Diet behavior during COVID: A qualitative study of former participants of a food security intervention

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Abstract #P74

Introduction

Poor diet quality is a leading risk factor for the development and progression of chronic disease.1 While diets high in fruits and vegetables are recommended to prevent these negative health outcomes, only 1 in 10 U.S. adults meet recommendations.2 Individuals facing food insecurity are even less likely to consume the recommended amounts of fruits and vegetables.3

The Georgia Food for Health (GF4H) program seeks to address food insecurity and poor diet quality by providing cooking and nutrition education and free produce for 6-months. Participants are recruited by health care providers and receive vouchers redeemable for produce worth $1 per family member per day. For the 2019 program year, we observed a 39% reduction in food insecurity, increases in fruit & vegetable consumption and cooking at home as well as reductions in consumption of fried food. However, less than three months after graduating from the program, COVID-19 infections had reached a concerning level in the U.S. and guidance encouraged everyone to stay at home and restrict travel, including shopping trips, in order to reduce exposure risks. This sudden disruption to normal life, potential loss of income, and reductions in grocery store trips may have important implications for diet quality, especially for individuals who were already grappling with food insecurity prior to the pandemic.4 Therefore, it is important to understand potential dietary changes that occurred during COVID-related stay-at-home periods in order to identify opportunities for further intervention efforts.

Objective: Characterize diet behavior changes experienced by former participants of a food security intervention during COVID-related stay-at-home periods.

Methods

We conducted semi-structured interviews by phone in May - June 2020 with 17 participants who had completed the program within the past 6 months. Participants were mainly middle-aged (mean age 59 years), African American (100%), and women (59%). Participants were asked questions about the program, diet and stress-related behaviors, and changes in these behaviors within the COVID stay-at-home period. Participants were mailed gift cards worth $20.

Transcripts of interviews were analyzed for both a priori and emergent themes using thematic analysis. MAXQDA 2020 was used for data management and analysis.

Results

We identified three core themes. First, participants discussed changes in shopping behaviors to minimize time spent in stores using approaches like shopping lists to plan routes within the store or sending younger relatives to shop for them. Due to supply issues at stores, participants discussed adapting recipes to include available options. Second, participants discussed disinterest in cooking, a lack of motivation to engage in healthy eating strategies they had previously adopted, and anticipation of regretting these behaviors. Third, participants were largely uncomfortable at the prospect of resuming in-person programming and preferred virtual options due to safety concerns.

Changes in Shopping Behaviors
- Minimizing time spent in stores
- Supply issues at stores

Difficulties with Healthy Eating
- Disinterest in cooking
- Anticipation of regretting behaviors

Preference for Virtual Engagement
- Discomfort with in-person programming
- Prefer virtual options to re-engage

Conclusions

Among former participants of the GF4H program, shopping and cooking behaviors shifted during the COVID-19 stay-at-home period to adapt to safety guidelines and to overcome supply issues. Motivation to engage in healthy cooking and eating behaviors was diminished due to stress and competing responsibilities. Ongoing program efforts should focus on virtual options to engage and re-engage participants.

References