

Learning About Food Insecurity in Athens-Clarke County, Georgia Using Key Informant Interviews

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<https://doi.org/10.33697/ajur.2024.119>

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ABSTRACT

Several studies have suggested that food insecurity rates increased during the early days of the COVID-19 pandemic. This study sought to assess the strategies employed by food relief organizations to combat this issue amidst the challenges of 2020. Specifically, the research focused on six local food organizations in the Athens, Clarke County area in Georgia. Organizations were contacted via email, and subsequent key informant interviews were conducted via Zoom with the organization's leaders to understand their responses to food insecurity relief during the 2020 COVID-19 pandemic. The findings were synthesized using a narrative qualitative approach to identify overarching themes in the organizations' strategies amid the pandemic. Overall, this study revealed a prevalent lack of emergency preparedness among the organizations, exacerbating the issue of food insecurity in the Athens-Clarke County, Georgia area. These results underscore the need for public policy interventions addressing the underlying causes of food insecurity, including the elimination of food deserts, enhancement of food procurement accessibility, improvement of food affordability, and mitigation of associated disparities by race, income, and gender. By understanding the experiences of these organizations amidst the pandemic and the pre-existing factors that contribute to food insecurity, stakeholders, including other organizations, community leaders, and locals may be able to better prepare for future crises.

KEYWORDS

Food insecurity; key informant interviews; qualitative analysis; COVID-19; health disparities; food deserts

INTRODUCTION

Much of the Athens-Clarke County (ACC), Georgia, area is identified as a food desert or food swamp, where low-income communities lack stores that sell affordable, nutritious foods.¹ Here, we use the term Low Income, Low Access (LILA) to reflect the activist language around food apartheid.^{1,3} Despite the need, relatively few studies have focused on local food relief organizations in Athens, Georgia,^{4,7} and of these studies, none focus on food relief within the context of the COVID-19 pandemic.

Some data suggested food insecurity for children and adults has decreased from 2019 through 2021 in the United States.⁸ However, the peer-reviewed academic literature suggested the opposite, with rates of food insecurity increasing significantly over this time period.⁹ Food insecurity remained stable in 2020, and decreased slightly in 2021 due to pandemic aid, Supplemental Nutrition Assistance (SNAP) expansion, and Pandemic Electronic Benefit Transfers (P-EBT).¹⁰ However, rates increased in 2022 when some of this federal aid ended.¹⁰ These discrepancies may be due to differences in how food insecurity is measured. For instance, one study suggested that although the Food Security Survey Module is the most common model to measure food insecurity, it does not accurately depict the magnitude of food security.¹¹

One study identified eight multi-item tools to measure food access, including the Cornell Child Food Security Measure, the Community Childhood Hunger Identification Project tool, the Hager two-item screen, the Girard four-point tool, the Kuyper past food insecurity, the Household Food Insecurity Access Scale, and the Townsend Food Behavior Checklist.¹¹ Similarly, a second study identified the most common models used to create psychometric properties for measuring household food security.¹² For all instruments, the studies found that food insecurity and hunger were linked to physical access and financial resources.¹² However, few of these instruments addressed questions relating to food safety.¹²

A third study suggested that understanding the role of gender disparities was key to understanding factors contributing to food insecurity because women might have experienced less access or opportunities to education, employment, and healthcare. Based

on these factors, the study found that females had reported a higher percentage of household food insecurity than males.¹³ A fourth study attempted to provide a comprehensive understanding of the factors that affected food insecurity, including how the pandemic might have amplified the issue. This study evidenced that disparities such as those mentioned had further widened amid the COVID-19 pandemic.⁹ The authors hypothesized that individuals with higher odds of food insecurity might have been socially, culturally, and economically disadvantaged groups, persons with more symptoms of depression or anxiety, and persons with higher levels of fear and concern about the COVID-19 pandemic.⁹ Again, these studies demonstrated that more research was needed to holistically assess and respond to rates of food insecurity.

Further, some regions of the country experienced higher food insecurity rates than others during the pandemic, in part dependent on their existing emergency food resources. For example, with the rise of unemployment during the pandemic, some food relief organizations became overwhelmed, with one study suggesting that food relief organizations saw up to a 75% increase in clientele during the pandemic.⁹ Indeed, this increase in clientele during the pandemic could have been due to how some local food distribution systems operated. One study suggested that food banks that depended on retailers often failed to provide food stocks due to slow supply chains during the pandemic.¹⁴ On the other hand, food banks with wholesale suppliers were able to have a stable supply of food.¹⁴ This highlighted the importance of diversifying supply sources and types to ensure access to food during an emergency crisis was being met.

Another study found that case studies have shown school-age children have greater difficulties meeting their dietary needs during the summer break due to school meals being unavailable. Research has shown that these school meal programs positively affect a child's dietary intake and improve food insecurity among low-income households.¹⁵ Based on this data, the authors found that food insecurity was more prevalent during the summer.¹⁵ With the 2020 COVID pandemic, the majority of schools were shut down, mimicking a summer season, which may have affected school-aged children's food security as many households rely on the National School Lunch Program for breakfast and lunch. Thus, amid the pandemic, there may have been increased numbers of unemployed and food-insecure children, pointing to the need for more research.¹⁶

In response to the literature gaps stated above, this study aimed to determine how organizations addressed food insecurity in the ACC area during the COVID-19 pandemic to understand how their responses resulted in differing outcomes for food insecurity. Namely, we asked, "How did the COVID-19 pandemic affect local organizations' response to food insecurity relief?"

METHODS AND PROCEDURES

To answer the research question, we created a set of semi-structured interview questions to guide interviews with local food relief organizations' leadership. We focused these questions on the organization's mission, how they provided food insecurity relief, how their operation was impacted during COVID-19, and how these factors may have produced differing outcomes for food insecurity relief (see Appendix A). Namely, after receiving informed consent from participants, we conducted key informant interviews via Zoom over a period of four weeks, with each interview lasting for approximately 30 minutes. We asked the interviewees if we could record the interview for later reference, and we took detailed notes during the interview. At the end of each interview, we asked the interviewees if they knew other organizations that could be referred to for interviews, in keeping with a snowball sampling approach. This procedure was repeated until all interviews were completed.

After interviewing organizational leaders, we found overarching themes regarding how the organizations handled food insecurity relief during the pandemic using a thematic and narrative analysis approach.¹⁵⁻¹⁶ First, we took detailed notes during the interviews and organized them by order of question. Then, we condensed these notes into paragraph summaries by organization. We then re-listened to interviews to catch any gaps in notes. Through this process, we analyzed the gathered information to identify patterns of common themes across organizations. Namely, we used a thematic and narrative analysis to identify these themes within a framework for understanding individuals' experiences across organizations. Due to the scope of the study and the in-depth nature of the interviews, we chose to work with only six participants.¹⁷

Participants and Recruitment

This research focused on food relief organizations in the ACC area that funded food relief or otherwise distributed, donated, packed, or served food to community members in 2020 (See Appendix B). Before beginning, we sought approval from the Institutional Review Board at UGA. Ultimately, it was determined that this project was exempt from human subject research (PROJECT00008179). Following this determination, we assembled a list of twelve local organizations through news articles, recommendations from local experts, government officials, and website searches. We then recruited these organizations via email requesting an interview with a leader or representative, and a follow-up email was sent two weeks later when required. For organizations without emails, we called their main phone number or sent an Instagram direct message instead. These communications were sent out in October 2023. Of the twelve organizations that were contacted, six of them agreed to participate in an interview via Zoom, equaling a 50% response rate.

RESULTS & DISCUSSION

There were six common themes that we identified during our analysis of organizational leaders' responses to our interviews. These themes were discussed in turn. One such theme included emergency preparedness and response. Most of the leaders stated they were woefully unprepared for a spike in demand for food relief. The COVID-19 pandemic placed an even greater strain on their ability to meet the needs of local people. Another theme included was food justice and sovereignty. We see this in the fact that two organizations worked closely together to ensure their clients had agency over their food choices. Further, another organization highlighted how some food-insecure clients also requested food-adjacent items, pointing to the need for additional items beyond foods. Results also point to additional low-income and low-access (LILA) issues, identifying significant barriers to access. All organizations concurred that the USDA's Food Atlas map was a fair representation of the LILA area. However, barriers and solutions to food access and disparate impacts of food insecurity were identified. It was also noted that there were no noticeable changes to the demographics most impacted by food insecurity during the pandemic. Finally, food relief networks surfaced as a prominent theme in providing local food relief. All organizations were able to find ways to adapt to the COVID-19 pandemic, such as by fostering collaboration among other local organizations and businesses in Athens.

Emergency Preparedness and Response

There were many similarities between organizational leadership's emergency preparedness practices before and in response to the COVID-19 pandemic in 2020. Overall, most organizations expressed that they did not have emergency preparedness plans before the pandemic. Some organizations noted that their general emergency management operational policies were recently updated, but all noted that their policies regarding a pandemic had not been recently updated or did not exist. For example, the director of programs and services from Organization C stated, "I think the emergency handbook was from the 1970s. We certainly have policies that have been updated since then related to parts of emergency management like inclement weather, but pandemic (Participant A)?"

Despite this lack of pandemic preparedness, most organizations reported being able to recover and adapt to changes quickly. Since nonprofits and social service organizations were classified as essential workers, food relief organizations were given emergency authorization to work in person. During this time, all organizations interviewed stated that they adhered to the social distancing protocols and adjusted their program operations accordingly. For instance, most organizations implemented a mask mandate, drive-throughs or meal deliveries, to-go plates, or an appointment-only policy. All of these changes helped ensure the safety of their staff, volunteers, and guests while also adhering to COVID-19 guidelines.

Further, one noticeable difference among the organizations interviewed was how each handled emergency food production levels. Organizations A, B, and C increased their production, Organization D decreased their production, and Organizations E and F's production was reportedly unaffected. These production levels were determined based on the number of meals distributed and by how many volunteers or staff were working. For example, organizations A and B worked closely together. As such, their production increased since Organization A receives approximately 90% of its produce from Organization B, and during the pandemic, Organization B began growing and donating more crops to meet the growing demand for food. For example, Organization A stated, "We've always been close with [Organization B], so when the pandemic hit, we knew we needed to keep operating, and so we very quickly moved our operations out here to [Organization B], which is how we have continued to operate since then (Participant B)."

Notably, the pandemic significantly affected Organization C, which reportedly "saw a 4,000% increase in our meal deliveries (Participant C)" from 2020 to 2021. Despite this, using federal money from ACC, Organization C became the primary food relief program, adopting a whole community approach that involved working with many smaller nonprofits and organizations. More people also volunteered with Organization C during the pandemic than before. On the other hand, distribution decreased for Organization D because, in part, it did not allow volunteers to help during the pandemic. Instead, Organization D was run by two full-time staff members to ensure minimal social contact. Since new food relief organizations were started during the pandemic, it helped ease the burden of food insecurity relief for Organization D. As one participant from Organization D stated, "We were the main emergency food resource for last 40-50 years, but new places occurred, which eased the burden a little bit (Participant D)." These themes show the non-linear, place-based nature of food relief organizations' preparation for and response to the pandemic. Although the majority of organizations lacked an emergency response plan before the pandemic, they were able to adjust to COVID-19-related changes and challenges to continue serving the community.

Food Justice and Sovereignty

Interview responses from Organization A, Organization B, and Organization C brought attention to the importance of agency in local food relief. Agency is defined as an individual's ability to make choices for their food within the constraints of one's social, physical, and economic environment.²⁰ During the pandemic, Organization A and Organization B worked even more closely

together, as vegetables and fruits grown vary depending on the feedback from Organization A about what individuals prefer. For instance, Organization B used to grow eggplants during the summer, but they received feedback from Organization A that it was not desired by clients due to dietary preferences, so they scaled back the production of these crops. Instead, they focused on producing more in-demand crops, such as okra, tomatoes, green beans, collard greens, and squash, some of which come with cultural significance. For example, one participant from Organization A stated, “We are also able to give more direct feedback to [Organization B]’s staff. For example, ‘mixed salad greens are great, but our clients prefer collard greens’, or ‘they really love okra’ (Participant E).” This feedback-driven approach ensured that the community’s preferences and dietary needs were considered, supporting food sovereignty, and resulting in less food waste. Here, we define food sovereignty as the peoples’ right to define their own food systems by making joint decisions with food providers on food issues that benefit all.²¹

Some additional challenges during the pandemic were a result of logistical constraints. For instance, many people served by Organization C requested meat products, such as beef or chicken, but this proved difficult due to cost and limited cold food storage space. Due to this, Organization C had to mostly provide canned meat. Occasionally, however, they were able to provide some fresh or frozen meat when they worked with a catering business that prepared meals and an agribusiness that provided bacon. For example, one participant from Organization C stated,

“We were able to provide some fresh or frozen meat during the pandemic. It was just limited. We had to focus more on canned or dry proteins, for sure, but the work with [local organizations] did offer some meat products including in prepared meals.... We also did smoked chickens for everyone the week of Christmas (Participant F).”

Organization C also recognized “food adjacent items” such as cleaning supplies, paper goods, and hygiene as being essential to an individual’s overall well-being. While these were not directly food-related, it showed the interconnectedness between the right to nutritious, affordable food and the right to other essential items needed to live a healthy lifestyle. Overall, when individuals were afforded the choice to voice their food preferences, they were afforded a sense of agency, promoting food sovereignty.

Low-income and Low-access Constraints

In Athens, low-income and low-access areas presented a key barrier to access to affordable, nutritious foods. For example, one participant stated, “Clarke [County] is the hub for all these other outlying rural counties. One thing that we saw during Covid that we still see is it’s worse when you get out there. The population isn’t as high, but people can be more isolated because of geographical distance (Participant C).” All organizations consulted unanimously agreed that the USDA’s Food Atlas map of ACC was a fair representation of this, but that it could also be expanded to better reflect lived experiences. For example, certain areas in ACC had a more limited number of grocery stores, resulting in some reliance on public transportation or less nutritious food options if access to a vehicle was a limiting factor to food procurement. While many fast food chains, gas stations, and Dollar Generals could be found throughout Athens, these stores often do not provide fresh, nutrient-dense produce. Many individuals affected by food insecurity could afford and access non-perishable or fast food items, but such food-like items lacked sufficient nutrients for a long-term, healthy, balanced diet.

Moreover, some food relief organizations argued that transportation and time emerge as key factors that further exacerbate food insecurity. While ACC has a public transit system, residents had to factor in the bus schedules, limited routes, and their limitations, such as physical mobility, work schedules, and childcare. For example, individuals that had long shifts or worked during unconventional hours had schedules that conflicted with the bus timetable and grocery store hours of operation. One participant echoed this sentiment, stating, “Transportation as a whole could mean a lot of things. The wait time for the buses is super long. Even if you could use the bus to get to work or to a food pantry, how does your schedule align with it (Participant A)?” Additionally, residents must factor in the amount of groceries they could carry while walking or taking the bus. Testimonies from participants showed how access to affordable and nutritious foods in ACC is not only hindered by geographical constraints but also logistical constraints, such as limited grocery store availability and public transportation reliability. Overall, clients faced difficulties in aligning their schedules with the bus routes and grocery store hours, further complicating their ability to obtain healthy food options.

Barriers and Solutions to Food Access

Representatives of the organizations were asked to provide their opinion on the possible barriers to access and potential solutions regarding subsequent policy, logistics, and expansion of programs. Organization E emphasized how family structure and income could influence the prioritization of needs, which could influence food insecurity. For example, if a family has limited funding or income, they may have to decide what bills to pay, ultimately forgoing meals in favor of paying a heating bill, for example. As one participant stated, “Food prices have gone up, and some people have to decide on whether to eat or pay for rent.” Based on data reported by the USDA ERS, the Consumer Price Index (CPI) had a 25.0 percent increase from 2019 to 2023.²² From 2020 to 2021, this increase was driven by changes in consumption patterns and supply chain disruptions caused by the pandemic.²²

Organization E suggested solutions, including increasing wages to make healthy foods more affordable or reducing the cost of healthy foods. Organization F pointed out that to improve access to healthy foods, people should not have had to go through extensive paperwork for assistance. For example, unhoused individuals might not have had the necessary paperwork, such as proof of income or a social security number, to qualify for assistance. Even if individuals had the required documents, they often had to wait months before being eligible for more assistance.

Besides cost, other barriers to food security highlighted by some organizational leaders include technology, mobility, and transportation. For example, one participant from Organization C stated, “I think you see higher numbers at both ends of the age spectrum. It [hunger] can impact anybody, but I think children and seniors are where you see it the most.” In ACC, one in five people were considered food insecure, with higher percentages among children and senior citizens.²³ This is particularly concerning since children and seniors were among the most vulnerable to the effects of food insecurity. Regarding senior citizens and other vulnerable populations, many at-risk individuals chose not to use public transportation when buying at grocery stores to reduce their exposure to COVID-19. Additionally, some individuals had mobility issues that caused them to be physically unable to get to any stores or food relief organizations.

Considering these key issues, during the pandemic, Organization C increased its meal delivery program and started a drive-through food drive to adjust to demand. Organization B’s representative also believed that components of food insecurity relief should have been expanded to include wait times for public transportation, work schedules, and food sovereignty issues. Similarly, Organization A stated that many individuals had jobs and ended up relying on fast food due to convenience, as many grocery stores were only open for a relatively limited amount of time each week.

Disparate Impacts of Food Insecurity

Based on the results of the interview analysis, the majority of organizations noted that individuals who were food insecure were primarily those who were low-income or experiencing homelessness. Organization A, D, and E all stated that they often saw the same individuals and families seeking aid, primarily the working poor living at or below the poverty line. Amid the pandemic, some of these same people experienced tragedies, in some cases causing them to move or pass away. As a result, these organizations began to see new individuals but who shared the same demographic features as those before them. For example, many individuals who sought food relief were women and/or Black, which highlighted additional disparities within local overarching demographic and socioeconomic trends. Understanding and addressing these disparities might help create solutions for more equitable access to food in ACC by serving those most at risk. Finally, according to a representative from Organization E, of those individuals who were unhoused, many reported relying heavily on food relief organizations for sustenance, which in some cases meant only eating one healthy meal per day.

Other at-risk groups affected by food insecurity included families with children, individuals with mental health conditions, individuals experiencing other life stressors, and senior citizens. For example, Organization F and Organization C described how children are impacted by food insecurity. Before preschool and during summers, children were sometimes unable to receive breakfast and lunch, which would otherwise be supplied by their schools. Similarly, some organizations observed that, typically, more families came to the food pantry during the summer when children are out of school or are otherwise at home regularly. With the COVID-19 pandemic, however, more families with children were seeking aid because, when schools shifted to lockdown, it placed the burden of providing breakfast and lunch on the caregivers. It is important to note, though, that during the pandemic, Clarke County School District noticed this concern and was able to create a temporary distribution model for the fall semester of 2020 to keep students fed. This included free meals to all children ages 2-18 through curbside pickup at multiple school locations.²⁴

Another disparity that one organization brought attention to was how senior citizens and other vulnerable populations were impacted. Many senior citizens were especially impacted during COVID-19 since they worried about the safety protocols of their grocery stores. Senior citizens with mobility issues also found it difficult to drive or otherwise coordinate getting to the grocery store. As one participant stated, “People can experience it [hunger] for a variety of reasons. For our home delivery clients, it’s usually because they’re living at or below the poverty line and/or they have a health condition that makes it difficult for them to get to the grocery store or they can’t drive anymore (Participant D).” According to the interviews conducted, before the pandemic, demographic groups that were impacted the most by food insecurity included individuals who were low-income, unhoused, women, Black, those with mental health conditions, families with children, and senior citizens. Interviews revealed no noticeable changes to the demographics most impacted by food insecurity during the COVID-19 pandemic.

Food Relief Networks

When the COVID-19 lockdown began in March 2020, organizations had to adapt to the ‘new normal’ quickly. Thus, representatives of the local food relief organizations were asked to provide their insights on how they were able to implement new strategies and collaboration efforts. Organization D explained that many new organizations and programs emerged during this time to alleviate the rise in food insecurity, providing some relief. The director of Organization D noted that a surge of new initiatives and programs emerged within the past few years, which offered substantial support for relief. Having served as the primary emergency food source since 1980, Organization D benefited from this expansion of networks. This was especially crucial when they had to cut volunteers due to safety protocols. For example, Organization C created a new food relief program expanding its outreach to the entire ACC community. Other organizations had their programs expanded or adapted to include to-go plates, appointment-only visitation of food pantries, drive-through food pick-ups, and a Zoom-based cooking show. Some of these efforts, however, were only available for a finite time due to client feedback and preferences. For example, Organization E switched back to indoor eating rather than to-go plates. Organization F has stopped appointment-only visitations, although many of their clients prefer to set up an appointment rather than walk-ins now.

Another notable change after the COVID-19 pandemic was to Organization E’s community kitchen resource table, which included expanding services to include Humana services, Supplemental Nutrition Assistance Program outreach, and career preparation via workshops. While these implementations were not a direct response to the COVID-19 pandemic, they were added to help their guests more holistically while they received a meal. For example, one participant stated, “We’re trying to figure out ways of what we can offer guests while they are here that could help them move forward in life (Participant A).” Some of these organizations had previously collaborated with other organizations and local businesses, and during lockdown, these collaborations generally increased. For example, Organization A formed a closer partnership with Organization B and moved its primary operations to Organization B’s facility. With this change, Organization B was able to receive feedback faster on what crops to produce more or less of.

Further, when Organization E decided to close their in-person dining, they partnered with local restaurants nearby to serve their to-go plates. Finally, regarding Organization C’s new food relief program, some of their expanded partners included the Food Bank of Northeast Georgia, local food vendors, Epting Catering, special events companies, the Athens Farmers Market, Collective Harvest, Georgia Grown, Clarke County school districts, and the Athens Immigration Rights Coalition. These collaborative efforts highlight how the food relief community was resilient during the lockdown, uniting to fight food insecurity in the ACC area.

CONCLUSIONS

Much of the ACC area was identified as low-income and low-access, making it difficult for people to access affordable, nutritious foods needed for a healthy lifestyle.¹ Despite this, relatively few studies focus on local food relief organizations, particularly within the context of the COVID-19 pandemic. In response to these gaps in the literature, this study aimed to determine how organizations addressed food insecurity in the ACC area during the COVID-19 pandemic to understand how their responses may have resulted in differing outcomes for food insecurity relief. Namely, we asked, “How did the COVID-19 pandemic affect local organizations’ response to food insecurity relief?”

To answer this research question, we aimed to determine how organizations addressed food insecurity in the ACC area during the COVID-19 pandemic to understand how their responses resulted in differing outcomes for food insecurity. Common themes were identified using a thematic and narrative qualitative approach of key informant interviews. Namely, we found interviewees discussed emergency preparedness and response; food justice and sovereignty; low-income and low-access; barriers and solutions to food access; disparate impacts of food insecurity; and food relief networks. As such, we suggest the USDA Food Atlas could be improved to better reflect lived experience of food insecurity by including additional factors, such as the number and operating hours of food stores and the amount and quality of public transportation. Solutions to decreasing current barriers to food access may also include expanding public transportation, increasing the number of grocery stores, expanding store hours, or offering healthier food options at non-grocery stores, such as at gas stations and Dollar Generals.

Together, themes uncovered pointed to areas of need for organizations to continue to address food insecurity in the ACC area, including how their missions can be supported amid change, such as was the case with the COVID-19 pandemic. By learning about food insecurity in the context of the COVID-19 pandemic, stakeholders and the people in the community may be better prepared for future crises and have a more resilient food system. Future research should explore the long-term impacts of strategies implemented by these organizations during the pandemic. Additionally, there is a need for studies that evaluate the impact of organizations serving the community and if they are helping to address underlying or root causes of food insecurity. Future research could also focus on evaluating the effectiveness of proposed solutions, such as expanding public transportation

and increasing healthy and affordable food options in non-grocery stores. Finally, investigating public perception of food insecurity by varying demographics can lead us to a better understanding of how to improve public outreach and address food insecurity in ACC and other similar communities in the United States.

ACKNOWLEDGEMENTS

This work was supported by the University of Georgia's Center for Undergraduate Research Opportunities program. Thank you to all the food relief organizations in the Athens-Clarke County, Georgia area for being interviewed. Thank you also to Dr. Jennifer Jo Thompson for providing her expertise on the subject.

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ABOUT THE STUDENT AUTHOR

Natalie Wong is expected to graduate in the Spring of 2026 with a Bachelor of Science in Environmental Health. She plans on furthering her education by attending medical school to become a doctor.

PRESS SUMMARY

Athens is considered a food desert or low-income low-access area, which refers to limited access to nutritious, affordable foods in a given area. During the COVID-19 pandemic, several studies suggested that food insecurity rates increased. Our study focuses on 6 local organizations in Athens, Georgia to examine how they handled food insecurity relief during 2020. Through key informant interviews conducted on Zoom, we were able to create several emergent themes, such as emergency preparedness and response, food justice and sovereignty, low-income and low-access, barriers and solutions to food access, disparate impacts, and food relief networks. Overall, our findings show the need for targeted public policy interventions, which include increasing accessibility, increasing affordability, and addressing disparities among race, income, and gender.

APPENDIX A

1. Who are you and what is your role within your organization? How long have you been working here?
2. Based on what you’ve experienced, what are the demographics of individuals affected by food insecurity, and have these demographics changed since the COVID-19 pandemic?
3. Did you observe an increase in the number of children receiving food assistance when schools shifted to online learning?
4. Food insecurity was on the rise, which the COVID-19 exacerbated. Did your organization have a plan to meet this increasing demand? Did your organization have an emergency management plan before the lockdown began in March 2020 to handle increased relief efforts? Has your organization partnered with other organizations to adjust for demand?
5. How does your organization receive funding? Did funding increase or decrease during the COVID-19 lockdown in 2020?
6. Before the COVID-19 pandemic, what was your organization’s monthly or annual output (i.e., number of meals served)? Is there any way you might be willing to share your annual report or records with me?
7. Based on these questions, is there anything else you’d like to share with me?

APPENDIX B

Organization	Description
A	Affiliated with the University of Georgia; sustainable solutions to hunger.
B	Affiliated with the University of Georgia; student-led community farm.
C	Senior citizens focused; the primary food relief program during the pandemic.
D	Food bank; one of the few sources for families facing emergencies prior to the pandemic.
E	Faith-based organization; community kitchen and dining with resource tables.
F	Small nonprofit pantry for those experiencing homelessness.