participants seemed appreciative and grateful for the food and pantries. One individual described the pantries as "generosity overflowing." When asked about their perception of food insecurity and hunger because it was a new experience resulting from COVID-19, participants shared different viewpoints on how COVID-19 changed their lifestyles. Some also mentioned wanting to give back after their situation got better. They were grateful for the help and felt motivated to return the favor once things were normal.

DISCUSSION

This study describes the experiences of new visitors with low food security

seeking food assistance at food distribution sites or pantries during the COVID-19 pandemic and the impact of food assistance on their food availability, access, utilization, and stability. Most participants experienced challenges ranging from job or income loss to unpaid bills, health issues, or caring for other family members. These challenges led them to seek food assistance. Findings describe temporary, new experiences because of the COVID-19 pandemic, but some experiences were common across the general public, such as fear of COVID-19 exposure while grocery shopping or ordering groceries online for pick-up and delivery.²⁰ Once things returned to normal," many participants described wanting to give back to pantries and help in other ways, such as volunteering. This back-to-normal recovery period is critical to ensure that these families experiencing temporary food insecurity have sufficient resources to resume financial stability.

New visitors seeking food assistance also shared similar occurrences reported by people experiencing chronic food insecurity, such as rationing food portions or skipping meals²¹ while shielding children when possible.^{22,23} Similar to other studies, participants explained that although most pantry foods are good, they are often hit or miss, inconsistent, and do not always meet the needs of all household members.^{24–27} Participants often gave the pantry food away because they could not use it for various reasons. At 1 food bank, they found similar reasons for why clients did not use some pantry foods: excessive amounts of 1 item, spoiled, did not like it, too much sodium/sugar, and allergies/intolerance.²⁸

Although there is limited literature on understanding reasons for unused foods among food pantry clients, one study with a sample of 28 participants reported no true food waste (did not throw anything away) at follow-up, and the most common reason for unused foods was a plan to use later (85%), with only 6% gave food away to family/friend.²⁹ In contrast, our study findings show that there are often excessive amounts of fresh produce compared with nonperishable

foods found in Pruden et al,²⁹ resulting in many participants sharing with others and ultimately leading to decreased food availability. With excessive amounts of fresh produce, participants cannot save these foods unless they prepare or preserve them, which also requires time, equipment, and culinary skills. Although time availability may have been different during the pandemic (depending on the sector, participants may be working from home), people with limited resources often lack the time to prepare food.^{27,30} It is critical that clients can use the foods they receive instead of giving them away (ie, this key finding confirms that the presence of food availability and access does not guarantee food utilization). Because pantry foods are often the only option people with low food security, have, nutrition and culinary education can be tailored specifically to nonperishable pantry foods and produce like eggplant and squash (common items participants reported not knowing how to use).

During the COVID-19 pandemic, many food distribution sites ramped up their efforts and became super pantries. These sites offered new distribution methods (eg, home deliveries and parking lot distributions to the public) that catered to social distancing, large amounts of people, and increased distribution times.^{31,32} Early in the pandemic, during emergency shutdowns, innovative social distance-friendly solutions were required and resulted in the removal of the client-choice distribution methods in which pantry clients could select their foods. However, limited-choice options are available to promote choice safely with COVID-19.^{31,33} During the COVID-19 pandemic, the innovation and rapid change of food distribution models, in addition to federal funding to support emergency food distribution, increased food access to people who were aware of food pantries before the pandemic and to those who never sought food assistance before.

As first-time visitors, participants had polarized feelings—mostly positive but some negative—about the pantry environments, how they made them feel, and the types and

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. Although most viewed this situation as temporary, the findings suggest that there may be longer-term implications depending on the job sector, financial and personal obligations, and ability to catch up and recover. As this new population of individuals seeking food assistance returns to normalcy, pandemic recovery efforts must ensure that all food security dimensions are supported.

This study was a convenience sample of only 18 people recruited from a small region in Florida, which limits

the generalizability to other contexts. In addition, the sample is predominantly people with higher education, which may result from temporary food insecurity needs because of the COVID-19 pandemic. The sample was primarily White and female. In 2020, the USDA Economic Research Service reported that people experiencing food insecurity were high school educated or below (45%) and some college or more (55%).³⁸ Of the 17 people that reported education level, 2 people (11.1%) were high school educated or below.

IMPLICATIONS FOR RESEARCH AND PRACTICE

Emergency food assistance during the COVID-19 pandemic was crucial for many families that never experienced these challenges before. In this study, participants noted a variety of barriers to receiving pandemic assistance, ranging from potentially misinterpreting eligibility, having problems with government systems, or not receiving federal assistance because of Florida opting out of unemployment benefits early. Although the pandemic relief, USDA exemptions and waivers for food assistance programs, and increased SNAP assistance supported many families during COVID-19,^{39,40} this study highlights a small sample that had to primarily depend on charitable food during the COVID-19 pandemic. Study findings suggest that future disaster-relief policies and programs consider the unique needs of nontraditional populations, particularly those struggling to make ends meet and living paycheck to paycheck, also known as the Asset, Limited, Income Constrained, Employed population.⁴¹ Emergency food providers and community organizations can collaborate to provide wrap-around services to populations that may not know how to navigate social services and promote a Health in All Policies approach to address basic needs.⁴² With this approach, cross-sectoral stakeholders will be better poised to work with emergency food providers to increase access to community resources.

The struggles of first-time visitor experiences amplify current critiques

that question the strength of our current safety net of federal nutrition assistance programs and emergency food providers (how do we overcome barriers of seeking assistance?), the nutritional sufficiency of pantry foods (what approaches are most effective in increasing healthy foods?), and the dignity and perception of those that need food assistance (how can we reduce feelings of judgment and stigma at food pantries?). The COVID-19 pandemic also revealed the vulnerability of our current food system, as food supply wavered for all populations.⁴³ Lessons learned from the COVID-19 pandemic may shed light to inform future emergencies and present an opportunity to make changes toward a more sustainable food system that promotes food and nutrition security for all.

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