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Food Insecurity and Food Access during COVID-19 in the San Francisco Bay Area

Research Brief

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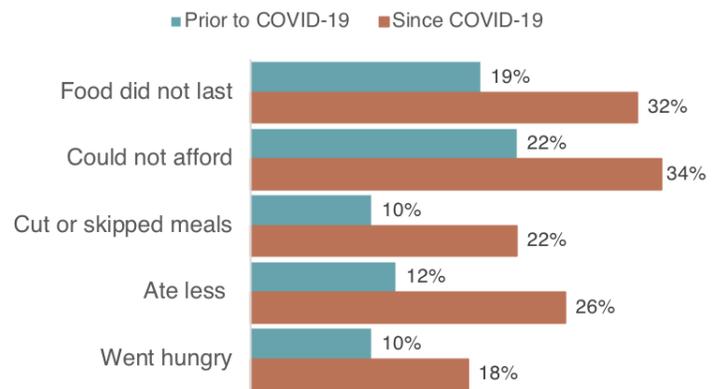
Background

The coronavirus (COVID-19) pandemic has drastically impacted socio-economic stability and food systems in the U.S. and around the world. State mandates closing down public schools, restaurants, and other public services have resulted in job disruption and affected how we access food. As a result, food insecurity—the lack of consistent access to safe and nutritious food—has worsened with the pandemic. To better understand the challenges and needs of those significantly impacted by the pandemic, an online survey was distributed in the San Francisco Bay Area from August to November of 2020. This brief features key results from the survey related to changes in food security rates, food access challenges, and coping strategies used during the pandemic.

Food insecurity rates increased in the Bay Area during COVID-19

Using the USDA 6-item validated survey module, food insecurity rates among Bay Area residents increased from 20% to 33% since the pandemic started, a 65% increase. Affirmative responses for all USDA food security questions (Figure 1) were reported more frequently since COVID-19.

Figure 1. Percent of affirmative responses for each USDA food security question



Of the respondents who said they had to cut the size of their meals or skip meals altogether since the pandemic began because there wasn't enough money for food, 63% had to do so weekly and 37% once or twice.

"So grateful to have local food banks that offer multiple days/hours for pick up, Food Bank was extremely helpful in supplementing our food so we could use the money saved to continue to pay rent."

- Survey respondent

Key Findings

1. **63%** increase in food insecurity since the pandemic started, with Hispanics, households with children, and those experiencing any job disruption most disproportionately affected.
2. More than **1 in 5** respondents newly started using food assistance since the pandemic; use of food pantries was the most common, with its use **doubling** since prior to the pandemic.
3. **Financial support** and improving **trust** in the safety of stores, food, and delivery services were identified as helpful strategies to meet food needs.

Disparities in food insecurity rates

Food insecurity rates ranged from 12% to 61% depending on respondents' race/ethnicity, household composition, and job disruption status.

All races and ethnicities experienced increased rates of food insecurity (Figure 2) since the onset of the COVID-19 pandemic. However, people of color (39%), compared to whites, and Hispanics (50%), compared to non-Hispanics, were more likely to experience food insecurity.

Figure 2. Food insecurity rates disparities by race/ethnicity

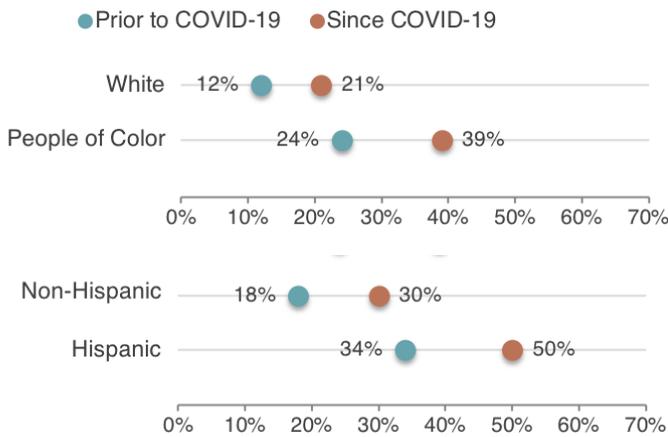
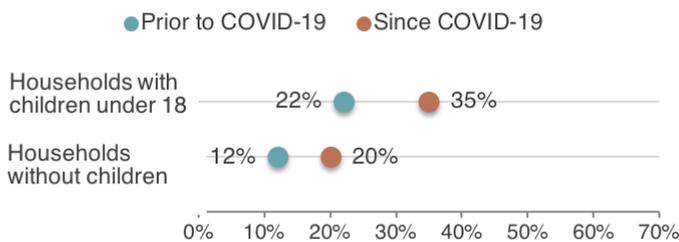
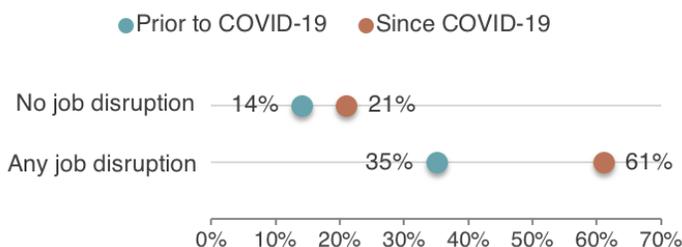


Figure 3. Food insecurity rates by household composition



Households with children under 18 years of age (35%), and those who had some form of job disruption (61%), such as job loss, furlough or reduced work hours, were more likely to experience food insecurity (Figures 3 and 4).

Figure 4. Food insecurity rates by job disruption status

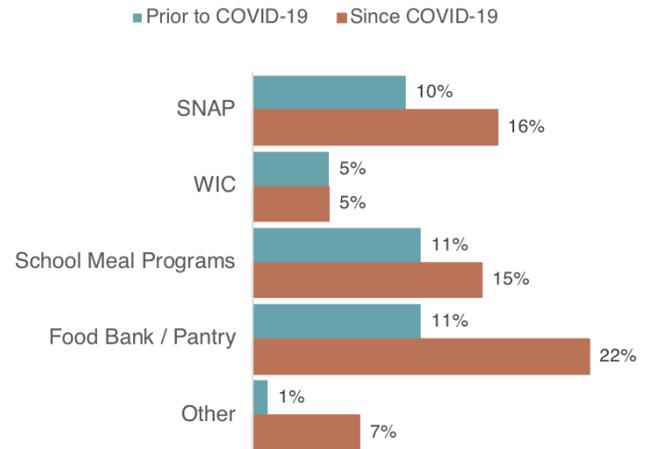


Many respondent households have experienced some form of job disruption during the pandemic, with 23% indicating job loss, 10% being furloughed, and 29% having reduced work hours.

Importance of food assistance programs

Compared to the previous year, 23% of the participants reported being new food assistance programs users. Among them, people of color and households with children were overrepresented. The most widely used program was Food Banks, its use doubled since the start of the pandemic (Figure 5), followed by the Supplemental Nutrition Assistance Program (SNAP, 16%) and School Meal Programs (15%). No changes were observed for the Women, Infant and Children (WIC) program.

Figure 5. Changes in food assistance program use

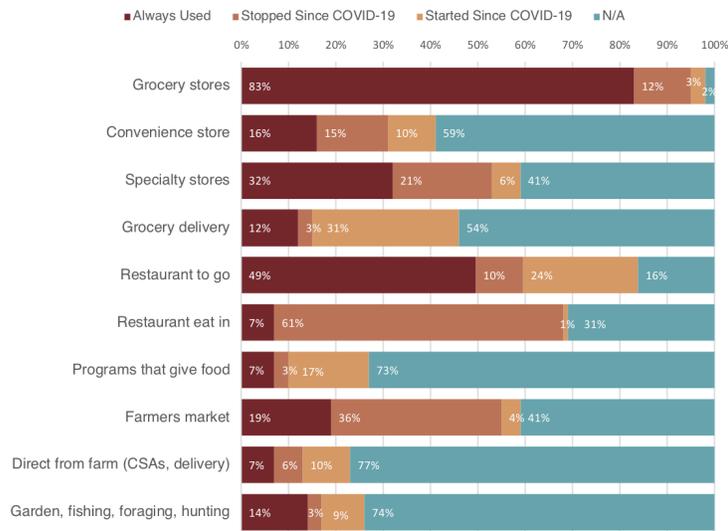


"There is no Walmart in our area that uses EBT online. I wish there were more places to use it online."
- Survey respondent

Food acquisition sources

There was a shift in the type of food sources used by respondents due to COVID-19. Grocery stores continued to be the most frequently used source. However, many respondents started using grocery delivery services (31%) and ordering to-go at restaurants (24%), while reporting no longer dining-in (61%) or going to farmers markets (36%) and specialty stores (21%)(Figure 6).

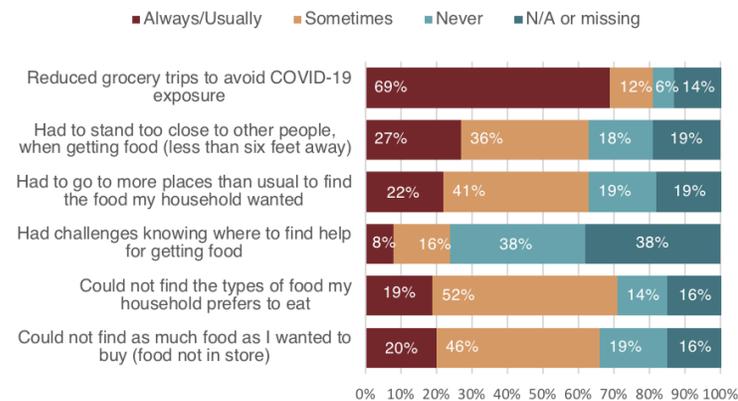
Figure 6. Changes in food acquisition sources



Concerns related to acquiring food

The majority of respondents reported reducing the number of grocery trips due to COVID-19 (Figure 7). Respondents expressed a variety of challenges related to obtaining food during the pandemic such as the need to stand too close to other people when buying food, having to go to more than one place to find food, and not finding certain types of foods.

Figure 7. Challenges faced when getting food

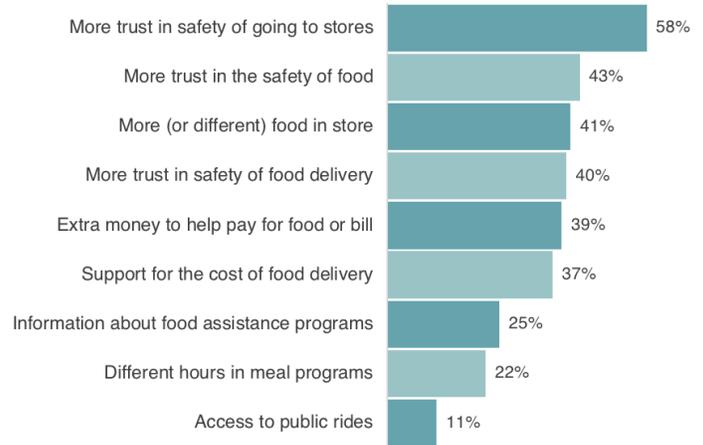


"Please help seniors with reliable delivery that we can afford. Delivery fees, higher cost of food, & just not getting what is ordered make it difficult for seniors to eat healthy."
- Survey respondent

Helpful strategies to meet food needs

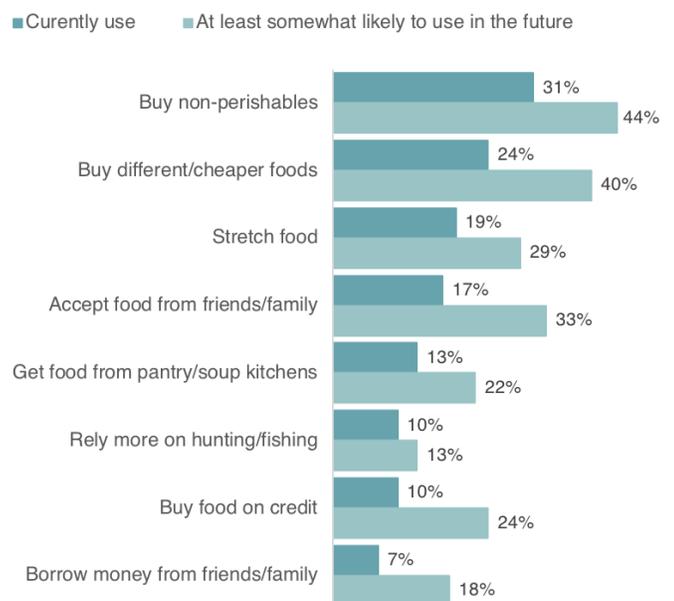
Many respondents indicated that improving trust in the safety of stores (58%), the safety of food (43%), and safety of food delivery services (40%) would be helpful (Figure 8). In addition, 39% of respondents identified that receiving extra funds would be helpful to meet their food needs during the pandemic.

Figure 8. Strategies that would help meet food needs



Respondents identified buying non-perishables (31%) and different/cheaper foods (24%) as some of the most common strategies currently used to meet food needs (Figure 9). A similar trend was reported for strategies that participants would be at least somewhat likely to use in the future if needed.

Figure 9. Strategies currently used or likely to be used by participants to meet food needs



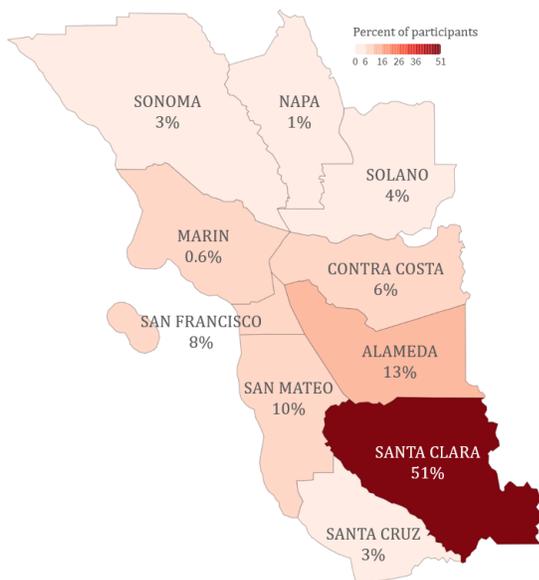
About the survey approach

We conducted an online survey (available in English and Spanish) from August until November of 2020 using a convenience sample of Bay Area residents over 18 years of age (n=724 complete surveys). Participants were recruited through paid Facebook ads and community partners outreach. The sample includes residents from the 9 Bay Area counties and Santa Cruz County (Figure 10). The list of counties by population size is: Santa Clara, Alameda, Contra Costa, San Francisco, San Mateo, Sonoma, Solano, Santa Cruz, Marin, and Napa.

This sample is not representative of the Bay Area population:

- Most respondents were women (81%)
- Ethnicity/race: 59% of respondents were white compared to 50% of the population in the Bay Area and 17% were Hispanic compared to 24% of the Bay Area population. Only 2% of were Black, although they comprise 6% of the Bay Area.
- Respondents were 18 to 88 years old, with a median age of 42 years, compared to the area median of 37 years.
- Households with children were over-represented, at 86% compared to 31% in the area.
- Income: 27% of respondents had household income <\$50,000 compared to 25% of the Bay Area population.

Figure 10. Study participants by county of residence



"Relying on delivery is expensive, often items are wrong, and it's impossible to bargain-shop, which is how we used to get by. Also less expensive stores don't deliver."

- Survey respondent

About NFACT

The National Food Access and COVID Research Team (NFACT) is a national collaboration of researchers committed to rigorous, comparative, and timely food access research during the time of COVID. We do this through collaborative, open access research that prioritizes communication to key decision-makers while building our scientific understanding of food system behaviors and policies. To learn more visit nfactresearch.org.

Acknowledgements:

We wish to thank the study participants for their time and dedication in completing the survey.

Thank you also to our community partners for helping distribute the survey to potential participants. This project was supported by the College of Health and Human Sciences, San Jose State University.

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