



# SAN ANTONIO FOOD INSECURITY ASSESSMENT REPORT ON PRIMARY RESEARCH 2024

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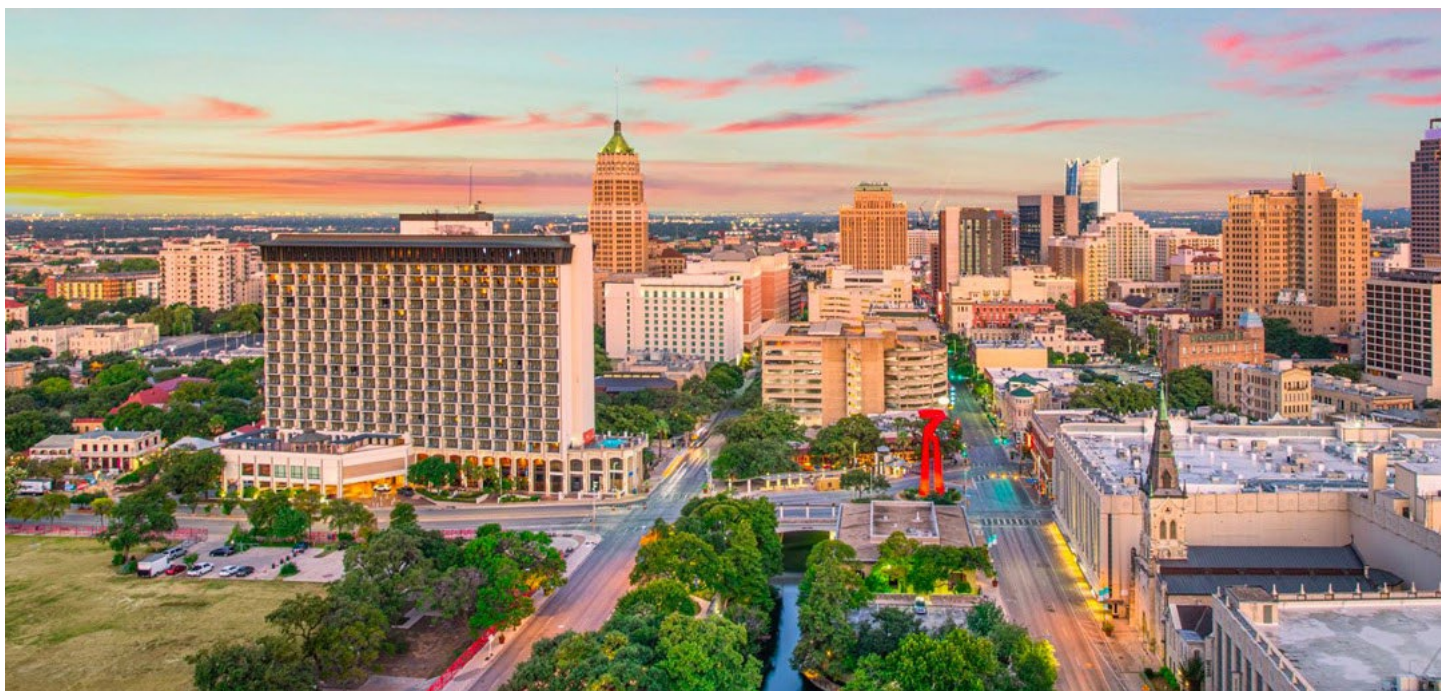
# INTRODUCTION

The University of Texas Health Science Center at Houston School of Public Health (UTHealth SPH) has conducted the San Antonio Food Insecurity Assessment (FIA), a three-part project which began with a law and policy review and a web-based dashboard on food insecurity in Bexar County, Texas. This report describes the quantitative and qualitative data collection processes, analyses, and findings related to local food insecurity that constitute the third and final deliverable of the FIA. The FIA is conducted in collaboration with the Food Insecurity Workgroup for the Health Equity Network, a collective impact initiative with three focus areas: Food Insecurity, Housing Stability, and Access to Respectful Care. The Network is supported by its backbone organization, the Policy and Civic Engagement (PaCE) Office, at the San Antonio Metropolitan Health District (Metro Health).

The final segment of the FIA described herein utilized nearly 400 surveys to gather quantitative data characterizing Bexar County residents that tend to disproportionately experience food insecurity. Additionally, participatory research was used to center the perspectives of those with lived experiences of food insecurity in Bexar County through a focus group, group interviews, and community conversations. The research team gathered qualitative data through discussions on topics related to food access, availability, consumption, resilience, and

community solutions. The combined assessment of these quantitative and qualitative data is meant to inform targeted interventions, policies, and community-driven initiatives aimed at addressing the root causes of food insecurity. This includes providing a data-driven basis for the Food Insecurity Workgroup to make recommendations to the San Antonio City Council as part of the [SA Forward Plan](#). Ethics approval for this study was obtained from the UTHealth Institutional Review Board, which can be referenced with IRB number HSC-SPH-23-1014. Our data collection and analysis methodology, along with our findings and recommendations, are described in detail.

Study data were collected and managed using REDCap electronic data capture tools hosted at The University of Texas School of Biomedical Informatics (SBMI) at Houston.<sup>1</sup> REDCap (Research Electronic Data Capture) is a secure, web-based application designed to support data capture for research studies, providing 1) an intuitive interface for validated data entry; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; and 4) procedures for importing data from external sources. Creation of the REDCap platform was supported by NIH/NCATS grants UL1 TR000445 and UL1 TR001105.



# SURVEY

## SURVEY DEVELOPMENT

The research team developed a cross-sectional electronic survey using the online database and survey platform REDCap provided by the UTHealth School of Biomedical Informatics. The survey is comprised in large part of questions from previously validated instruments related to the study's outcomes of interest to support efficacy. These instruments included the United States Department of Agriculture's (USDA) U.S. Household Food Security Survey Module,<sup>2</sup> the American Community Survey's (ACS) questions about disability,<sup>3</sup> and the following measures from the Center for Nutrition and Health Impact (formerly the Gretchen Swanson Center for Nutrition):

- Absorptive Capacity<sup>4</sup>
- Adaptive Capacity<sup>\*4</sup>
- Transformative Capacity<sup>\*4</sup>
- Household Nutrition Security<sup>5</sup>
- Healthfulness Choice<sup>5</sup>
- Dietary Choice<sup>5</sup>
- Utilization Barriers<sup>\*6</sup>
- Food Insecurity Stability<sup>6</sup>

To reduce respondent burden, the measures marked with asterisks (\*) above were included in the survey as their 2-item screener variants rather than full instruments. The survey used logic branching to present participants with relevant questions; for example, questions about children getting the food they need were only asked if the participants indicated that they were responsible for feeding children in their household. As such, the length of the survey varied based on participants' responses. For participants taking the survey at its maximum length the expected response time was 15-20 minutes.

All survey-related information, including participant responses and records of informed consent, was collected through REDCap. Survey response data downloads are stored exclusively in a secure folder on the UTHealth School of Public Health network drive accessible only to research team personnel through UTHealth devices. This survey and its associated procedures and recruitment fliers were approved as part of the FIA by the UTHealth Institutional Review Board, which can be referenced with IRB number HSC-SPH-23-1014.

## ELIGIBILITY CRITERIA

The study population consisted of a hybrid convenience and purposive sample of the general population of adults in Bexar County. Inclusion criteria for the survey included being a resident of Bexar County and being 18 years old or older due to considerations regarding informed consent to participate. Since many survey items are household-level questions, only one participant was permitted to complete the survey per household. Additionally, individuals concurrently participating in other research studies were excluded since their participation would have necessitated additional financial paperwork that was not logistically feasible to administer and maintain. These criteria were described to prospective participants, and eligibility was ensured through a 4-item screener on the survey instrument's consent page. The screener questions were as follows:

1. Do you live in Bexar County? (Yes/No)
2. Are you at least 18 years of age? (Yes/No)
3. Has a member of your household already taken this survey? (Yes/No)
4. Are you currently participating in any other research studies? (Yes/No)

If an answer of "No" was given for questions 1 or 2, or if an answer of "Yes" was given for questions 3 or 4, the instrument closed, and the survey was not administered. Participants were also asked to enter their age in years as part of the survey itself, serving as an additional quality assurance measure to ensure that only adult respondents were analyzed. Surveys were excluded from analysis due to invalid age if the participant entered a value indicating that they were not an adult (age less than 18 years), or a value that was unrealistically high (age greater than 125 years).

Self-identified experience with food insecurity was not used as part of the inclusion criteria for this survey since food security and insecurity were instead measured directly using validated instruments contained within the survey.

## DATA COLLECTION

Research team members attended community events with signage advertising the survey, a QR code that linked to the consent page, and loaner tablets with mobile Wi-Fi hotspots for participants that needed internet access or could not access the survey on their own mobile device. Metro Health and members of the Food Insecurity Workgroup suggested community events ideal for surveying. For community members interested in participating, research team members offered a brief explanation of the research and provided a QR code that linked to the consent page (and a loaner tablet if necessary). If the subject indicated on the form that they gave their informed consent, the REDCap instrument continued to the survey and allowed them to begin.

Before starting the survey, potential participants were told they may stop it at any time. Additionally, all dropdown menu, radio button (single response), and checkbox (multiple response) survey questions contained the non-response options “I don’t know” and “I prefer not to answer this question.” These measures, as well as adherence to standards of confidentiality, ensured participant safety and privacy and allowed individuals to participate without answering any questions that may have made them uncomfortable.

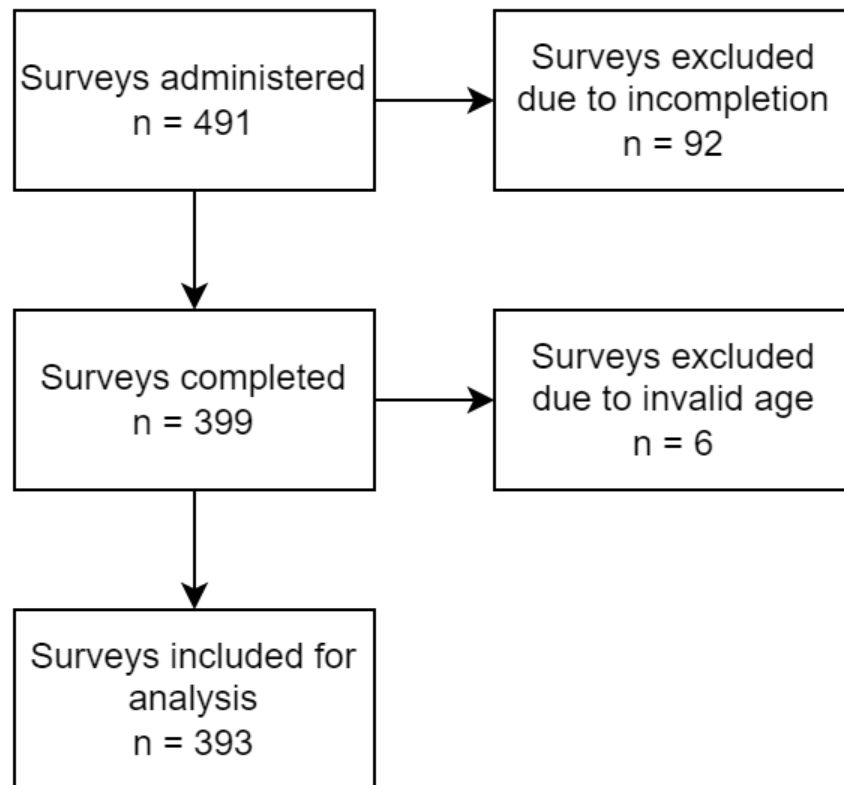
Surveying took place at several large events open to the public between January and April 2024 (Table 1). The San Antonio Food Insecurity Workgroup identified community events for surveying, including several in which considerable attendance from lower income households was expected.

**Table 1: Number of Surveys Included for Analysis by Community Event**

Date	Event	Host	Location	Surveys Analyzed
01/27/24	Housing in San Antonio: Community Conversations about Housing Affordability	City of San Antonio Neighborhood and Housing Services Department	Sam Houston High School	67
03/23/24	Family Music Festival	City of San Antonio Department of Human Services and San Antonio Public Library	Rosedale Park	72
03/26/24	Diabetes Alert Day	University Health	Texas Diabetes Institute	34
04/04/24	Public Health Fest	City of San Antonio Metropolitan Health District	Mission County Park	69
04/17/24	Fiesta de Salud	City of San Antonio Metropolitan Health District	Crockett Park	92
04/20/24	Earth Day	City of San Antonio Parks and Recreation Department	Woodlawn Lake	59
<b>Total</b>				<b>393</b>

A total of 491 surveys were administered. Of these, 399 were completed, and six were excluded due to having invalid ages (age less than 18 years or greater than 125 years), resulting in 393 surveys that were used for analysis (Figure 1).

**Figure 1: Number of Surveys Administered and Excluded from Analysis**



## DATA ANALYSIS

### *Instrument Scoring*

Instrument scores ([Appendix A](#)) were calculated according to the conventions described by the authors of the associated validated instruments. Some instruments allowed for the calculation of multiple scores with distinct interpretations. One instrument included in this survey is the U.S. Household Food Security Survey Module, which is widely used and regarded as the gold standard to define household food security and insecurity, including by Feeding America’s Map the Meal Gap.

As stated previously, survey participants could select “I don’t know” or “I prefer not to answer this question” as a non-response to any multiple-choice question. The handling of these non-response options during scoring was based on the instrument to which the questions corresponded. The full-form instruments from the Center for Nutrition and Health Impact (Absorptive Capacity,<sup>4</sup> Nutrition Security,<sup>5</sup> Healthfulness Choice,<sup>5</sup> Dietary Choice,<sup>5</sup> and Food Insecurity Stability<sup>6</sup>) were analyzed

as complete cases; that is, participants that gave non-responses to any of the questions used for scoring these instruments were treated as “missing” and not scored on that measure. All other instruments (U.S. Household Food Security Survey Module,<sup>2</sup> ACS disability screener,<sup>3</sup> and the 2-item screeners for Utilization Barriers,<sup>6</sup> Adaptive Capacity,<sup>4</sup> and Transformative Capacity<sup>4</sup>) were analyzed for all participants, even if they gave non-response answers to some of the instrument’s component questions.

These two approaches to handling missing data each carry their own limitations. Population estimates based on the complete case analyses had to be calculated based on fewer observations than were available in the entire sample, resulting in higher variance (i.e., wider confidence intervals). On the other hand, population estimates based on the entire sample minimize variance at the cost of introducing a potential for bias in predictable directions against meeting the instrument’s score threshold. That is, the direction of bias is towards categorizing participants that answer with non-responses as having household



food security and screening negatively for disabilities, utilization barriers, adaptive capacity, and transformative capacity.

### Survey Weighting

To minimize the effects of sampling bias, survey weights were assigned to each response via poststratification based on household income. This means that after data collection, respondents in each household income bracket were assigned weights that summed to the total number of households with that income range in Bexar County. Survey weights were calculated using the following formula:

$$W_j = \frac{N_j}{n_j}$$

Where the weight  $W_j$  of an observation in household income bracket  $j$  is equal to the reciprocal of its selection probability, with  $N_j$  representing the number of households with that income bracket in Bexar County, and  $n_j$  representing the number of households with that income bracket represented in our sample. Population data on Bexar County household income were obtained from the most recent (2022) ACS 1-year estimates<sup>7</sup> available at time of writing. Participants who opted not to indicate their household income were assigned a weight of 1, representing only themselves.

In addition to household income, three other variables were also considered for poststratification: race/ethnicity,<sup>8</sup> age,<sup>9</sup> and gender.<sup>9</sup> Due to sample size ( $n = 393$ ) limitations, only one of these variables could be used for poststratification without causing issues related to unreasonably small ( $n < 30$ ) cell sizes. To determine which was most essential for weighting, simple logistic regression models using each of these variables alone were created to predict the risk of household food insecurity based on unweighted survey data. Intuitively, the model that used household income was the best fit for predicting household food insecurity, with the lowest residual deviance and Akaike information criterion of the four by far.

This weighting method carries two other important limitations. The first is that some of the income brackets used for weighting are quite wide, increasing the potential for within-group heterogeneity and thereby limiting the extent to which this method of survey weighting makes the sample representative of Bexar County's population. The second limitation is a source of potential bias resulting from economic inflation: respondents indicated their current (early to mid 2024) household income, but ACS population data used 2022 inflation-adjusted dollars<sup>7</sup> at time of analysis. As such, respondents with household incomes that were very close to the lower bound of an income bracket should have been categorized one income bracket lower if their incomes were adjusted to 2022 dollars.



## RESULTS

The research team analyzed responses from 393 surveys. The unweighted characteristics of survey participants (Appendix B) are summarized here. Additionally, weighted estimates of household food insecurity prevalence for Bexar County (Appendix C) are described as they relate to a list of measures. Each measure contains multiple strata for which food insecurity estimates are given. The first stratum in each measure is designated as the “reference” category, against which all other strata within that measure are compared. If these strata are assessed to have a significantly different food insecurity prevalence than the reference stratum (i.e., there is less than a 5% chance that the difference in estimated food insecurity is due to random chance alone), then this difference is said to be significant. Note that no adjustment is made for testing multiple hypotheses simultaneously, so it is expected that about 5% of significant results falsely appear as such due to random chance alone.

Some of the survey questions corresponding to sample characteristics had more granular response options than are described here but were collapsed into categories to achieve sufficiently large cell sizes ( $n \geq 30$ ) for analysis. For example, the survey question that asked whether respondents had been diagnosed with Diabetes Mellitus (DM) gave separate response options for Type I and Type II DM, which were collapsed into a single category. In some instances, categories could not be collapsed while maintaining a meaningful interpretation. For these, cells with insufficient sizes for analysis were suppressed, and no estimates were made for household food insecurity prevalence.

Not all strata analyzed are described in this summary, so sample characteristics described here do not always sum to 100%. Refer to Appendices B and C for tables of all analyzed sample characteristics and Bexar County food insecurity estimates. Additionally, it is helpful to recall that food insecurity estimates are based on the U.S. Household Food Security Survey Module, which describes food insecurity at a household level. The precise interpretation of our estimates at the individual level is therefore the proportion of individuals in Bexar County living in food insecure households.<sup>10</sup>

### *Bexar County Overall*

**Sample characteristics.** As raw values, just over half ( $n = 210$ ; 53.4%) of survey participants were determined to have household food insecurity based on their responses to the U.S. Household Food Security Survey Module.

**Population food insecurity estimates.** This assessment estimates the food insecurity prevalence of Bexar County to be 39.0% with a 95% confidence interval of (33.3%, 44.7%). This is roughly double the frequently cited estimate from Feeding America’s Map the Meal Gap of 17.4% in 2022 (their most recent estimate).<sup>11</sup> Note that this assessment uses the same definition of food insecurity as Feeding America, which is measured at the household level as evaluated based on scored responses to the U.S. Household Food Security Survey Module.<sup>12</sup> Though not the focus of this report, the disparity warrants some comparison of methodologies. Map the Meal Gap provides a technical brief<sup>12</sup> that extensively details their methods for estimating county-level food insecurity rates. Rather than surveying individuals in each county, their researchers created a model that describes known food insecurity estimates at the state level from the U.S. Census using demographic indicators and fixed effects. These indicators are then applied to a second model using their respective rates for the county to predict county-level food insecurity. As described previously, a sample of Bexar County residents was surveyed as a basis for estimating food insecurity prevalence within the county for this assessment.

### *Household income*

**Sample characteristics.** A much smaller proportion of households in the sample ( $n = 41$ ; 10.4%) reported an annual income of \$75,000 or more relative to the proportion of households with this income in Bexar County ( $N = 331,288$ ; 43.9%),<sup>7</sup> which is true even when respondents who did not report their household income are ignored. All other household income brackets are overrepresented in our survey relative to the underlying population.<sup>7</sup>

**Population food insecurity estimates.** The highest annual household income bracket evaluated (\$75,000 or more) was predictably associated with significantly lower food insecurity (14.6%) in Bexar County than each of the other income brackets. In stark contrast, the lowest income bracket (Less than \$25,000) had an estimated food insecurity rate of 73.1%.



### *Race and Ethnicity*

**Sample characteristics.** More than two-thirds ( $n = 276$ ; 70.2%) of respondents were Hispanic. 13.2% of respondents ( $n = 52$ ) were non-Hispanic White, and 10.9% ( $n = 43$ ) were non-Hispanic and a race other than White. Race/ethnicity was one of the survey questions which offered more granular responses (i.e., more race categories) that had to be collapsed for analysis due to small ( $n < 30$ ) cell sizes.

**Population food insecurity estimates.** Non-Hispanic White households (households with a non-Hispanic White respondent) had a significantly lower food insecurity estimate (22.2%) compared with that of the race/ethnicity category non-Hispanic Other (i.e., non-Hispanic and any race other than White), which had an estimate of 64.2%. Hispanic race/ethnicity had a point estimate of food insecurity (38.7%) that was in between these, but there was not a statistically significant difference between Hispanic and either of the other categories.

### *Household Composition*

**Sample characteristics.** Many ( $n = 156$ ; 39.7%) respondents were currently either married or cohabitating, while almost as many ( $n = 144$ ; 36.6%) were single. Most respondents ( $n = 255$ ; 64.9%) were not responsible for feeding a child (almost always because the respondents did not have children in their household). Comparable numbers of respondents were solely ( $n = 68$ ; 17.3%) and jointly ( $n = 66$ ; 16.8%) responsible for feeding children.

**Population food insecurity estimates.** Single individuals in Bexar County had a significantly higher rate of food insecurity (48.3%) compared with those who were currently married or cohabitating (27.0%). Widowed, separated, or divorced individuals had a food security rate that was higher still (61.8%). For Bexar County residents, being solely responsible for feeding a child was associated with a significantly higher rate of food insecurity (68.0%) than not having a child in the household, or otherwise not being primarily responsible for feeding a child (30.8%). Sharing responsibility for feeding a child with another adult had a point estimate of food insecurity (46.0%) that was in between the other two categories and not significantly different from either.

### *Education*

**Sample characteristics.** More than a third ( $n = 145$ ; 36.9%) of respondents reported having no college education, while just under a quarter ( $n = 92$ ; 23.4%) held a bachelor's degree or higher.

**Population food insecurity estimates.** Compared to individuals without college education (54.5%), food insecurity estimates did not change significantly by having some college education without a degree (42.7%) or by having an associate's degree (49.0%). A bachelor's degree or higher was required for education to be associated with a significant reduction in food insecurity prevalence (23.5%).

### *Employment*

**Sample characteristics.** Many respondents ( $n = 172$ ; 43.8%) were employed full-time, while 19.6% ( $n = 77$ ) were not employed, and 14.8% ( $n = 58$ ) were retired.

**Population estimates.** Being unemployed was associated with significantly higher food insecurity (60.1%) compared with full-time employment (32.4%). Though all other employment categories had higher point estimates of food insecurity than that of full-time employment, none of these other differences were significant.

### *Health Indicators*

**Sample characteristics.** Survey respondents self-identified their weight classification as underweight, normal weight, overweight, or obese. Just under half ( $n = 177$ ; 45.0%) of the sample considered themselves overweight. Just under a quarter ( $n = 94$ ; 23.9%) had previously been diagnosed with Type I or Type II DM. Of those with DM, half ( $n = 47$ , 50.0%) reported they had experienced low blood sugar at least once in the week preceding the survey. More than one-third ( $n = 156$ ; 39.7%) indicated they had at least one of the common disabilities on the ACS screener.

**Population food insecurity estimates.** Regarding self-reported weight status, those with obesity had a significantly higher rate of food insecurity (69.8%) than those with normal weight (34.4%), but there was no significant difference in food insecurity between normal and overweight (34.2%). Those diagnosed with DM did not have a significantly different food insecurity rate than those without such a diagnosis. Among those who were diagnosed with DM, there was no significant difference in food insecurity based on whether the individual had experienced low blood sugar in the past week. Those with a disability were significantly more likely (58.8%) to be food insecure than were those without (28.7%).

### *Other Demographics*

**Sample characteristics.** Respondents were evenly distributed by age category, but women made up more than three-quarters of participants ( $n = 301$ ; 76.6%). About two-thirds of respondents ( $n = 261$ ; 66.4%) reported having no adults older than 65 in their household. Although participants were not asked about their preferred

language, the survey was offered in both English and Spanish, and participants' choice was used as a proxy for language preference. Somewhat surprisingly, very few ( $n = 15$ ; 3.8%) surveys were completed in Spanish despite equally prominent signage promoting the survey in both languages. It remains possible that the events where the survey was administered were attended disproportionately by those who prefer English over Spanish.

**Population food insecurity estimates.** No age group had a significant difference in food insecurity compared with the reference group (18 to 29 years), and there was similarly no significant difference between men and women. The number of adults over 65 years of age in a household had no significant association with food security. Any difference in food insecurity by preferred language could not be assessed as no prevalence estimate was made for Spanish preference due to insufficient cell count.

### *Food and Nutrition Related Measures*

The instruments described here were created by the Center for Nutrition & Health Impact. Their scoring interpretations can be found in [Appendix A](#).

### *Absorptive Capacity, Nutrition Security, Dietary Choice, and Healthfulness Choice*

These instruments have score thresholds that separate relatively “high” and “low” scores based on the validation studies<sup>4,5</sup> from the Center for Nutrition & Health Impact conducted with a sample of individuals who were largely food insecure and low-income as well as racially and ethnically diverse. The FIA's results of these instruments are described here in terms of these high and low categories, while descriptions of the results in terms of numeric scores can be found in [Appendix D](#). High scores are considered desirable for each of these measures, indicating higher degree of adaptive capacity,<sup>4</sup> nutrition security,<sup>5</sup> dietary choice,<sup>5</sup> and healthfulness choice.<sup>5</sup>

As described previously, the scored instruments from the Center for Nutrition & Health Impact were analyzed as complete cases. As such, scores are missing for a considerable proportion (between  $n = 52$ ; 13.2% and  $n = 123$ ; 31.3%) of respondents. Exact numbers missing for each measure are not discussed here, but can be found in [Appendix B](#).

**Sample characteristics.** More than half of respondents had high scores for each of absorptive capacity ( $n = 231$ ; 58.8%), nutrition security ( $n = 207$ ; 52.7%), and dietary choice ( $n = 226$ ; 57.5%). Over one-third had high healthfulness choice ( $n = 146$ ; 37.2%).

**Population food insecurity estimates.** Low absorptive capacity was associated with significantly higher food

insecurity (97.0%) than that of high absorptive capacity (31.3%). In fact, low absorptive capacity had the highest point estimate for food insecurity in Bexar County out of all strata analyzed for this report. Similarly, low nutrition security was associated with significantly higher food insecurity rates (77.8%) than high nutrition security (23.6%) and low healthfulness choice was associated with significantly higher food insecurity (57.9%) than high healthfulness choice (23.5%). Finally, low dietary choice was associated with significantly higher food insecurity (89.0%) than high dietary choice (23.1%).

### *Adaptive Capacity, Transformative Capacity, and Utilization Barriers*

**Sample characteristics.** For each of the two-item screeners in this survey a positive screen is interpreted as having limited support in its respective area. Over half ( $n = 208$ ; 52.9%) of respondents screened positive for utilization barriers, while less than half ( $n = 164$ ; 41.7%) screened positive for transformative capacity, and less than one-third ( $n = 128$ ; 32.6%) screened positive for adaptive capacity.

**Population food insecurity estimates.** A positive utilization barriers screen was associated with higher food insecurity (75.3%) than a negative screen (15.0%). A positive screen for adaptive capacity was similarly associated with significantly higher food insecurity (56.3%) compared with a negative screen (31.8%). The difference in food insecurity rates based on results of the transformative capacity screener was not significant.

### *Food Insecurity Stability*

**Sample characteristics.** Nearly a quarter of respondents ( $n = 98$ ; 24.9%) had high chronic food insecurity. About a fifth of respondents ( $n = 79$ ; 20.1%) had high seasonal food insecurity, while over a quarter ( $n = 105$ ; 26.7%) had high monthly food insecurity. Less than one out of six respondents ( $n = 63$ ; 16.0%) had high intermittent food insecurity.

**Population food insecurity stability estimates.** Survey weights by household income category were applied to estimated food insecurity stability scores just as they were to the other food insecurity estimates. Among food insecure Bexar County residents, none of the temporal patterns of food insecurity had an estimated rate of high scores higher than that of chronic food insecurity (Table 2). High intermittent scores were significantly less common than high chronic scores among food insecure Bexar County residents. Note that high scores in any of these food insecurity stability measures are not mutually exclusive with high scores in the others.

**Table 2: Estimated Stability Scores Among Food Insecure Bexar County Residents**

Measure	Estimated Rate of High Scores <sup>†</sup>	95% Confidence Interval	Significance
Chronic Food Insecurity	42.6%	(33.8%, 51.4%)	Ref
Monthly Food Insecurity	39.5%	(31.6%, 47.3%)	
Seasonal Food Insecurity	32.3%	(24.4%, 40.3%)	
Intermittent Food Insecurity	21.8%	(14.6%, 29.0%)	*

\*With 95% confidence, categories marked with an asterisk (\*) are significantly different from their respective reference category

<sup>†</sup>Estimates are among those with household food insecurity

### Resource Utilization

Based on their responses to the first four household food insecurity questions, some participants were asked whether their household had used certain assistance resources in the past 12 months and whether the same resources might be useful for their household in the future. These resources were Supplemental Nutrition Assistance Program (SNAP) benefits, charitable food assistance, and housing assistance. Just under three-quarters ( $n = 290$ ; 73.8%) of participants were asked these questions, including all of those with household food insecurity ( $n = 210$ ; 53.4%). The descriptions of resource utilization here are only among those who are food insecure, as the responses are more relevant to this group.

**Sample characteristics.** Equal proportions of food insecure respondents reported that their household participated in SNAP ( $n = 64$ ; 30.5%) and charitable food assistance ( $n = 64$ ; 30.5%) in the past year, with far fewer ( $n = 10$ ; 4.8%) having received housing assistance (Table 3). Across these resources, more individuals indicated their household had interest in future use compared with those who indicated past-year use. This was especially true for SNAP ( $n = 106$ ; 50.5%) and housing assistance ( $n = 46$ ; 21.9%), with a more modest increase for charitable food assistance ( $n = 77$ ; 36.7%).



Rachel Brownlee Kurita, RBK Art and Illustration.



**Table 3: Resource Utilization Among Sample Participants with Household Food Insecurity**

Response	n (%) <sup>†</sup>
<b>Past-Year SNAP Use</b>	
Yes	64 (30.5%)
No	146 (69.5%)
<b>Past-Year Charitable Food Assistance</b>	
Yes	64 (30.5%)
No	146 (69.5%)
<b>Past-Year Housing Assistance</b>	
Yes	10 (4.8%)
No	200 (95.2%)
<b>Interest in Future SNAP Use</b>	
Yes	106 (50.5%)
No	104 (49.5%)
<b>Interest in Future Charitable Food Assistance</b>	
Yes	77 (36.7%)
No	133 (63.3%)
<b>Interest in Future Housing Assistance</b>	
Yes	46 (21.9%)
No	164 (78.1%)

<sup>†</sup>Counts and percentages are among survey respondents with household food insecurity

**Population resource utilization estimates.** Population estimates for resource utilization, like those for food insecurity, are survey weighted by income to be more representative of Bexar County than the sampled group. Among food insecure Bexar County residents, point estimates of resource utilization in the previous twelve months varied from 6.4% for housing assistance, to 27.1% for charitable food assistance, and 27.5% for SNAP benefits (Table 4). Point estimates increased for interest in future use of resources across each of the three categories to 21.0% for housing assistance, 36.8% for charitable food assistance, and 46.4% for SNAP benefits among food insecure residents. This increase for interest in future utilization compared with past-year utilization was statistically significant for SNAP and Housing assistance, but not charitable food assistance.

**Table 4: Estimated Resource Utilization Among Food Insecure Households in Bexar County**

Measure	Estimated Utilization Among Food Insecure Bexar County Households	95% Confidence Interval	Significance
<b>SNAP</b>			
Past-Year Utilization	27.5%	(20.2%, 34.8%)	Ref
Interest in Future Utilization	46.4%	(37.7%, 55.0%)	*
<b>Charitable Food Assistance</b>			
Past-Year Utilization	27.1%	(20.4%, 33.8%)	Ref
Interest in Future Utilization	36.8%	(28.1%, 45.4%)	
<b>Housing Assistance</b>			
Past-Year Utilization	6.4%	(0.7%, 12.0%)	Ref
Interest in Future Utilization	21.0%	(14.1%, 28.0%)	*



# GROUP INTERVIEWS AND FOCUS GROUP

## STUDY DESIGN

Between December 2023 and March 2024, the research team conducted three group interviews and a focus group using a structured guide with people with disabilities, single adults aged 18-59, and people who are formerly incarcerated ( $n = 13$ ) in San Antonio. These populations were selected based on previous research conducted as part of the FIA and in collaboration with the Metro Health PaCE Office. All focus group and group interview participants were residents of Bexar County who, at some point in their lives, experienced food insecurity. Participants were given H-E-B gift cards as compensation for their time. The focus group and group interviews were conducted in English and Spanish, in-person and virtually, and lasted between 60 and 90 minutes.

## ELIGIBILITY CRITERIA

All participants completed a screener for their respective group interview or focus group. Inclusion criteria included individuals at least 18 years of age who live in Bexar County, confirmation that the individual identified as part of the population of focus (people with disabilities, single adults aged 18-59, or people who are formerly incarcerated), and experience of being food insecure at some point in their lives. Whether a prospective participant had ever experienced food insecurity was evaluated by their self-identification and then confirmed using a screener adapted from The Hunger Vital sign, a tool developed by Children's HealthWatch. Prospective FIA focus group and group interview participants could select from "never true," "sometimes true," or "often true" in the screening questions related to food insecurity:

- At some point in my life, I was worried whether my food would run out before I got money to buy more.
- At some point in my life, the food I bought just didn't last, and I didn't have money to get more.
- At some point in my life, the food I was able to get was not what I liked or wanted, but I mostly had enough to eat.

A response of "never true" for all three questions disqualified an individual from participating; responses of "sometimes true" or "often true" to any question were grounds for inclusion in a group interview or focus group.

## DATA COLLECTION

The focus group and group interviews were coordinated in partnership with local nonprofits and organizations,

as facilitated by the PaCE Office and the Health Equity Network. DisabilitySA, a nonprofit that provides programs and resources to improve the lives of people with disabilities, coordinated two group interviews (one in-person and one virtual) with people with disabilities. The San Antonio Independent School District (SAISD) Office of Family and Community Engagement coordinated one focus group with single adults aged 18-59, many of whom were single parents. Two Metro Health programs coordinated a group interview for people who are formerly incarcerated: Stand Up SA, which addresses violence through interrupting retaliatory crime and Unlocked, which provides resources to individuals re-entering the community after incarceration at the Bexar County Jail. All partner organizations led participant recruitment and coordinated the physical locations for hosting the interviews and focus group in-person.

Group interview and focus group questions were open-ended and developed through feedback and collaboration with the PaCE Office and the Health Equity Network's Food Insecurity Work Group. The group interview and focus group protocol and guide were reviewed and approved by the UTHealth Institutional Review Board and can be referenced with IRB number HSC-SPH-23-1014. All sessions were moderated by the research team, and all participants completed a consent form prior to taking part in a group interview or focus group. The focus group and group interviews were recorded for transcription and analysis.

## DATA ANALYSIS

Group interviews and focus group transcripts were reviewed, cleaned, and translated into English as needed by a member of the research team and uploaded to NVivo, a qualitative data management software program, for analysis. An inductive coding approach was utilized to identify patterns in the data, which were then used to develop a thematic analysis. The research team iteratively adapted codes throughout the coding process.

## RESULTS

At the time of the focus group and group interviews, all participants ( $n = 13$ ) as described in Table 5 lived in Bexar County, had experienced food insecurity at some point in their lives, were age 18 and older, and identified as being a single adult, having a disability, or having been formerly incarcerated.



**Table 5: Group Interview and Focus Group Participant Characteristics**

<b>Group Interview: People with Disabilities (PWD) (In Person)</b>	
Participant 1	Middle-aged male; current student; previously unhoused
Participant 2	Pregnant female who grew up in foster care
<b>Group Interview: People with Disabilities (PWD) (Virtual)</b>	
Participant 3	Young female
Participant 4	Young female
<b>Group Interview: People who are Formerly Incarcerated (PFI) (In Person)</b>	
Participant 5	Young male chef; living in a recovery home
Participant 6	Middle aged male with disability; current student; shelter resident
<b>Focus Group: Single Adults Aged 18-59 (SA) (In Person)</b>	
Participant 7	Spanish-speaking single adult female; separated; children
Participant 8	Female; four children
Participant 9	Female
Participant 10	Male; military veteran; one child
Participant 11	Male; current student
Participant 12	Retired grandmother with disability; homeowner
Participant 13	Female

The study identified several themes from the group interviews and focus group:

1. Poverty, high living expenses, and financial hardship cause food insecurity,
2. SNAP is valuable, but access is unreachable or unreliable for many,
3. Charitable food assistance is valuable and hard to access,
4. Excess amidst need: “A lot of the food does go bad,” and
5. Community connections are a lifeline if you have them.

***Poverty, high living expenses, and financial hardship cause food insecurity***

As expected, household economics and financial challenges were identified by participants as key drivers of food insecurity. Economic challenges that caused or

exacerbated food insecurity were described in terms of poverty, economic instability at large, and high food prices. As one participant stated, “What makes it hard for people is just they don’t have the money... Poverty, unemployment, low wages, high food price. Maybe you might go to get stuff in the market and it’s higher than your budget. So high food prices and inadequate access to resources” (Group Interview, PWD, Participant 3). Similarly, another shared, “sometimes I do not have enough foods in the house because of, of, I, I don’t have the financial capacity to get enough food in the house” (Group Interview, PWD, Participant 4).

Participants shared that they consume fast food as one strategy for saving money on food costs, although they acknowledge it is not necessarily ‘good’ or ‘healthy.’ One

participant stated, “I know me and my kids, honestly, we eat out a lot because it’s cheaper for me to go buy from McDonald’s and save rewards and get a \$1.25 burger. You know, we don’t always eat the healthiest” (Focus Group, SA, Participant 8), while another shared:

Sometimes it’s even cheaper to go out to a restaurant and just pick up a dollar burger. And is that good? No. Do people always have money to spend? No, but it is cheaper than going to H-E-B and buying a whole pack of meat, you know? So, I do really see that price is a factor. – *Group Interview, PWD, Participant 2*

Choices in food quality were also described. As a single parent of four shared, “I mean, I have a pretty good job. And I mean, literally one and a half of my checks goes to rent alone... so then what do I do for the rest? For my household, I try to get the cheapest” (Focus Group, SA, Participant 8). Limited household budgets cause individuals to compromise on what foods they buy and consume:

When I go to the supermarket and you want to buy some ham, or something more healthy, and it costs \$10, you don’t buy those [foods] that you want for quality or taste. You buy something else... Sometimes you can’t buy what you want, so instead you buy what you can. – *Focus Group, SA, Participant 7*

As a result of financial challenges, participants also discussed the impossible choices they face in buying food or covering housing-related costs in general and affording safe, quality housing in particular. A single mother shared her desire to live in a safe neighborhood without gangs or violence, adding “sometimes there is something more economical... and you want to have... the [safe] place, right? But you have to pay the cost. That sometimes, not eating healthy or whatever, or having a better standard of living” (Focus Group, SA, Participant 7). Conversely, a student-participant shared:

If you’re spending that last week money that you’re going to need for rent, you know, now you can’t make the rent because, you know, we had to pay, you know, \$70 to \$120 the last week for food... You take the hit, you know? I’m living way beyond my means. I don’t even know how I do it. I really don’t. And, you know? I mean, I got locked out of the apartment, so for two months, I was living in my vehicle. It affected me. I ended up with an F and D, instead of A’s and B’s. So, you see the difference between having stable housing versus not and how that affects you. – *Group Interview, PWD, Participant 1*

Another individual with disabilities spoke about her recent move to a larger, better-quality apartment as she and her partner are expecting a child:

You kinda got to pick and choose what you’re going to pay... I couldn’t afford to pay a bill because was it that, or was it food? Or was it that, or was it rent? You know? So, it’s like, and mostly these places here, excuse what I’m about to say, are trash, and they want to charge you so much for the place that you’re living at. And it’s crazy. I paid \$700 where we just recently moved from. Seven hundred dollars for a studio apartment and mold all in it... I’ve tried to get them to come out to fix it and they never would fix it... And I think that that’s a factor because you have to pick and choose what are you gonna pay for? – *Group Interview, PWD, Participant 2*

The struggle to choose between paying bills or for medication or gas was also shared by a single adult participant: “I’m forced to either buy meds or food... And then they have to budget whether to pay the bills or we buy food or stay without... I’m forced to decide” (Focus Group, SA, Participant 12). She later expanded on these challenging choices:

If I don’t have a car, how am I going to go buy food? How am I going to do this and that? So, what do you do in that predicament? ... So, I go back to deciding, do I go to Family Dollar or Dollar Tree where it’s cheaper but, because it’s close to home, or do I drive all the way to H-E-B where I’m gonna waste all my gas? It’s frustrating... I’m budgeting for gas money and so it’s like, do I drive, or I don’t go? But if I don’t, I don’t get to eat. – *Focus Group, SA, Participant 12*

Discussion of limited income for food and making compromises on food or food quality was common. In addition, focus group and group interview participants frequently brought up impossible choices on housing, housing quality, bills, transportation, and other competing expenses. Despite these challenges, or perhaps because of them, participants were also well versed with a range of community resources.

### ***SNAP is valuable, but access is unreachable or unreliable for many***

When participants discussed SNAP, they generally expressed positive thoughts and feelings on the program at large. One formerly incarcerated individual succinctly stated, “it’s good and everything... worth the process of, of, of applying for it, for the most part” (Group Interview, PFI, Participant 5). These positive sentiments were tempered with lengthy descriptions of the program as either unreliable after enrollment or unreachable in the

first place. Access issues included a complex and arbitrary application process that was particularly challenging for several participants. Participants experienced the application process as overwhelming, confusing, and frustrating. As a participant shared, “They’re just seeing how much you make and they’re not taking into factor like just so many other expenses... They’re just taking this number and the average amount of rent that you pay, and you should be able to eat... It’s not that simple” (Group Interview, PFI, Participant 5). Individuals with variable income from month-to-month also described their challenges when applying:

*I know sometimes they ask for so much stuff and that gets overwhelming... They denied me because they wanted how much are you making every month? And I’m like, I can’t tell you because...some months I didn’t even work... I put in an appeal so they could, like, overlook it again. And they were like, okay, well, we’re just going to break it down for you...and that way we can start your stamps again. So yeah, sometimes it’s things like that that are complicated. – Group Interview, PWD, Participant 2*

Other program requirements that created barriers to access included financial assets, like a vehicle or home, and fixed incomes or increases in income that would reduce SNAP benefit amounts or disqualify households from receiving SNAP benefits altogether. Regarding the vehicle asset test and home ownership, a participant expressed, “We need the car to get to where we got to go. And because you own a house, well, how are we supposed to live, or where...? It’s a double-edged sword” (Focus Group, SA, Participant 12). Similarly, logistical aspects of access were described. An individual with disabilities stated: “Maybe they don’t have the technology. Or the transportation to get to the office to do it. I know sometimes they ask for so much stuff and that gets overwhelming... It’s frustrating, too” (Group Interview, PWD, Participant 2). A simpler, more streamlined application process would be preferred. One participant shared, “I feel there’s a little bit too much, like, sensitive paperwork that some people might not be able to attain very easily, you know? Especially if you’re homeless, which it’s obtainable, but some have it harder than others... it’s all doable, but harder for that person, right?” (Group Interview, PFI, Participant 5). As a participant with disability succinctly stated, “I think [the SNAP application process] should be made available for people to be easy” (Group Interview, PWD, Participant 3).

Once they successfully enrolled in and received SNAP benefits, participants described that benefit amounts can be unreliable. They talked about the minimal benefit amounts

they receive, making such food assistance less helpful, and not being worth the time it takes to navigate a complicated application process. As a single mother shared:

*I have seen what they give you isn’t sufficient for the whole month. It lasts only a week. You go to SNAP and check what you earn, and what it gives you is maybe \$15 a month. Fifteen dollars. For milk, some eggs, tortillas, and juice. That’s all you buy. You can’t buy anything... Food is everyone’s main need... [SNAP] is obsolete, it’s not fair how they manage SNAP. – Focus Group, SA, Participant 7*

Another single mother shared her observations of others who receive minimal SNAP benefits:

*I work in case management, and I’ll see people that only get like \$20 in SNAP. They get a raise or a social security check, so it’s like, you gain this but then you’re losing that, so it’s like, what was the purpose? What can they even get with \$20? You can’t even get, you know, bread, eggs, you know? – Focus Group, SA, Participant 8*

In line with these comments, an individual who is formerly incarcerated shared:

*Most people think that they’re just not gonna get anything. I can’t tell you how many times I’ve heard somebody that works full time, or even part time, that still qualifies, but like, is getting \$11 a month, you know? And then you get that one comment after, “Better than nothing, right?” Yeah, you get that comment. – Group Interview, PFI, Participant 5*

Participants also discussed how SNAP benefits are unreliable in that, given the rise of food costs, they do not stretch as far or last as long into the month as they did previously, creating strain on household resources. A participant described this effect on the purchasing power of his SNAP benefits:

*I think SNAP doesn’t fluctuate well with inflation of the rise of prices of food in H-E-B or Walmart or other stores. I think that the income level makes sense on paper. You make around \$30,000 currently. This is the food amount, right? But when you redo it, it stays the same... back then, \$300 could buy me a lot of eggs and bacon. Now it’s not buying shit... now it’s buying just a little bit. – Group Interview, PFI, Participant 5*

While buying more affordable or cheaper items can help stretch SNAP dollars further, food preferences and the desire for varied diets influence purchasing behavior:

*Everything is so expensive, and that’s why I’m running out of, you know, SNAP benefits a lot faster than I normally would because everything is so high in*



the stores. It's hard to buy those things. And I mean, honestly, who really wants to just eat, like, salads every single day? You know? That stuff is fairly cheap and it's healthy... – *Group Interview, PWD, Participant 2*

She later expanded on this dilemma, stating:

I think it's a great program... I used to be able to go to the store and buy a whole bunch with \$100 in food stamps. Now I'm lucky if I can get maybe ten items with \$100... I mean, it's helping. It does help, but it's not helping when we have to pay more, and we can't get the more that we used to. – *Group Interview, PWD, Participant 2*

Formerly incarcerated participants described an impossible choice between living in a tent or a group shelter where barriers to receiving mail became barriers to accessing SNAP either way:

We do need an address to be there, and not a lot of homeless people, like he said, there's tents. There's people that rather be in tents, and that's okay. That's okay if they do, you know? They, and Haven for Hope is a tough place. I'm sure he can tell you. There's people there that'll steal your stuff and, if you're a user, if you're an addict, maybe you don't wanna be around there. Maybe you're just fine in your tent and you're not using. You're homeless, but you're not around it, you know, temptation and stuff. But guess what? Your tent doesn't have an address, you know? And so that's pretty rough. – *Group Interview, PFI, Participant 5*

Similarly, another participant discussed the unreliability of SNAP benefits due to punitive sanctions once they successfully enrolled:

I was missing mail from April from the homeless shelter, and so the workforce decided send a reprimand, a sanctioned reprimand to human, Texas Health and Human Services Commission. And so, I've been blocked for a little while, but... they blame me just because I didn't go to an appointment for orientation... because I was missing my mail. – *Group Interview, PFI, Participant 6*

Sanctions from SNAP affected both formerly incarcerated participants: "I got a sanction, but because they said that I had to go to, like, a workforce solutions office... and I, I didn't, I couldn't attend. I honestly forget the reason why...but in any case, yeah, they just suspended my food stamps for, like, three months" (Group Interview, PFI, Participant 5).

Despite these significant barriers to access, participants shared that SNAP can be useful, though this sentiment was tempered with the nuances and challenges of

accessing SNAP. As one individual with disability stated, "It's a positive thing. I really don't have nothing negative... But you gotta try to get through the hoops" (Group Interview, PWD, Participant 1). Applicants must be able to submit all required information and documentation to successfully enroll, which can present additional challenges. A single father that received SNAP in more sufficient amounts shared how he enjoys using his SNAP benefits to purchase produce:

I love having access to [SNAP]. It's a great way for me to, like, what I spend mostly on is the fresh food. I could supplement, you know, other areas, like a lot of dry goods, lot of canned goods. Sometimes we get loaded down with rice or beans. I use SNAP to cut some of that with fresh vegetables or fruit. – *Focus Group, SA, Participant 10*

However, he also shared how his SNAP benefits were stolen once shortly after his EBT card had been reloaded for the month: "It said 'no balance'. Someone had, something was off. And so, I called SNAP. They said, 'Nothing we can do. Sorry.' Went home and \$400 worth of food, gone. Nothing I could do, nothing they could do... That was a bitter pill right there." (Focus Group, SA, Participant 10)

Overall, participants suggested ways the SNAP application process and access to SNAP benefits could be improved. As one individual with disability commented, "I think the problem is there are a lot of people out there who really need the help, and they're not getting it" (Group Interview, PWD, Participant 2). One suggestion was that "SNAP programs need to lower their standards on the qualifications" (Focus Group, SA, Participant 12). Another individual suggested improved physical access to SNAP offices:

I think more access to, like, to the actual, like, facilities and stuff... I've been on food stamps for the last three years, and I've never stepped foot into a SNAP building. I don't even know where it's at. You know what I mean? I don't even know where it's at. I've never talked to anybody directly like this about my SNAP. It's all paperwork just done over the phone, here you go or here you don't. We cut it down or bumped it up. I never talked to anybody, not even virtual. – *Group Interview, PFI, Participant 5*

SNAP benefits are resources for food insecure households, though the application process and program requirements make SNAP access unreachable for many. Minimal benefit amounts, reduced purchasing power, and sanctions can make SNAP less reliable support for food insecure households that obtain it.

### *Charitable food assistance is valuable and hard to access*

Participants were able to name a variety of charitable food assistance resources they use or are aware of to address food insecurity, including food banks, food pantries, community organizations, community centers, churches, resource hubs, and meal distribution programs. As a formerly incarcerated individual shared, “If you don’t wanna go hungry, for the most part, here in San Antonio, you don’t have to” (Group Interview, PFI, Participant 5). Participants cited charitable food assistance as a crucial support, with a single father stating, “We struggle to put food on our table. It was hard for us, really. Well, what kept us going was that we rely on food banks” (Focus Group, SA, Participant 10). An individual with disability remarked, “community assistance... that was what we were able to reply on” (Group Interview, PWD, Participant 3).

Participants noted, however, that personal agency is required when asked how they access such resources: “Matter of fact, I heard it from a resource that when I went looking for some, for like, for needing food and all that, because I’ve been in the hole” (Group Interview, PFI, Participant 6). An individual in the same group interview with people who are formerly incarcerated shared:

*It’s like he just said, I went looking for it, you know, and some people can. Some people can’t. There’s a bunch of like, ‘I buy ugly houses’ signs. It’s, it’s not like, ‘Hey, are you hungry?’ signs. You know, you have to literally hit rock bottom, go to Haven [for Hope], and go to Oxford [House], go get incarcerated to start getting all these things... Like, it’s really up to the person. Like if they want to or not. – Group Interview, PFI, Participant 5*

Likewise, an individual with disability shared the need to be self-motivated in using resources like coupons to obtain food:

*When I go shopping, I look for the yellow markers... if it has a little coupon attached to it, even better. So, what I do is I ask the H-E-Bs what time do they put the stickers out? So, an hour or two later I’m there. So, you have to be driven, you know, to try to find these discounts and almost like a scavenger hunt. – Group Interview, PWD, Participant 1*

While participants were able to name a variety of resources, accessing the resources was not easy due to issues like meeting program requirements, high demand for limited resources, and logistical constraints such as a lack of knowledge on where, when, and what resources were available for whom. One participant shared how registering to access food resources was impossible, even when using a “fast track” to sign up and secure her spot: “It’s very frustrating... I call the food bank, and I’ll be

like, I can’t. [They say] ‘oh, you gotta try in the middle of the night.’ I can’t stay up in the middle of the night to try to get on fast track” (Focus Group, SA, Participant 9). This lack of access, and the emotional toll it can have, was similarly expressed by another participant:

*I’m not into computers, so I went from 8 am, and they turned me away. I cried. It was embarrassing because I was there for two hours in line. And I’m forced to put gas in my car to go wait for food, and you’re told, ‘No, you didn’t sign up online, so we can’t feed you. We can’t give you food.’ And I went to three food banks that day. They turned me away. – Focus Group, SA, Participant 12*

Likewise, another participant shared,

*There’s a food distribution program...and it fills up like that. I mean... [if] you’re not able to answer that email or that text message in literally, like, 10 minutes, it gets, fills up and you’re out of luck. I used to get it on my phone... Now I get an email, and by the time I see the email, nothing. Can’t go. Even the wait list is filled up. – Focus Group, SA, Participant 10*

Some participants cited the hours of availability as a barrier to accessing certain resources: “I work during the days. If you work all week, how are you supposed to get there if there’s nothing on a weekend or after hours? You can’t take off work to go” (Focus Group, SA, Participant 8). Those that could attend food distributions discussed the need to be in line early or risk not receiving food.

Also, some resources were described as outdated or only available to individuals in certain neighborhoods. While participants identified resources to improve food security, better communication and marketing of those resources was identified as an area of improvement. As a single father questioned, “If you don’t know about it, like if there’s no way for you to hear about it, find out about it... I’m sure there’s plenty more that we don’t even know about. How do we find out?” (Focus Group, SA, Participant 10). Another single adult shared communication challenges to consider: “Some people don’t understand English, or they don’t know how to read or write, or [aren’t] computer savvy like myself. How do you find out where to go?” (Focus Group, SA, Participant 12). A formerly incarcerated individual shared a resource flyer he received through multiple community organizations and partnerships while highlighting the lack of promotion and visibility of such resources:

*To get this piece of paper I had to go to the church, go to the side, walk down a flight of stairs, go through a hallway that seemed real creepy to get this paper. Yeah.*

So again, advertisement...I had gotten my wallet stolen at a bus stop...So I had to get my Social Security card and the gentleman from Unlocked told me about the church. He gave me the number. When you walk by there, there's two gentlemen with a little canopy. They have, like, coffee cups, and then they had a big bucket full of ramen noodles...And when I told him I'm here to get a medical exam to get my social, that's when they led me down there and all that stuff...so I guess the advertisement was ramen noodles...I keep going back to that, but that does, again, if you're not looking, things get lost pretty quick. – *Group Interview, PFI, Participant 5*

Convenient geographic access and transportation challenges also exist when accessing food: “The lack of the food availability in the downtown. There's the H-E-B, the small one... There's dollar stores...That's it... It's something to me to be able to go and find something fresh” (Focus Group, SA, Participant 10). When asked about barriers to greater food security, participants mentioned transportation: “Transportation is a factor” (Group Interview, PWD, Participant 2). Another shared, “A lot of people don't have vehicles” (Group Interview, PWD, Participant 1), and yet another stated, “There are resources available, but sometimes transportation has been an issue” (Focus Group, SA, Participant 10). While participants are generally aware of charitable food assistance resources, they are not easy to access. Reduced barriers to access, along with improved communication and promotion to increase community knowledge of such resources, is necessary.

*Excess amidst need: “A lot of the food does go bad.”*

Participants shared that they would stretch their meals to last longer or utilize charitable food assistance that, at times, included receiving expired or moldy food that created health concerns. A participant with disabilities talked about stretching meals and eating leftovers that had gone bad given the price of fresh produce: “For me, it's the produce. Just can't, can't do it. It's like you said, it's always the last week, like she said, that last week... I think that a lot of us, we find ourselves eating leftover meals. And now we're getting sick” (Group Interview, PWD, Participant 1). Stretching meals may make food last longer, but eating food that is no longer safe to eat introduces additional health concerns and potential costs. Another participant discussed the inadequate quality of food she has received at a food bank:

*I have had to resort to going to the food bank. But with that being said, a lot of that food is expired. So, I mean, yes, they're helping out, but it's not good to consume*

*that if it's expired because, I mean, I've gotten several things that were not good, they've had mold on them. And so, yeah, I mean, I do think that there's plenty of resources out there. It's just a matter of is the food good? – Group Interview, PWD, Participant 2*

Participants also described the challenges of getting appropriate amounts of food for their households at food distributions and having to share food with others to avoid it going bad or wasting it:

*I've been to the food bank before, and you get like 20 pounds of potatoes. And like, realistically they're going to go bad. A lot of the food does go bad. So, it's not gonna last very long. I mean, who's going to use all that? ...You're going to give it away. Or you're gonna throw it away. – Focus Group, SA, Participant 8*

Similarly, a participant stated, “You'll get, like, 30 pounds of sweet potatoes” (Focus Group, SA, Participant 10), while yet another described the frustration of giving away excess food when she needed it:

*I go to these food banks, and they give like you said, they give you so much that, what are you gonna do with it? And it's about to expire, like, if you have stomach issues or I cannot eat [it], it's like, you know. Two days, the doctor says, and then that's it. So, I'm forced to give when I need, too, you know? I need to eat. – Focus Group, SA, Participant 12*

Several participants shared concerns about food quality, substantial amounts of food received at distributions and it going bad before it can be eaten, and having to give or throw away charitable food received were also shared:

*I've gone, too, when I've needed food. I've gotten a bag full of potatoes, carrots, and sweet potatoes. I don't want to throw it away. I don't have room for chicken, or a freezer to put food...It's too much... it's food we have to throw out. I've also seen expired cans or chicken that's past its expiration date. It's too much, and you can't eat all of it. You have to throw it away. – Focus Group, SA, Participant 8*

Another participant added, “I got no room” (Focus Group, SA, Participant 10), emphasizing the storage space required to safely store excess food.

Even if charitable food is not spoiled or expired, another participant acknowledge that food donations are close to their end-of-life for consumption: “I go to community centers, and there's always donations from food banks, bags of food, like, usually fruits and vegetables, like potatoes, carrots, that kind of thing... Like bread for example, if they're about to expire, they'll usually give out



them out (Focus Group, SA, Participant 11). As mentioned earlier, several individuals spoke to the fact that, while they need food themselves, they will often receive too much food at food distributions to eat or store all of it properly before it goes bad. One participant shared that she goes “to all my neighbors down the whole street, and I give them little bags of whatever I’m not gonna use. I don’t want it to go to waste. And I even give back to the charities that gave me food, so they can give to others” (Focus Group, SA, Participant 12). A single father shared his way of managing his limited time and an influx of a food that will spoil quickly in a small household:

You got food that needs to be prepared and cooked. And so, I find myself cooking one meal for two or three days at a time and portion it out... It’s just me and him. You’ve got to cook it all or it’s going to go bad. So, I got three bowls of soup, and you know, a pound of stuff that I made [at] one time. – *Focus Group, SA, Participant 10*

One participant shared his concerns about not necessarily knowing if food is going bad because of improper storage:

Do we all have a thermometer in our refrigerator that says...? Okay, does anybody know what temperature the refrigerator has gotta be? No, we don’t... it’s like 37 degrees, it’s right before freezing. So, if you have too much stuff in the refrigerator...you don’t have no flow, and the food that you thought you put in there four or five days ago, you can’t see the mold on there, you can’t see all that. – *Group Interview, PWD, Participant 1*

When food donations or distributions are reasonably portioned, the content or quality is not always appropriate: “There was one church I went to one time, and then I got a bag. I told him it’s just me, and I just got, like, spaghetti sauce with, like, Kool-Aid jammers and some noodles, and well, that’s okay. You know what I mean?” (Group Interview, PFI, Participant 5). The quality and quantity of available resources does not sufficiently address the needs of food insecure households. Food should be provided in proper amounts with rigorous food safety and quality standards in place.

*Community connections are a lifeline if you have them* Participants in the group interviews and focus group identified individual efforts and community involvement as a major contributor to food security. Several participants also described their own efforts to support the larger community. A participant with disabilities stated, “What does help, though, is people contributing, you know, to these food banks or whatever it is” (Group Interview, PWD, Participant 2). Another individual with

disabilities alluded to “a hidden kind of community” that exists in San Antonio. He shared further about how he volunteers at a food bank and made food for his neighbors:

In the building where I lived, I would cook for a couple of disabled people... There’s an unseen, a very hidden and unseen, you know, population of you know, people who don’t have access to a vehicle, don’t have access to the internet, or don’t know how to look at a recipe... Don’t have the ability to do it. So, it’s a lot of work before you try to get to the pea soup. – *Group Interview, PWD, Participant 1*

The same participant described how he volunteered at the food bank and noticed people picking up food for others:

People were ambassadors. And I was like “Are you taking food for other people?” and they would say ‘yes’. So, a larger percentage of the people were, were taking food for others. They were ambassadors, and I would give them words of encouragement so they can keep coming back, making time to help others. They’d say, I cook for two or three neighbors and so the connection, the link, the person who has the transportation gets in line, waits two hours, gets it loaded up, takes it to the house, unloads it, stores it. I had a storage pantry, so I would cook a big meal once a week, twice a week, so my only cost was the containers. I’d never ask for them back. And people are bringing the food. And so, people are getting the food, taking it back, cooking it, then delivering it. It’s a three-step process, so that’s a lot of work for that individual. You know, wait in line, get up go over there, get it unloaded. Unloading is heavy, it’s hard, especially if you got stairs, get the neighbors to help you. And then cook it, so I would. I was amazed by that. That people would do all that. So, my little role of loading up people’s cars wasn’t nothing. – *Group Interview, PWD, Participant 1*



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An individual who was formerly incarcerated shared how he raised funds for the food bank and worked with other local artists to do the same:

I'm a local artist. I'm an oil painter and I'm a blues player...I would set up a booth. Sell my oil paintings. And give 10% of the money to the food bank, of the money that I sold, you know, to help feed the homeless. I felt good about it, but guess what? Like because you and the other artists talk, we're like, we could give more. You know, because we didn't feel like it was enough. You know, it was like almost, a thousand, two thousand dollars... But maybe if like we can get more local artists to help with that. So, these artists that have been painting way longer and stuff like that or sculpting longer than I have, had no idea that you

could team up and donate 10% to charity and stuff... So maybe we can get the community involved with... contributing back to your community with little things like that. – Group Interview, PFI, Participant 5

As one participant said, “If we can help one another, by all means let’s do it. We can all throw in, pitch in...If we can help other people with food insecurities, and we can all have food, I think it would be a better, safer community for San Antonio” (Focus Group, SA, Participant 12.) Even as households face food insecurity, individuals pursue ways of helping others and supporting their communities. Participants provide a look into the often-hidden challenges, frustrations, and opportunities for food insecure individuals in San Antonio.

# COMMUNITY CONVERSATIONS

## STUDY DESIGN

Between February 2024 and June 2024, five community conversations were held in-person throughout San Antonio to discuss peoples’ experiences with food. The Community Conversation Task Force, composed of Metro Health’s PaCE Office, the Racial and Ethnic Approaches to Community Health (REACH) grant program and its consultant, Dr. Alfredo Ortiz, Healthy Neighborhoods, and the Community Nutrition program, as well as the UTHealth research team, developed questions and prompts to guide the conversations. The purpose of the community conversations, as defined by Metro Health, was to 1) foster relationships, 2) generate energy and nurture future co-researchers, and 3) collect data and compare with findings from the first two FIA deliverables. The primary intended outcome was relationships built between Metro Health, the Health Equity Network, and participating community members to serve as a foundation for further community engagement around food security issues extending beyond the scope of this study. The efficacy of these events was to be determined by the strength and endurance of these relationships. In the spirit of fostering relationships, Metro Health personnel and Food Insecurity Workgroup members participated in the conversations. Community members were offered H-E-B gift cards as compensation for their time spent participating. These conversations were approved as part of the broader FIA through the UTHealth Institutional Review Board, which can be referenced with IRB number HSC-SPH-23-1014.

## ELIGIBILITY CRITERIA

There were no eligibility criteria to participate in a community conversation; all community conversations were promoted and open to the public.

## DATA COLLECTION

All five community conversations were facilitated and hosted by community organizations and City programs. Conversations took place at the locations identified in Table 6.



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**Table 6: Community Conversation Locations and Hosts**

Date	Location
02/17/24	District 2 Senior Center (City of San Antonio, Department of Human Services)
03/08/24	Empower House and Baptist Temple
04/03/24	TRiO Student Support Services at the University of Texas San Antonio
04/06/24	Good Samaritan Community Services
06/06/24	Harlandale Makerspace and Harlandale Sunshine Pantry

The community conversations followed semi-structured question guides that addressed participants’ memories related to food, common barriers to food security, and potential solutions for achieving greater food security in San Antonio. Questions and conversation prompts were adjusted as needed through a collaborative process between Community Conversation Task Force members. The fourth conversation, at Good Samaritan Community Services, was held primarily in Spanish, with live Spanish-to-English interpretation made available. The remaining conversations were held primarily in English, with live English-to-Spanish interpretation available. Participation in these conversations ranged from 15 to 40 individuals.

## DATA ANALYSIS

Notes on responses to each question or prompt were taken at each community conversation. Notes were then summarized by the research team, and these summaries were used to develop themes and sub-themes. In turn, these themes and sub-themes were iteratively used to inform the questions and prompts at subsequent conversations by the Community Conversation Task Force. For the last community conversation, the research team created posters illustrating frequently raised topics from previous conversations to foster discussion.

## RESULTS

### *Family, Culture, and Tradition*

Participants frequently spoke about the ability of food to bring people together and unify families. They shared stories of preparing food with and for their loved ones: we heard about chicken *milanesa* with white rice and guacamole made with one’s mother and also about neckbone spaghetti prepared for a husband. Family gatherings, such as for celebrations, holidays, weekly dinners, and other shared mealtimes, often centered on food as facilitators for social connection. These included Sunday

family get-togethers on the west side to eat *pan dulce*. Holiday barbecues and spreads were discussed with a level of reverence, eliciting strong emotions when participants reflected on their childhoods and the efforts made by their families to make holiday meals special. Individuals shared the sense that ‘good’ food was in part determined by being in good company; they expressed that food, regardless of its kind (snack foods, finger foods, or full meals), is important when families gather. While good food comes from good company, participants considered the best food to be homemade, such as a home-cooked meal on a birthday.

Conversations commonly highlighted generational connections as they relate to distinct culinary traditions and the passing down of recipes from one generation to another. Grandmothers played a significant role by hosting breakfasts and holiday meals, teaching grandchildren to cook, and making burritos with homemade tortillas for the family. One participant shared their memories of making homemade ice cream with their grandfather. Participants who were grandparents shared that they were adapting traditional meals to appeal more to their grandchildren with different taste preferences, evolving their traditions rather than risking losing them. Another grandparent, who was not from the U.S., described difficulty adjusting to U.S. foods and the resulting inability to preserve traditional recipes and meals in their new food environment for younger generations.

Participants shared a keen sense of cultural identity, tradition, and pride in talking about their family origins and traditional foods. They spoke about learning to prepare culturally relevant holiday foods, such as *tamales* made with yellow and orange corn or *menudo* with oxtail for Christmas. Participants learned from others with diverse cultural backgrounds, reflecting on how anyone can cook anything and make it delicious. At the same time,

comments were made regarding the need to change culture and cultural attitudes toward healthy eating, encompassing both the recognition that many traditional foods (such as *nopales*) are healthy as well as adapting foods that are widely regarded as healthy to be more culturally relevant.

### **Challenges and Resourcefulness**

Participants noted challenges and barriers to food security while discussing ways to mitigate them. Across the conversations, specific challenges centered on accessibility, time, and financial constraints.

**Accessibility.** Participants identified a range of issues and solutions related to food access. Participants discussed geographic food access and shared that they accessed food at large supermarkets, grocery stores and gas stations (all of which were described as expensive) as well as fast food restaurants (which were described as inexpensive). People also mentioned receiving food from food banks, pantries, distribution events, and at work. Some participants expressed that there are no supermarkets on the south side or that, in certain neighborhoods, fresh food is lacking. Shelf-stable foods, however, are more accessible via gas stations. Conversely, individuals with reliable access to personal vehicles expressed that they did not have transportation-related food access concerns. Others rely on shuttles, walking, or roommates who have a personal vehicle to overcome transportation-related food access barriers. Even with a vehicle, participants described long lines as presenting access challenges at drive-thru food pantries. College students described unique experiences with living on campus, sharing their challenges in accessing a kitchen to prepare meals.

Some individuals shared concerns related to mobility, even when food is available at home: shelf stable canned foods need to be opened, foods must be cooked, and one needs certain appliances to be able to prepare foods. Ready-made meals were mentioned as a way to address these accessibility challenges, particularly for homebound individuals with limited mobility or who were too weak to cook (i.e., unable to stand long enough to prepare and cook meals on a stove). One participant cited home grocery delivery as a way for their homebound mother to retain independence since she is no longer able to drive. Others also mentioned home delivery as a way to access food but pointed out that they must pay extra for delivery and tips when ordering online. Home delivery of hot meals was described as a method of food access for homebound individuals through Meals on Wheels. Participants acknowledged that younger individuals access food through delivery apps but expressed concern about the healthfulness, wastefulness, and pickiness of meals obtained this way.

Improving food access was identified as a key factor to improving food security. Individuals suggested increasing the number of farmers' markets and household and community gardens, which can serve as a source of community-building and education. However, participants emphasized the importance that farmers markets not become expensive craft markets. Participants also described logistical challenges associated with growing their own food; individuals may lack their own yard or growing space, and some stressed that they could not afford to buy soil and other necessary materials, to spend time maintaining a garden, or wait months to reap a harvest that may not manifest, especially at cost-efficient quantities.

**Time.** Time was consistently cited by participants as a constraint to eating the way they wanted. Some participants shared that, although they liked to cook or wanted to prepare meals themselves, they lacked time to cook at home given their responsibilities. Others added to the sense of there being 'no time' by discussing the time it takes to go to the store, shop for food, and then cook a full meal. Some individuals shared the challenges of cooking for a single person; they wanted foods that were quick and easy, while other single individuals shared that they cannot eat all the fresh produce they purchase before it goes bad.

In general, participants appreciated quick, simple meals like sandwiches or cereal. Participants expressed that they do not have time to sit down and eat, instead eating in class or on the go. Participants across multiple conversations described a reliance on restaurants, fast food, or processed foods given their time constraints. Meal prepping was also identified as a time-saver in that multiple meals could be made at once, reducing the time needed to prepare meals on other days, though finding the time to meal prep was a challenge.

**Financial Constraints.** Food prices and the costs of particular ingredients were mentioned as barriers to eating the way participants wanted, along with the cost of other bills and household expenses that affect food budgets. These budget constraints were described as particularly challenging for older adults with limited income or without full control of their finances as they experienced some loss of independence.

Individuals shared that quality foods and healthier foods they want to eat (fresh fruits and vegetables, meat, etc.) are more expensive; they are not able to buy what they want because they must buy what they need. Some participants described needing to go without food to pay household bills and other expenses. Others described making late or incomplete bill payments because of prioritizing feeding themselves and their families. There was agreement that

healthier foods are more expensive. Regardless of food cost, individuals across the conversations expressed insufficient wages are a significant barrier to greater food security. Individuals shared that purchasing all the necessary ingredients for just one meal can be expensive.

Participants shared strategies that reduce their food costs; these included purchasing low-cost fast food, using Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits, buying food at wholesale prices, and growing or catching their own food (i.e., fishing). Purchasing food in bulk was discussed as a more affordable option, though it requires having the money up front. Individuals shared how they stretched their food budgets by planning their meals with a list for the week, making one-pot meals, and cooking at home for a fraction of the price it would cost at a restaurant. Others use apps, coupons, and other discounts to help reduce food costs, or get money from family members for food. Others still described stretching their groceries to last longer through rationing and eating the same meals every day despite preferring a more varied diet. One college student's strategy was to eat a large breakfast of eggs, tortillas, ham, and chorizo in the morning to avoid having to buy the more expensive food on campus, asserting that this could keep them full until about 4:00 PM. To reduce community-level food insecurity, participants stressed the importance of addressing systemic poverty, increasing wages to meet the cost of living, and otherwise reducing the need for chronic SNAP participation.

### *Health, Nutrition, and Education*

Health and nutrition were discussed in all community conversations. This included a variety of diet-related health concerns and dietary changes made for health reasons. One participant described a sense of trying to eat healthier as they age by learning how to cook with more vegetables and less meat. Others shared that they and their family members changed their eating habits after experiencing complications from diabetes themselves or seeing these complications in each other. However, participants acknowledged that being healthier is more expensive; produce is expensive, and meat even more so. In contrast, affordable healthy foods were described as time-intensive to prepare, creating challenges especially for parents that need to prepare meals for their children every day. This was frequently compounded for parents by their dissatisfaction with school meal programs since their children found most of the school lunches unappetizing. Several parents reported that any benefits from having healthy school meals were outweighed by the fact that their children would sooner skip lunch than eat

the food they disliked, increasing demands on parents to provide quick meals when their kids come home hungry.

Nutrition was explicitly discussed most prominently by college students, and it was also a prominent topic at the Spanish-speaking conversation. College students shared concerns about the adequacy of their nutritional intake and how cooking and other methods of food preparation might change the nutritional value of their meals. Participants had a range of views of foods they considered healthy:

- Adequate water
- Avoid soda
- Bread in moderation
- Everything in moderation
- Fish and chicken
- Fruits and vegetables
- Good carbohydrates
- Less fast food
- Less meat
- Low fat
- More vegetables
- *Nopales*
- Not too much salt
- Nothing too greasy
- Nutrient-dense and filling meals
- Olive oil instead of canola oil
- Organic foods
- Vegetarian diets

Participants often expressed healthy foods were not always enjoyable and that “healthy” had something of a negative connotation. Several mentioned that they did not want to eat salads all day. One mother described challenges getting her children to eat meat, and shared that she would prepare enriched pasta to ensure they were getting protein. There was an obvious interplay between wanting to eat in a healthy way while recognizing the roles that time, cost, and convenience play in choosing what and how to eat.

The conversation among college students seemed to include some of the most particular nutritional preferences and dietary lifestyles. One participant who was recovering from an eating disorder shared that her definition of nutritious food evolved over time, to include a greater variety of foods and especially chickpeas. Some of the male students talked about nutrition in the context of building muscle mass during periods of strength training or as fuel for physical activity. Still another had a limited diet due to her extensive food allergies.

Some participants felt confident in their food knowledge and valued knowing what they are consuming. Participants



shared a range of experiences that bolstered their food and cooking skills, from learning how to cook in bulk at work or from family, to learning from necessity when feeding children at different developmental stages or after a divorce and having to make food for children. Some shared they learned to cook as children or teenagers. Others attended the conversation in hopes of receiving nutrition information for themselves and to share with others, as they felt they lacked knowledge on preparing nutritious meals and, more broadly, identifying healthy foods. Participants had questions about the healthfulness of certain foods, such as canned versus frozen and changes in nutritional content that result from cooking. Others asked about how many meals should be eaten per day and how they could prepare diabetes-friendly meals. Many expressed that greater food knowledge is required for a more food secure San Antonio. Such knowledge could include learning how to cook from scratch, culinary terminology, education with a focus on preventative health and on culturally relevant healthy foods and food practices.

During these conversations, Metro Health staff often expressed the sentiment that all foods fit, are good, and are even healthy. This sentiment is well-intentioned, aiming to avoid judgments or critiques of individual dietary choices. Often, though, participants expressed skepticism about this idea and wanted more contextualized and concrete guidance. Some participants were looking to Metro Health for actionable advice that they could use to improve their dietary health.

### *Community Support and Shared Resources*

Participants described their supportive social connections throughout the conversations as a protective factor against food insecurity. Informal sharing networks were brought up repeatedly; one participant shared how their family held a *menudo* competition and gave extra *menudo* to their neighbors, while others described trading household resources like clothing, food, and other necessities through Facebook groups. More examples included small support groups among friends, pooling assistance resources to help each other make it through the month, sharing information on food giveaways, and cooking for each other. Participants that were more food secure than they had been in the past described their past food insecurity as a motivating factor for helping others now, with one sharing that she and her family give meals to unhoused people in their neighborhood. However, some participants could not relate to having a supportive local community and described having hostile neighbors and little to no sense of a social safety net.

More formal shared resources, often at an organizational level, were described by participants as important and not without their own challenges. These resources include food banks and pantries, meals served at churches, and SNAP benefits, among others. One participant with diabetes expressed disappointment that she could not reliably eat the food given away at pantries. College students described high demand and limited availability of items at their campus food pantry, with several emphasizing the need to visit as soon as it is restocked. Several described stigma associated with getting food from pantries, expressing a desire to save those resources for those they perceive to have greater need even when acknowledging that their own needs for food assistance are substantial. At large, eligibility requirements around SNAP benefits and community resources presented significant barriers. Lastly, the lack of timely and complete information about local resources can prevent individuals from utilizing them, even if they might otherwise benefit from them. Several participants were surprised to learn from each other that certain resources existed near their homes and expressed a desire for comprehensive communication about available resources, including marketing that could reach them offline.

### *Moving Forward with Community Conversations*

After all five conversations were completed, the Community Conversation Task Force provided insights into the FIA. The team reflected on the success of data collection and community engagement, highlighting the energy and excitement among participants and the value of fostering relationships with community leaders. These conversations helped gather essential information on how people experience food insecurity and access their support systems. Looking forward, the Task Force identified key opportunities to make the collected data actionable. These include hosting interactive events to allow community members to engage with and react to the data, ensuring that the findings are not just stored away but become practical tools for change. Additionally, they emphasized the importance of ongoing community involvement, such as continuing partnerships with trusted organizations and creating opportunities for residents to participate in co-research and strategic planning. The team also recommended focusing on long-term initiatives, such as developing participatory processes for future projects and engaging community leaders earlier in the planning stages.

# FOOD INSECURITY AND NUTRITION

Addressing food insecurity is a critical focus of public health efforts, including within Metro Health’s strategic initiatives. Metro Health’s SA Forward Plan identifies priority areas to improve community health, including addressing food insecurity and improving nutrition.

While these initiatives aim to promote community well-being, it is important to recognize the distinction between addressing food insecurity and improving nutrition. Addressing food insecurity requires targeted strategies to alleviate the resource constraints that prevent access to adequate food. These challenges also limit individuals’ ability to acquire more nutritious foods, underscoring food security as a foundation for nutritional improvement. The following recommendations focus on addressing food insecurity, informed by findings from the Food Insecurity Assessment, while building on existing frameworks that support health equity and social justice.



Rachel Brownlee Kurita, RBK Art and Illustration.

# CONCLUSIONS

Food insecurity in Bexar County is at once both multifaceted and straightforward. Overwhelmingly, a lack of financial capabilities arose as the predominant factor influencing experiences of food insecurity. In addition, individuals who can navigate complex systems of support are better able to fully utilize such support. Participants also highlighted that social networks and community resources offer some support for socially connected food insecure households. Finally, several subpopulations of Bexar County residents were identified as disproportionately affected by food insecurity. This section describes these conclusions in detail.

## THE ROOT OF IT ALL: FINANCIAL CAPABILITIES

Across qualitative measures, poverty, limited income, food costs, household expenses, high costs of living, and general financial constraints were frequently cited as the driving forces of food insecurity. This association is even more apparent in the survey data: Of all strata measured in the quantitative analysis, Bexar County residents with low absorptive capacity (a measure of a household's ability to absorb short-term financial shocks)<sup>6</sup> had the single highest point estimate for food insecurity, at 97.0%. In addition, participants with household incomes less than \$25,000 were estimated to be five times as likely to experience household food insecurity as those with household incomes of \$75,000 or more. Indeed, financial capabilities are included in the USDA Economic Research Service's interpretation of food insecurity: "Food insecurity means that households were, at times, unable to acquire adequate food for one or more household members because they had insufficient money and other resources for food".<sup>10</sup>

While many factors influence Bexar County residents' ability to sufficiently feed themselves and their households, these can be seen as secondary to financial capabilities. Food security issues related to accessibility, time constraints, and difficulties navigating assistance systems can all be mitigated or rendered outright irrelevant with increased financial capabilities. Additionally, the various resiliency strategies described by community members can be seen in part as measures taken to buffer themselves and others against the financial constraints that limit food security. In fact, participants in every data collection media cited the H-E-B gift card incentives provided for participation as meaningful resources against food insecurity in the short term. Survey results consistently showed that associations between household income

and estimated food insecurity prevalence are statistically significant. More than anything else, system-level issues related to household income, wealth and poverty, employment, and financial well-being deeply affect who is food secure and who is not.

- **Recommendation: Improve household financial capabilities.** Many financial constraints that individuals and households face in addressing food insecurity stem from broader systems and policies that create and/or maintain financial inequities. Actions to advance financial equity could include prioritizing affordable costs of living and housing, living wages, and poverty reduction. Such actions should prioritize improving the financial capabilities of households with low income.

## SYSTEMS WORK FOR THE SYSTEMS-SAVVY

Across qualitative results, participants described Federal and local government programs as support systems to supplement their limited financial capabilities. Their need to choose between purchasing food or using money for other necessities led them to seek out institutional resources such as SNAP benefits, charitable food systems, or housing assistance. From survey data, weighted estimates showed that significantly more food insecure Bexar County residents were interested in using SNAP benefits and housing assistance in the future than have already used these respective resources in the past year. Participants in qualitative measures cited that they struggled to find out when resources were available to them. Often, these resources meant to alleviate food insecurity are accompanied by their own barriers. These include qualification requirements, physical and digital accessibility issues, and the time and skills required to navigate complex administrative processes.

- **Recommendation: Alleviate barriers to SNAP access.** This should include increasing support for organizations that provide direct assistance with SNAP applications or determining eligibility, promoting SNAP with marketing, and offering technical assistance for community partners to increase the number of households participating in SNAP who are eligible but not currently participating.
- **Recommendation: Invest in housing assistance.** This could include investing in affordable, quality housing and increasing the resources distributed by housing assistance programs.



- **Recommendation: Increase charitable food resources.** This could include increasing the volume and quality of food distributed and building logistical capacity for distribution (such as staffing, hours of operation, etc.) to improve accessibility for recipients. These investments should be made across the charitable food system, including in large-scale and hyper-local organizations.

## SOCIAL TIES ARE A CRUCIAL BUFFER

Participants across the focus group, group interviews, and community conversations shared similar perceptions on social connectedness to mitigate food insecurity.

Participants were active in finding solutions to their food security challenges through personal networks, such as by sharing food, resources, and assistance information.. Anecdotally, participants described social connections as protective factors against food insecurity.

- **Recommendation: Support opportunities for community connection.** Social opportunities can support relationship building with and between community members and organizations, build upon existing community support and connections, and strengthen shared resources and social capital. Meet

- people where they are: build off the strengths of existing gathering spaces.

## RESERVED: SEATS AT THE TABLE FOR THOSE MOST AFFECTED

The survey identified significantly higher risk of food insecurity for people with disabilities, individuals with a race other than White who are non-Hispanic, single adults (including those who are widowed, separated, or divorced), and those who are solely responsible for feeding a child. Focus group, group interview, and community conversation participants provided personal anecdotes from their lived experiences highlighting these inequities.

- **Recommendation: Tailor food security interventions.** Efforts to increase food security should be designed to prioritize populations that have higher rates of food insecurity. Collaboration with individuals within these populations, specifically those who have lived experience of food insecurity, should help inform tailored approaches, interventions, and policies to address food insecurity. Such collaboration should specifically address factors like accessibility, communications, marketing and promotion, and relevant measures of success.

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# APPENDIX A: INSTRUMENT SCORING INTERPRETATION

The FIA survey included instruments and screeners from the USDA,<sup>2</sup> American Community Survey,<sup>3</sup> and the Center for Nutrition & Health Impact.<sup>4-6</sup> These instruments, along with their scoring conventions and interpretations, are described in Table A1. Note that Food Insecurity Stability is a single instrument that produces four different scored metrics: chronic, seasonal, monthly, and intermittent food insecurity.<sup>6</sup>

**Table A1: Survey Instruments**

Instrument Name	Scoring	Interpretation	Source
U.S. Household Food Security Survey Module	For households with children: 0-18 For households without children: 0-10	Scores of 0-2 indicate household food security, while scores $\geq 3$ indicate household food insecurity	USDA Economic Research Service <sup>2</sup>
Disability Screener	Has/Does not have disability	"Has disability" indicates respondent has hearing, vision, cognitive, ambulatory, self-care, or independent living difficulty.	American Community Survey <sup>3</sup>
Utilization Barriers Screener	Positive/Negative	Positive screen indicates individual needs support around barriers to healthy food preparation.	Center for Nutrition & Health Impact <sup>6</sup>
<b>Household Resilience</b>			
Absorptive Capacity	0-3	Absorptive capacity is a household's ability to absorb a household-level financial shock (e.g., job loss, large or unexpected expenses) in the short term. Higher scores indicate a greater degree of absorptive capacity. "Low" scores are 1.2 and below.	Center for Nutrition & Health Impact <sup>4</sup>
Adaptive Capacity Screener	Positive/Negative	Positive screen indicates individual needs support to improve their household financial skills, efficacy, address job barriers, and similar support to navigate financial challenges.	
Transformative Capacity Screener	Positive/Negative	Positive screen indicates individual lives in a community that may have limited services, resources, and opportunities to support long-term household resilience.	

Nutrition Security and Related Measures			
Nutrition Security	0-4	Nutrition Security: Households feel they can acquire healthful foods without resource limitations or worry. Higher scores indicate a greater degree of nutrition security. "Low" scores are 2.0 and below.	Center for Nutrition & Health Impact <sup>5</sup>
Healthfulness Choice	0-4	Healthfulness Choice: Households feel they are freer from external constraints, giving them the ability to meet their dietary healthfulness needs by having control over their food options. Higher scores indicate a greater degree of healthfulness choice. "Low" scores are 2.0 and below.	
Dietary Choice	0-4	Dietary choice: Households feel they are freer from external constraints, giving them the ability to meet their food preferences by having control over their food options. Higher scores indicate a greater degree of dietary choice. "Low" scores are 2.0 and below.	
Food Insecurity Stability			
Chronic Food Insecurity	0-3	Higher scores indicate a higher degree of experiencing chronic food insecurity. "High" scores are 1.0 and above.	Center for Nutrition & Health Impact <sup>6</sup>
Seasonal Food Insecurity	0-3	Higher scores indicate a higher degree of experiencing seasonal food insecurity. "High" scores are 1.0 and above.	
Monthly Food Insecurity	0-3	Higher scores indicate a higher degree of experiencing monthly food insecurity. "High" scores are 1.0 and above.	
Intermittent Food Insecurity	0-3	Higher scores indicate a higher degree of experiencing intermittent food insecurity. "High" scores are 1.0 and above.	

# APPENDIX B: SURVEY SAMPLE CHARACTERISTICS

Table B1 describes the demographic characteristics for the sampled  $n = 393$  participants whose FIA survey results were analyzed and described in this report. Similarly, Table B2 shows the sample's characteristics resulting from evaluation of the instruments described in Appendix A. Sample characteristics are not directly representative of the underlying Bexar County population, as survey weights are not applied until population-level estimates are made (Appendix C).

**Table B1: Sample Demographic Characteristics**

Characteristic	n (%)
<b>Household Income</b>	
\$75,000 or more	41 (10.4%)
\$35,000 - \$74,999	142 (36.1%)
\$25,000 - \$34,999	59 (15.0%)
Less than \$25,000	108 (27.5%)
Don't Know/Refused	43 (10.9%)
<b>Race/Ethnicity</b>	
Non-Hispanic White	52 (13.2%)
Non-Hispanic Other Race*	43 (10.9%)
Hispanic	276 (70.2%)
Don't Know/Refused	22 (5.6%)
<b>Age</b>	
18 to 29 years	75 (19.1%)
30 to 34 years	35 (8.9%)
35 to 44 years	73 (18.6%)
45 to 54 years	80 (20.4%)
55 to 64 years	70 (17.8%)
65 years and over	59 (15.0%)
Don't Know/Refused	1 (0.3%)

<b>Gender</b>	
Men	82 (20.9%)
Women	301 (76.6%)
Something Else	1 (0.3%)
Don't Know/Refused	9 (2.3%)
<b>Marital Status</b>	
Married/Cohabiting	156 (39.7%)
Widowed/Separated/Divorced	77 (19.6%)
Single	144 (36.6%)
Don't Know/Refused	16 (4.1%)
<b>Responsibility for Feeding a Child</b>	
No Children/Not Responsible	255 (64.9%)
Solely Responsible	68 (17.3%)
Jointly Responsible	66 (16.8%)
Don't Know/Refused	4 (1.0%)
<b>Education</b>	
No College	145 (36.9%)
Some College Without Degree	94 (23.9%)
Associate's Degree	41 (10.4%)
Bachelor's Degree or Higher	92 (23.4%)
Don't Know/Refused	21 (5.3%)
<b>Survey Language</b>	
English	378 (96.2%)
Spanish	15 (3.8%)



<b>Employment</b>	
Full-time employed	172 (43.8%)
Part-time, Self-employed, Independent Contractor, or Per Diem Employed	46 (11.7%)
Student	15 (3.8%)
Retired	58 (14.8%)
Not employed	77 (19.6%)
Don't Know/Refused	25 (6.4%)
<b>Weight Classification</b>	
Normal Weight	123 (31.3%)
Underweight	19 (4.8%)
Overweight	177 (45.0%)
Obese	37 (9.4%)
Don't Know/Refused	37 (9.4%)
<b>Diabetes Mellitus (DM)</b>	
Not Diagnosed	257 (65.4%)
Diagnosed	94 (23.9%)
Don't Know/Refused	42 (10.7%)
<b>Past-Week Hypoglycemic Events (among respondents diagnosed with DM)</b>	
None	41 (43.6%)
At Least One	47 (50.0%)
Don't Know/Refused	6 (6.4%)
<b>Adults Over 65 in Household</b>	
None	261 (66.4%)
One	80 (20.4%)
More than One	43 (10.9%)
Don't Know/Refused	9 (2.3%)

<b>Past-Year SNAP Use</b>	
No	216 (55.0%)
Yes	74 (18.8%)
Not Asked	103 (26.2%)
<b>Past-Year Charitable Food Assistance</b>	
No	218 (55.5%)
Yes	72 (18.3%)
Not Asked	103 (26.2%)
<b>Past-Year Housing Assistance</b>	
No	278 (70.7%)
Yes	12 (3.1%)
Not Asked	103 (26.2%)
<b>Interest in Future SNAP Use</b>	
No	170 (43.3%)
Yes	120 (30.5%)
Not Asked	103 (26.2%)
<b>Interest in Future Charitable Food Assistance</b>	
No	197 (50.1%)
Yes	93 (23.7%)
Not Asked	103 (26.2%)
<b>Interest in Future Housing Assistance</b>	
No	240 (61.1%)
Yes	50 (12.7%)
Not Asked	103 (26.2%)

\*non-Hispanic Other Race category is made up of individuals who are American Indian or Alaska Native, Asian, Black/African American, Native Hawaiian or Pacific Islander, Multiracial, or a race that was not listed and not Hispanic.

**Table B2: Sample Characteristics from Survey Instruments**

Characteristic	n (%)
<b>Household Food Security<sup>2</sup></b>	
Food Secure	183 (46.6%)
Food Insecure	210 (53.4%)
<b>Common Disabilities Screener<sup>3</sup></b>	
No Disability	237 (60.3%)
Disability	156 (39.7%)
<b>Adaptive Capacity Screener<sup>4</sup></b>	
Negative	265 (67.4%)
Positive	128 (32.6%)
<b>Transformative Capacity Screener<sup>4</sup></b>	
Negative	229 (58.3%)
Positive	164 (41.7%)
<b>Absorptive Capacity<sup>6</sup></b>	
High	231 (58.8%)
Low	39 (9.9%)
Unknown (Missing Data)	123 (31.3%)
<b>Nutrition Security<sup>5</sup></b>	
High	207 (52.7%)
Low	123 (31.3%)
Unknown (Missing Data)	63 (16.0%)
<b>Healthfulness Choice<sup>5</sup></b>	
High	146 (37.2%)
Low	189 (48.1%)
Unknown (Missing Data)	58 (14.8%)



<b>Dietary Choice<sup>5</sup></b>	
High	226 (57.5%)
Low	115 (29.3%)
Unknown (Missing Data)	52 (13.2%)
<b>Chronic Food Insecurity<sup>6</sup></b>	
High	98 (24.9%)
Low	201 (51.1%)
Unknown (Missing Data)	94 (23.9%)
<b>Seasonal Food Insecurity<sup>6</sup></b>	
High	79 (20.1%)
Low	220 (56.0%)
Unknown (Missing Data)	94 (23.9%)
<b>Monthly Food Insecurity<sup>6</sup></b>	
High	105 (26.7%)
Low	194 (49.4%)
Unknown (Missing Data)	94 (23.9%)
<b>Intermittent Food Insecurity<sup>6</sup></b>	
High	63 (16.0%)
Low	236 (60.1%)
Unknown (Missing Data)	94 (23.9%)

# APPENDIX C: BEXAR COUNTY HOUSEHOLD FOOD INSECURITY ESTIMATES

Table C1 shows the weighted estimates of household food insecurity prevalence for Bexar County, stratified by a series of demographic measures. Table C2 shows similar weighted estimates stratified by scoring measure for some of the survey instruments described in Appendix A. The first stratum of each measure in both tables is designated as the “reference” category, against which all other strata within the respective measure are compared. If these strata are assessed to have a significantly different food insecurity prevalence than the reference stratum with 95% confidence, then this difference is designated as significant with an asterisk (\*). Note that no adjustment is made for testing multiple hypotheses simultaneously, so it is expected that about 5% of significant results falsely appear as such due to random chance alone.

In the calculation of population estimates for both tables, data are survey-weighted by category of household income to make estimates from sample data more representative of Bexar County overall. Participants who gave a non-response option to describe their income (Don’t know/Refused) were included in the calculation of population estimates with a survey weight of 1, representing only themselves. Due to sample size ( $n = 393$ ) limitations, survey weighting could only be performed across one variable (income) while maintaining sufficiently large cell sizes ( $n \geq 30$ ) for analysis. Additionally, some of the income brackets used for weighting are quite large. These factors together comprise the main limitation of this weighting method, which is the possibility of considerable within-group heterogeneity by household income and other characteristics.

**Table C1: Bexar County Food Insecurity Estimates by Demographic Measures**

Characteristic	Estimated Household Food Insecurity Prevalence	95% Confidence Interval	Significance
<b>Total</b>			
All Bexar County Households	39.0%	(33.3%, 44.7%)	
<b>Household Income</b>			
\$75,000 or more	14.6%	(3.7%, 25.6%)	Ref
\$35,000 - \$74,999	45.8%	(37.6%, 54.0%)	*
\$25,000 - \$34,999	71.2%	(59.5%, 82.8%)	*
Less than \$25,000	73.1%	(64.8%, 81.5%)	*
Don't Know/Refused	41.9%	(26.9%, 56.8%)	*

<b>Race/Ethnicity</b>			
Non-Hispanic White	22.2%	(11.0%, 33.4%)	Ref
Non-Hispanic Other Race**	64.2%	(42.7%, 85.6%)	*
Hispanic	38.7%	(31.9%, 45.5%)	
<b>Age</b>			
18 to 29 years	37.4%	(22.4%, 52.4%)	Ref
30 to 34 years	28.8%	(11.1%, 46.4%)	
35 to 44 years	36.8%	(22.7%, 51.0%)	
45 to 54 years	42.7%	(28.1%, 57.2%)	
55 to 64 years	42.9%	(27.1%, 58.7%)	
65 years and over	39.5%	(21.8%, 57.2%)	
<b>Gender</b>			
Men	30.6%	(16.1%, 45.2%)	Ref
Women	41.0%	(34.9%, 47.1%)	
Something Else	NA <sup>†</sup>	NA <sup>†</sup>	NA <sup>†</sup>
<b>Marital Status</b>			
Married/Cohabiting	27.0%	(18.4%, 35.5%)	Ref
Widowed/Separated/ Divorced	61.8%	(50.7%, 72.9%)	*
Single	48.3%	(36.7%, 59.8%)	*

<b>Responsibility for Feeding a Child</b>			
No Children/Not Responsible	30.8%	(24.0%, 37.5%)	Ref
Solely Responsible	68.0%	(50.6%, 85.4%)	*
Jointly Responsible	46.0%	(29.4%, 62.6%)	
<b>Education</b>			
No College	54.5%	(42.8%, 66.1%)	Ref
Some College Without Degree	42.7%	(30.4%, 55.0%)	
Associate's Degree	49.0%	(26.9%, 71.0%)	
Bachelor's Degree or Higher	23.5%	(12.8%, 34.3%)	*
<b>Survey Language</b>			
English	38.5%	(32.7%, 44.3%)	Ref
Spanish	NA <sup>†</sup>	NA <sup>†</sup>	NA <sup>†</sup>
<b>Employment</b>			
Full-time employed	32.4%	(24.1%, 40.7%)	Ref
Part-time, Self-employed, Independent Contractor, or Per Diem Employed	52.3%	(31.3%, 73.2%)	
Student	NA <sup>†</sup>	NA <sup>†</sup>	NA <sup>†</sup>
Retired	34.2%	(17.5%, 50.8%)	
Not employed	60.1%	(42.4%, 77.8%)	*



<b>Weight Classification</b>			
Normal Weight	34.4%	(24.0%, 44.9%)	Ref
Underweight	NA <sup>†</sup>	NA <sup>†</sup>	NA <sup>†</sup>
Overweight	34.2%	(26.6%, 41.8%)	
Obese	69.8%	(53.0%, 86.7%)	*
<b>Diabetes Mellitus</b>			
Not Diagnosed with DM	37.9%	(30.7%, 45.2%)	Ref
Diagnosed with DM	44.6%	(30.5%, 58.8%)	
<b>Past-Week Hypoglycemic Events (among those diagnosed with DM)</b>			
None	38.9%	(17.4%, 60.5%)	Ref
At Least One	48.4%	(27.9%, 69.0%)	
<b>Adults Over 65 in Household</b>			
None	40.0%	(32.9%, 47.1%)	Ref
One	39.7%	(25.1%, 54.2%)	
More than One	27.7%	(11.5%, 43.8%)	

\*With 95% confidence, categories marked with an asterisk (\*) are significantly different from their respective reference category

\*\*Non-Hispanic Other Race category is made up of individuals who are American Indian or Alaska Native, Asian, Black/African American, Native Hawaiian or Pacific Islander, Multiracial, or a race that was not listed and not Hispanic.

<sup>†</sup>No prevalence estimate is made due to low cell counts ( $n < 30$ )

**Table C2: Bexar County Food Insecurity Estimates by Instrument Score**

Characteristic	Estimated Household Food Insecurity Prevalence	95% Confidence Interval	Significance
<b>Total</b>			
All Bexar County Households	39.0%	(33.3%, 44.7%)	
<b>Common Disabilities Screener<sup>3</sup></b>			
No Disability	28.7%	(22.0%, 35.4%)	Ref
Disability	58.8%	(47.2%, 70.4%)	*
<b>Adaptive Capacity Screener<sup>4</sup></b>			
Negative	31.8%	(25.3%, 38.2%)	Ref
Positive	56.3%	(43.7%, 69.0%)	*
<b>Transformative Capacity Screener<sup>4</sup></b>			
Negative	31.6%	(25.2%, 38.1%)	Ref
Positive	48.8%	(37.9%, 59.7%)	
<b>Utilization Barriers Screener<sup>6</sup></b>			
Negative	15.0%	(9.2%, 20.8%)	Ref
Positive	75.3%	(67.2%, 83.5%)	*
<b>Absorptive Capacity<sup>4</sup></b>			
High	31.3%	(25.1%, 37.5%)	Ref
Low	97.0%	(91.1%, 100.0%)	*
<b>Nutrition Security<sup>5</sup></b>			
High	23.6%	(17.7%, 29.6%)	Ref
Low	77.8%	(66.3%, 89.3%)	*

<b>Healthfulness Choice<sup>5</sup></b>			
High	23.5%	(15.9%, 31.1%)	Ref
Low	57.9%	(47.6%, 68.1%)	*
<b>Dietary Choice<sup>5</sup></b>			
High	23.1%	(17.5%, 28.7%)	Ref
Low	89.0%	(83.1%, 95.0%)	*

\*With 95% confidence, categories marked with an asterisk (\*) are significantly different from their respective reference category

# APPENDIX D: ABSORPTIVE CAPACITY, NUTRITION SECURITY, HEALTHFULNESS CHOICE, AND DIETARY CHOICE CONTINUOUS MEASURES

Interpretations for scoring each of the measures from the Center for Nutrition & Health Impact are detailed in Appendix A. For each of those listed here, higher scores are considered desirable as they indicate a greater degree of absorptive capacity,<sup>4</sup> nutrition security,<sup>5</sup> healthfulness choice,<sup>5</sup> and dietary choice.<sup>5</sup> After applying survey weights by income bracket to make the sample more representative of Bexar County in this respect, Table D1 shows the estimated average score for each measure among Bexar County residents with household food security and insecurity. Note that the Absorptive Capacity instrument has a score range of 0-3,<sup>4</sup> while the others have a range of 0-4.<sup>5</sup> These estimates are based on complete case analyses, and scores are missing for a considerable proportion (between  $n = 52$ ; 13.2% and  $n = 123$ ; 31.3%) of respondents. Refer to Appendix B for the exact number missing from each instrument.

**Table D1: Estimates of Mean Absorptive Capacity, Nutrition Security, Healthfulness Choice, and Dietary Choice Scores Stratified by Food Insecurity among Bexar County Residents**

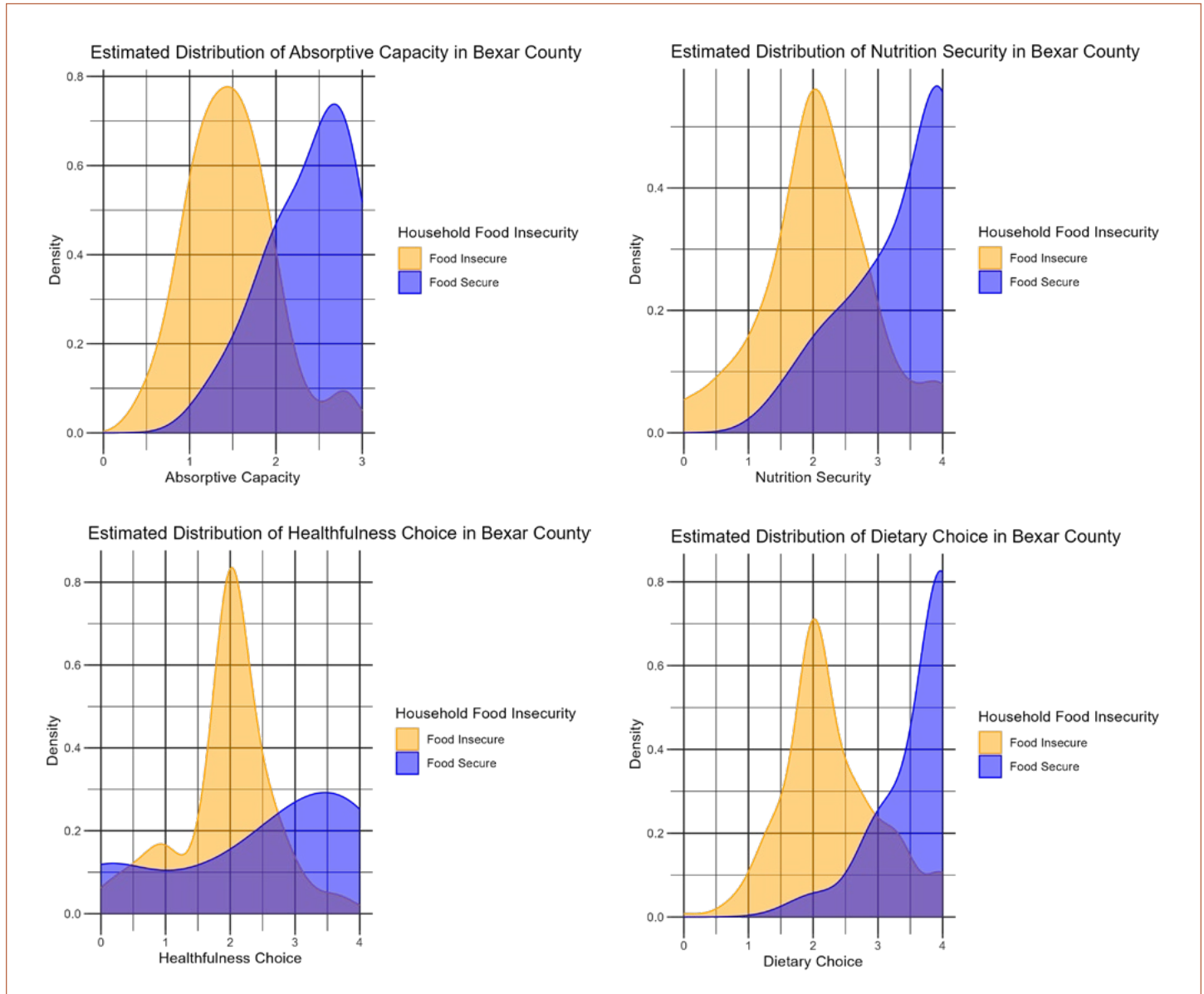
Household Food Security	Estimated Average Score	95% Confidence Interval	Significance	Instrument Score Range
<b>Absorptive Capacity<sup>4</sup></b>				
Food Secure	2.38	(2.26, 2.49)	Ref	0-3
Food Insecure	1.47	(1.35, 1.59)	*	
<b>Nutrition Security<sup>5</sup></b>				
Food Secure	3.36	(3.19, 3.52)	Ref	0-4
Food Insecure	2.08	(1.90, 2.25)	*	
<b>Healthfulness Choice<sup>5</sup></b>				
Food Secure	2.51	(2.16, 2.85)	Ref	0-4
Food Insecure	1.93	(1.78, 2.07)	*	
<b>Dietary Choice<sup>5</sup></b>				
Food Secure	3.66	(3.56, 3.75)	Ref	0-4
Food Insecure	2.29	(2.15, 2.43)	*	

\*With 95% confidence, categories marked with an asterisk (\*) are significantly different from their respective reference category



Additionally, the estimated distribution of scores for each of these instruments is shown in Figure D1 for food secure and insecure Bexar County residents.

**Figure D1: Estimated Distribution of Absorptive Capacity Nutrition Security, Healthfulness Choice, and Dietary Choice Scores Stratified by Food Insecurity among Bexar County Residents**



FOR QUESTIONS OR COMMENTS ABOUT THE SAN ANTONIO FOOD INSECURITY ASSESSMENT, PLEASE CONTACT THE FOLLOWING:

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