



SUSTAINABLE FOOD CENTER

IDENTIFYING
SUCCESSFUL
BEHAVIORS AND
STRATEGIES FOR
NUTRITION
SECURITY

February 2023

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INTRODUCTION

Food insecurity impacts health through a variety of mechanisms, including hunger, nutrition, chronic stress, and behaviors such as directing limited resources to some needs rather than others. In Travis County, food insecurity increased from 12.8% in 2019, to 14.4% in 2021, higher than the national average of 10.5% and 10.2% in the same years (1,2).

Food security is a priority for many health stakeholders in Texas, including Managed Care Organizations (MCOs), because of the association of food insecurity with suboptimal healthcare quality measure performance and poorer health outcomes. For example, the 2021 Texas Health and Human Services Commission Delivery System Reform Incentive Payments Transition Milestone report documented an association between food insecurity and rates of multiple quality measures for children, adolescents, pregnant women, and STAR+PLUS adults (3).

Furthermore, food security is directly tied to access to and the resilience of local and regional food systems. Sustainable Food Center, with a mission to transform the food system to nourish our health, land, and livelihood, centers equitable access to culturally significant foods as a focal point of its mission. The purpose of this project was to identify locally effective strategies for household food and nutrition security that can be considered by MCOs, providers, philanthropic organizations, public sector agencies, and others seeking to invest in sustainable solutions for food security.

Introduction to Positive Deviance

Positive deviance is a concept and approach to community-based research that centers the voices, experiences, and inherent knowledge of community members (4). Rather than diagnosing a problem and seeking solutions, the positive deviance approach inspires practitioners to seek, uplift, and amplify community-based practices and behaviors in program and policy interventions.

The positive deviance approach leverages data and other information to solve complex social challenges by finding effective strategies that are already working in the same context as the targeted challenge is observed. The strategies are then disseminated and implemented, taking what is already working for some in the community and spreading the solution to others (4). Community members participate in leading the work to identify and understand positive deviance. They are also the agents of change. Because the solution already exists and local experts are already implementing those strategies, successful spread is likely with community engagement (ibid). This project applied the positive deviance approach to learn from households experiencing high food or nutrition security in communities with the highest rates of food insecurity.

Process

In October 2022, Sustainable Food Center, in coordination with Dr. Arvind Singhal—Professor & Director of the Social Justice Initiative in the Department of Communication, The University of Texas at El Paso (UTEP)—hosted a workshop with partners, organizations, and stakeholders in the Austin/Travis County service area to learn about the asset-based and community-driven approach known as positive deviance. Together with 18 partner organizations, we gained a deeper understanding of the positive deviance approach and began learning how to identify uncommon behaviors that lead to food security.

This workshop directly informed SFC’s approach to exploring positive deviance within the communities we serve. In November 2022, our team identified several community members that had engaged with the organization in various ways as potential “positive deviants;” namely, despite experiencing conditions that tend to drive food insecurity, these community members identified as being food secure. We reached out to eight individuals, and three agreed to meet with our team in a location of their choice.

In December 2022 and January 2023, these three community members welcomed us into their homes, shared a meal with us, and discussed their behaviors, beliefs, and practices related to accessing nutritious food. We called these interviews “deep dives” and the people who participated in them “participants.” We recorded each deep dive, transcribed the audio recordings, and debriefed after each deep dive to discuss what we had learned and identify initial themes. We then used NVivo qualitative analysis software to identify common themes in the transcripts.

Many factors that are often linked to lower levels of food security were exhibited by participants. These included Supplemental Nutrition Assistance Program (SNAP) eligibility and/or receiving SNAP benefits; immigration status; identifying as a person of color; living with a physical and/or mental disability; having limited income; and having limited access to transportation.

In the spirit of moving towards an assets-based rather than a deficits-based approach, we do not have a “barriers” section in this report. This is not to deny the impact barriers can have on community members’ lives, but rather to weave them into the context that was shared with us and to view them through the lens of how participants are adapting to them.

In the sections below, we explore the factors that led participants to change their diets, how they access nutritious food, what leads them to consume food they do not consider healthy, how their families are involved in preparing food, the varied roles food and diet play in their lives, examples of times they have experienced difficulty accessing food, and the traits and behaviors participants displayed in accessing food that helps them thrive.

Please note: Takeaways are presented as themes and subthemes, identified in the headings under each section. We use pseudonyms to protect participant confidentiality. Many quotes from participants are included below and have been edited for length and clarity. While we anticipated our deep dives to be focused on food access, the participants spent most of their time talking about their relationships with food and how they accessed food that they thought was most nutritious. For clarity and transparency, we have included our Interview Guide as Appendix A.

DEEP DIVE LEARNINGS

Introducing Our Deep Dive Participants

Laura, her husband, and two of her three adult sons spoke with us at their family’s ranch, located south of Austin. The family visits the ranch on the weekends and lives in South Austin during the week. Our conversation was mostly in Spanish with some English.

We met Elena at the apartment she shares with her teenage daughter at an affordable housing community for older adults and people with disabilities in North Austin. We spoke with her in Spanish.

Charles participated in the interview at the apartment where he lives by himself in an affordable housing community in South-Central Austin. Our deep dive was conducted in English.

Turning Points

All three participants described health issues that had prompted them to change their diets:

For Elena and Laura, friends' and family members' health issues led them to reexamine their diets. Elena has lost friends to diet-related diseases, and many more are living with diet-related diseases that are not being managed. When a doctor became concerned about Elena's daughter gaining weight, Elena began taking a closer look at what she was feeding her children.

Íbamos comiendo en el carro y sí, es bien frustrante, pero ya, que le digo, yo pienso que todos como que tenemos que tocar fondo, que ya un médico nos diga, “¿Sabes qué? Está ese número rojo. O te cambia la dieta o te cambias.”

We were eating in the car and yes, it's very frustrating, but now, let me tell you, I think that we all kind of have to hit rock bottom, for a doctor to tell us, “You know what? That number is red. Either you change your diet, or you change yourself.”

Laura was told that one of her sons was borderline obese. She became more watchful about what the family ate. When her husband was diagnosed with diabetes, it came as a shock.

Siempre le cuidaba y yo decía, “¿Por qué? ¿Por qué es diabético si yo no cocino mal?” Siempre he cocinado. Cuido como cocinamos, lo que comemos.

I always took care of him and I said, “Why? Why does he have diabetes if I don't cook badly?” I have always cooked. I watch how we cook, what we eat.

Charles and Elena experienced health issues themselves that led to major changes in their diets. Elena manages multiple chronic illnesses through diet. Charles found himself accessing food in different ways after a health issue affected his ability to speak and drive.

I want to make sure that everything I eat, I'm aware of what I am eating because I almost lost my life with health.

Food Landscape

Participants adapted to these changes by rebuilding their food landscapes in different ways. This involved figuring out what nutritious food meant to them, reflecting on why they had been eating less nutritious food, and bringing the family along on this journey.

Defining Nutritious Food

All three participants described what they see as healthy food and how they started eating more of it:

Laura describes her family's diet as Mexican food. They eat white or red rice with vegetables, beans, and some corn tortillas—though fewer in light of her husband's diabetes diagnosis. Laura's family looks forward to going to the ranch on the weekends to make salsa de molcajete, carne asada, pico de gallo, homemade tortillas, gorditas, sopas, pancakes, hash browns, and eggs. She says that her molcajete will be an inheritance she leaves to her children. Before the deep dive, Laura gives us a tour of the ranch, dotted with peach, plum, and apple trees, and raised garden beds that are covered by a thick layer of leaf mulch for the winter.

Elena focuses on eating all kinds of grains, like quinoa and amaranth, and a variety of vegetables. She and her daughter are trying to eliminate meat from their diet, especially red meat and pork. She is conscious of sodium intake, preferring to use low-sodium soy sauce and strong flavors like garlic to give dishes flavor. She stopped eating fast food after feeling unwell and reading nutrition facts about the French fries and processed meat she and her daughters regularly ate. Fast food crept into their diets when she was working long hours and taking her daughters to and from school, leaving little time to prepare food. She proudly stated that she had not visited the fast food chain they used to frequent in 10 years but admits that the aroma can still be tempting.

Elena has three primary food access points: a conventional supermarket, farmers' markets, and a supermarket that specializes in natural and organic foods that she describes as "como entrar a una tienda de juguetes" (like walking into a toy store) because of the variety of vegetables they sell. She usually takes the bus, but drives when the weather is nice, accommodating the fact that she has lost vision in one eye. She is excited to plant lettuce, broccoli, peppers, and other vegetables with her neighbors in their raised garden beds in the spring. She grows flowers and herbs like lemongrass in containers outside her apartment.

Charles has a weekday breakfast routine of fresh fruit and yogurt or smoothies. On Sundays, he changes up his breakfast to include eggs, greens, and one-minute steaks from the farmers' market. He is interested in growing chili peppers in containers in a sunny window.

I am more aware of how food can help me. And if I don't eat, you know, if you eat something that's not very good or not very healthy, you don't feel very healthy. And a lot of people get used to that because it's all they know.

Charles has a routine for buying food he considers healthy at three access points: curbside delivery from Fresh for Less (a City of Austin-sponsored program that offers fresh, nutritious, local food at affordable prices), farmers' markets, and a food cooperative. He orders food on Mondays from curbside and bikes to the farmers' market on Saturdays. Charles carefully times grocery store visits during less busy times. He mostly bikes but drives to nearby locations when there is less traffic. He is interested in riding the bus but has not tried it yet because he does not know street names and is nervous about getting disoriented.

Reasons for Eating Less Nutritious Food

All three participants reflected on why they or others eat food that they consider to be less nutritious:

Price

A major reason was the perception that nutritious food is more expensive than less nutritious food. Charles and Elena noted that prices are high everywhere now. In particular, the meat that Charles prefers to buy at the farmers' market can be tough to fit into his budget. He thinks that economic limitations are a major reason that others cannot freely choose what to eat.

I don't think many people are able to choose what they eat. [...] It's about money, I think, or it seems. And for me...it was that way [...] To know what I am eating, I do feel better through doing that.

Echoing this sentiment, what keeps Elena from eating food she considers healthy all the time is a limited food budget. She is frustrated that the organic food and vegetables she prefers to buy are more expensive than fast food. Along with her neighbors, she recently received a letter that her SNAP benefits would be reduced.

Por ejemplo, lo que busco [son] vegetales y eso cada semana. Cada semana. [...] Las cosas que me hacen daño es como para fin de mes ya cuando se acabaron las estampillas.

For example, what I look for [are] vegetables and all that every week. Every week. [...] The things that do me harm come at the end of the month, when my food stamps have run out.

Quick to Access

All three participants mentioned that less nutritious food can be quicker to access:

Some of the examples provided were temporary and situational. As a musician on tour, Charles and his band tended to buy whatever was cheapest and fastest, even though he did not feel good after eating it. During a family member's hospital stay, Laura's family ate fast food because they saw it as the only option given the circumstances.

Another element of the perception that less nutritious food is faster to access was linked to the experience of immigrating to the United States. Elena and Laura highlighted the emphasis on working they experienced themselves, and in their communities, as immigrants. Laura works to keep her family from losing the diet they brought from Mexico.

Cuando venimos de inmigrantes usualmente nos enfocamos en el trabajo, en producir y producir, ¿verdad? [...] Lo que yo he visto y pasado en algún tiempo fue de perder un poquito esa conexión en que estás cocinando [...]. Entonces te enfocas tanto en el trabajo que es de la casa al trabajo y llegas a la carrera a preparar algo, a la carrera, o a veces ya ni preparas, a veces traes comida de afuera.

As immigrants, when arriving in a new place we commonly just focus on work, on producing and producing, right? [...] What I have seen and experienced over time was losing a little bit of that connection to what you're cooking [...]. So, you are so focused on work that you go from home to work, and you arrive in a rush to prepare something quickly, or sometimes you don't even prepare anything, sometimes you bring food from outside.

Laura's sons also expressed that many immigrants they know are working to provide for their families in the United States and in their home countries and do not take time or have time for themselves. This can lead to a habit of eating whatever is available, whatever is easiest, and not being conscious of what they eat. In their perception, less processed foods are healthier but often take longer to prepare.

Elena noticed that her diet became more processed when she moved to the United States. Exhausted from working and taking her daughters to school and extracurricular activities, she focused on getting food on the table fast, no matter the quality. She noted that many friends who have also immigrated to the United States primarily focus on working and do not always take care of themselves in terms of diet.

Social Pressures

Laura and Elena described how social settings presented challenges to eating nutritious food.

Over time, Elena has summoned courage and overcome embarrassment to state her dietary needs to friends and family. She has been teased, called difficult, accused of having these dietary needs just because she lives in the United States, and repeatedly offered food that she knows will not make her feel good. She does not want others to be angry or speak badly of her, and she has felt obligated to eat whatever is served.

Y créame que sufrí mucho en el aspecto de que llegaron al tiempo de decirme en mi propia familia que, "Ay que es bien sangrona, que ya no quiere comer, si antes comía frijoles y así de lo clásico." Ahí está la lista de todo lo que tengo de alergias. Y llego a la casa, por ejemplo, con mi mamá y, "¿Qué vamos a comer?" "Una carne asada y todo." "No, pues carne, yo ya no."

At one point, I was uncomfortable many times with my own family members when one of them told me, "Oh, she's so stuck-up, she doesn't want to eat what we eat anymore, she used to eat beans and the classic foods." There is the list of all the allergies I have. Also, when I go home to my mother's, for example, and "What are we going to eat?" "Carne asada and everything." "Mmm, not for me, I don't do meat anymore."

She sees and feels the effects immediately if she eats something she is allergic to out of obligation and has since learned to say "no." She spoke of learning to not only think about others or harm herself by eating foods that make her feel unwell to save face with others.

Laura's family is learning to navigate managing her husband's diabetes. At family or friend gatherings, he is often pressured to eat more sweets or drink more alcohol than he and his family feel he should. Laura described letting go of caring about what others think and adhering to their family values of preventative care and emphasizing quality of life.

Y a veces he batallado porque...nos reunimos con unos amigos que luego le dicen a él, "Hombre usted coma," o "¿Qué tiene?" y no sé qué... O me dicen a mí que qué

And sometimes I've struggled because...we get together with some friends who then say to him, "Just eat," or "What's wrong?" and so on... Or they tell me that I'm so

mala porque no lo deajo comer y les digo no, a mí no me importa. [...] Pero sí es como que para unas personas es como que les dices y hasta insisten más. O sea que “No, pues déjalo, pues ¿qué le pasa? Pues ahí no le va a pasar nada.” Y luego a veces el comentario tan curioso que siempre dicen pues que al cabo nos vamos a morir de algo.

mean because I don't let him eat what they are eating and I tell them no, I said no. [...] But it's like for some people it's like you tell them and they insist even more. In other words, “No, let him, what's wrong? Nothing's going to happen to him.” And then sometimes the strange comment that they always say that in the end we're all going to die of something.

Family Dynamic

Both Laura and Elena's families were involved in cooking and managing diet-related diseases. They also expressed hopes for the future in terms of how their children's lives would be positively impacted by eating nutritious food.

Cooking and Eating Together

For Elena, it is key to be proactive about communicating dietary choices to children and to offer alternatives.

El que haya unión entre la familia. Para mí es mejor que platiquen para que los niños entiendan, porque muchos niños no saben de decir, “Oh, pues, es que mi mamá no me quiere comprar unas papas fritas porque no quiere. Es mala o eso.” Pero explicarle, “¿Sabes qué? No te las puedo comprar porque te hace daño y que esto tiene grasa.” A lo mejor está muy chiquito para entender, pero puede hacerlas en casa, naturales, con aceite de olivo, con bastantes hierbas secas y quedan bien saludables.

There should be unity within the family. For me it's better to talk so the children understand, because many children say, “Oh, well, my mom doesn't want to buy me any French fries just because she doesn't want to. She's mean or something.” But explain to them, “You know what? I can't buy them for you because they are bad for you and are fattening.” Maybe they are too young to understand, but you can make them at home, natural, with olive oil and plenty of dried herbs and they're very healthy.

Elena's daughter is involved in all aspects of food preparation. They go grocery shopping together and her daughter introduces her to new foods like bok choy and avocado oil. They are also learning to make dried fruit together. Her daughter helps with physically challenging cooking tasks, like opening jars and moving heavy items to and from the oven. Both of Elena's daughters (one is currently studying in another state) help her figure out how to manage her disease and what to do if she eats food that does not agree with her. They encourage her not to be afraid to state her dietary needs when others offer her food that she cannot safely eat.

Laura discussed the values she works to instill in her children, values passed on from her parents: to be there for one another during hard times, to love one another despite differences,

and to stay unified. Though her mother cooked very well and tried to teach Laura and her sisters to cook, wash, and iron in order to prepare for marriage, Laura challenged what was expected of her. She was not interested in learning any of these skills and did not learn until she felt she had to later in life.

Laura's three adult sons usually come home for dinner every night. They are involved in cooking to varying degrees, and her youngest is in charge of making salsa on the weekends.

It's always been like this. Saturdays, Sundays, most of my life, since I was little, we would always come here and then we would clean, prepare stuff here for our future, and then we would just prepare food.

The family is involved in managing her husband's diabetes and everyone knows what he should eat and drink. One of her sons stated that the role of family is to take care of one another, so they all need to know how to manage their father's health situation.

Generational Impacts

Elena is not the first in the family to have her disease. A doctor told her that if she took care of herself, her daughters would be okay, so she is teaching her daughters to care for themselves, so they do not develop it. She also looks to her ancestors' diet and emulates it because she believes that they did not get sick as often as many people today because they consumed nutritious foods like herbs, corn, and lentils, and ate meat only on holidays.

When her sons were young, Laura and her husband made the decision to stop paying for childcare so that she could stay with the children, learn English, and get her GED. This resulted in Laura spending a lot of time with her sons. Though she did not realize it until later, Laura's sons absorbed much of what Laura was learning. Her sons demonstrated that they had internalized the information they had been exposed to from an early age, such as learning to read nutrition labels from posters in cooking classes and knowing to watch out for things like false advertising on the front of food packaging. One of Laura's sons described how, after realizing how much sugar is added to what he eats, he is working to reduce his sugar consumption by spreading out sodas and snacks over multiple days. He is aware that diabetes runs on both sides of his family and that this could impact him and his future children. Both of Laura's sons mirrored their mother's perception of abundance: that there are resources to be obtained and outreach programs to access.

We have this culture and the values of caring for our family and everything. So, I guess it just ties it all together and makes everything that my mom does important to us and we kind of stick to it.

Role of Food and Diet

Reflecting on how participants spoke about food, it became clear that they saw food as more than just fuel for their bodies. Aside from price, they listed various values they hold when selecting food.

Linking Diet and Overall Wellbeing

All participants had a high degree of awareness of diet-related diseases and other health conditions that can be influenced by diet. They all described how different it felt to eat foods that did not make them feel well compared to foods that did.

Charles spoke extensively about how fresh, nutritious food helped him heal from a health condition in multiple ways. Cooking at home himself, he feels better than he used to.

I know that starting the day with something that feels good within your body, it makes the day. [...] There's things I might have to take my whole life that's medicine. [...] But now I realize, oh, wow, food is a very big part of how you feel. And I eat a lot more healthy.

The recipes that come with Charles' weekly curbside delivery order have become part of his health recovery process, as well. He enjoys practicing a new recipe each week, and through these recipes, he also practices reading and re-learning words. A budget-friendly alternative to eating out has been learning how to make sauces and dishes similar to those served at his favorite restaurants. Due to health issues, he has not been able to travel as much as when he was touring as a musician, but he has adapted by eating foods unique to different places that he would like to visit.

Elena has been managing her illness through diet, mainly by eating more vegetables. Her illness remains dormant if she takes care of herself. She notes how certain foods like bok choy taste good and help her manage her symptoms compared to when she was not eating well, had difficulty walking, and felt dizzy. Though she used to buy products without reading the labels, a high cholesterol result and a doctor's warning led her to start reviewing nutrition labels.

O sea, no va a cambiar de la noche a la mañana, pero sí poco a poco el organismo se va limpiando. Se va limpiando de buenos alimentos.

In other words, it's not going to change overnight, but little by little the body cleanses itself. It is cleansing itself through good food.

Given Laura's focus on preventative care, her hope for others in her community is that they would pay more attention to their health before getting sick. She believes that most people visit a doctor only when they urgently need to due to lack of time.

Producir y trabajar y trabajar y trabajar, pero no sé, no toman en cuenta que su salud sería principal. Que está bien, yo sé, necesitamos trabajar, necesitamos pagar cuentas. Pero también si no tenemos salud, ¿cómo vamos a hacer eso?

Making more money and working and working and working, and sometimes I wonder if they take into account that their health should come first. It's fine, I know, we need to work, we need to pay bills. But also, how will we do that if we don't have our health?

All participants described interactions with the healthcare system that, while the care might have been incomplete or difficult to access, provided them with motivation to make dietary change. For Elena and Laura, family support was important for disease management.

Food Values

Charles and Elena discussed the factors that add value to food that justify spending more money. Though the meat he buys at the farmers' market costs more than at other outlets, it is worth it to Charles to know that it comes from a local farm.

I would prefer the one where you know that this comes from a family that takes care of what you're putting in your body.

Elena spends more on some items for various reasons and buys specific items at different grocery stores. She prefers to buy organic foods because they are grown without the use of pesticides and taste better, in her opinion. She is concerned about pesticides because of the rate of cancer diagnoses within the farming community. She shops at a specific supermarket that specializes in natural and organic foods because she likes to buy Mexican-grown vegetables and appreciates the store's selection. Though she spends extra time and gas money driving to different places to meet her dietary needs and preferences, there is no question that it's worth it because she believes these practices are gradually making her and her daughter healthier.

Me dice mi amiga, "Pero es que te sale igual...por la gasolina que gastas." Le digo, "No es lo mismo." Me dijo, "Porque yo sé que te vas a gastar unos \$5 más extra de la gasolina." Le digo, "Sí, pero el beneficio es que el cuerpo ya va a estar un poco mejor."

My friend tells me, "But you spend the same amount because of the gasoline you use." I tell her, "It's not the same." She told me, "Because I know you're going to spend about \$5 extra for gas." I tell her, "Yes, but the benefit is that your body is going to feel a little better."

Seasonality is also important to Elena. She buys beets fresh when they are in season and opts for other fresh vegetables when they are not rather than resorting to canned versions, which she believes do not have as many nutrients or as much connection to living plants.

Difficulty Accessing Food

All participants described a time when they had difficulty accessing food or accessing nutrition information. These experiences can provide important information for organizations and businesses as they strive to create welcoming and inclusive spaces, especially for community members using nutrition assistance and incentives.

Mismatch between Services and Community Needs

There were multiple instances in which participants had engaged with organizations and though they appreciated the services, they did not feel that those services were meeting the needs of their communities in terms of dietary needs and cultural relevance.

Elena noted that cooking classes were not well-attended in her housing complex because the recipes were mostly for vegetables that were unfamiliar to her community rather than the squash, tomato, and chayote most of them use. She suggested gradually introducing new vegetables. This approach worked for her daughter when sharing new dishes like shitake mushrooms and agua de maracuyá (passionfruit nectar), which they enjoyed but had not tried before.

Elena's neighbors are all older adults and/or adults living with disabilities. Most of them have diabetes and high blood pressure and prefer fresh vegetables over the salty or sugary canned goods that are brought through a free food distribution.

Nos traen esa caja y en la caja vienen latas y vienen bolsas de arroz, que está bien. Una bolsa de frijol y dos bolsas de cereal. Todos altos en sodio o en azúcar. [...] Nos quedamos así como, bueno pues, es regalado, ¿verdad?

They bring us that box and, in the box, there are cans and bags of rice, which is fine. One bag of beans and two bags of cereal. All high in sodium or sugar. [...] We're like, well, it's a gift, right?

Laura started taking cooking classes where the recipes were made available in Spanish, but the instructors only spoke English.

Entonces a mí se me hizo tan bonito y yo dije bueno, y esto es bien necesario porque necesitamos tener más acceso a la información así.

So, it seemed wonderful to me and I realized that this is necessary, and we all need to have more access to information like this.

She eventually became a class facilitator. Her description of the experience was positive, but also highlighted the importance of providing meaningful language access in community programming.

Misinformation and Stigma

Charles and Elena described experiences in which they repeatedly attempted to use benefits they had received but faced barriers in using them.

Charles described a situation at a supermarket that specializes in natural and organic foods that was frustrating for him. During a promotion at the farmers' market, he received gift cards each week for fruits and vegetables to spend at this supermarket. However, convincing supermarket staff to honor the promotion was challenging. He noted that without these gift cards, he would not have been able to afford to shop there.

And I would not leave until they would use it. But it would take three or four people. The first person said, "I'm sorry, we don't use this." And I said, "Yes, you do. Who's your manager?" "There's not a manager here." "Yeah, well, I'm not leaving." And I would do it because I knew it was available.

Elena has tried to use SNAP benefits at a local farmers' market that is SNAP-authorized and has been unsuccessful all three times she has attempted to use them. She feels discouraged by the experience. She spoke to staff in English but felt that she was not understood and was wary to ask another time, though she and her daughter both did. In order to not leave empty-handed, she bought some vegetables that she considered moderately priced and paid in cash.

Elena also paid out of pocket for vegetables at a supermarket that specializes in natural and organic foods because it was not clear to her whether they accepted SNAP and she was

embarrassed to ask. She eventually asked another shopper and confirmed that they did accept SNAP.

Porque a mí me daba vergüenza, honestamente. Porque pues para mí esa tienda era como de ricos. Es de ricos. Y me daba vergüenza preguntarle a la cajera, “¿Aceptas estampillas?”

Because I was embarrassed, honestly. Because for me that store was like it was for rich people. It is for rich people. And I was embarrassed to ask the cashier, “Do you accept food stamps?”

As more outlets begin to accept nutrition incentives, making it clear what is eligible and how much eligible products cost is key. Charles noted that the first time he used nutrition incentives at a food cooperative, he ended up buying things he would not have gotten because it was not clear what was eligible and what was not. Elena noted that there were member prices at the food cooperative where she wanted to use nutrition incentives and when she inquired about becoming a member, the membership fee was too high. At that visit, she purchased what she felt were the best deals, but the prices were too high for her to continue shopping there.

Traits and Behaviors

Many traits and behaviors of the participants have been illustrated above. The key takeaways that all participants had in common are summarized below.

Advocacy

All participants expressed different ways of advocating for themselves and others.

Charles advocates for himself by always carrying a paper copy of a message a friend helped write asking for others to speak slowly and repeat safety information in case he cannot fully express himself, since he once experienced a medical emergency in the food cooperative. He demonstrated persistence in the situation described above in which he attempted to use gift cards in a supermarket that would not honor them. He did this every week for the duration of the promotion, using multiple methods of resolving the situation. Advocacy includes sharing information with others. When he found out about food access programs, he shared this information with friends in the building.

Elena now states her needs when presented with food that she is allergic to or makes her feel unwell. She and her daughter have also introduced their neighbors to new foods and demonstrated persistence when asking multiple times to use their SNAP benefits at the farmers' market.

Laura's family noted her leadership skills. She advocates for her family by standing firm when others encourage her husband to eat food that he should not eat due to his diabetes. She shares information with neighbors and family about where to access food. She became a cooking class facilitator after observing a need for this information in Spanish, in this way bringing in more community members to the work that she found so valuable.

Trying New Things

All three participants showed a great deal of curiosity, desire to learn, and a willingness to try new things. They were all actively building their knowledge about cooking, nutrition, and agriculture.

As a child, Charles was a self-described picky eater who never ate vegetables. In college, he started to realize that he was missing out on a lot of good food. He gradually added new foods to his diet and now eats anything. Charles enjoys practicing new recipes and foods, especially new ways to cook vegetables through curbside recipes. He had never tried almond milk before becoming a curbside delivery customer, but it has now replaced half-and-half in his morning coffee.

I love good foods. So, I just felt that I needed to learn. And so, this past year, it's a lot more than I used to cook. [...] I now eat a lot more vegetables than I used to. And I'm eating them in new ways that I generally learn through those recipes that are offered.

During our conversation, Charles showed us the black garlic and Jerusalem artichoke he had purchased at the food cooperative and described how he prepares it with olive oil, salt, and pepper. He is interested in learning how to make new foods like quinoa and asked questions about how to make it during our conversation. He also asked to record how to use the molcajete to avoid forgetting a step when he uses it himself in the future.

Elena is eager to learn more about cooking and nutrition. She is researching different sources of plant protein, like flaxseed, as she reduces her meat consumption. She also researches her disease to be able to better manage it through diet.

Yo siento que, desde chica he sido curiosa. O sea, me gusta conocer cosas nuevas. No me gusta estarme ahí estancada en cosas.

I feel that since I was a little girl, I have been curious. I mean, I like learning new things. I don't like to be stuck in my ways.

Laura's sons encouraged others to be motivated to try new foods and explore what is available in terms of food access and outreach programs. They believe that their mother is very knowledgeable about how to choose ingredients and prepare nutritious food. Laura's sons mentioned a key aspect of home cooking: that their mother puts care into choosing ingredients and making meals nutritious and balanced.

To me, it tastes better since I know it was specifically made for me and she put her all into it to make sure that I get to eat, and I get nutrients all day. When you go to the fast food restaurants, they're not putting any care into it. [...] That's basically their job but my mom, she knows that it is being made for us, so she wants us to enjoy it. And that's how I would characterize as her putting care into the food, so I know that she made it specifically for me and I feel loved that way.

Resourcefulness

All participants demonstrated a determination to use the resources available to them to enable them to have the diets they wanted.

As mentioned above, Charles used every gift card to the supermarket during the promotional period, despite repeated obstacles. He uses the recipes that accompany his curbside delivery orders. He was connected with food access programs through his building because he noticed a sign on the wall and asked the building manager about it.

Elena puts in extra time to visit many food access points and strategically shops for low-cost foods. She visits some outlets that are considered pricier and finds the best deals so she can get the quality of food she wants.

Le tengo que pensar y soy de las personas que, busco, aunque sea en el camión, pero vamos, acá está más barata la verdura, vamos acá y acá, está más barata.

I have to think about it, and I am one of those people who looks for, even if it's riding public transportation, I am willing to go if the vegetables are cheaper here, let's go here and here, it's cheaper.

Laura's family values recycling and reinventing. Her sons name resourcefulness as one of her traits, taking full advantage of the programs that are available. Her sons reflect this perception of abundance.

There's a lot of free programs out there, almost everywhere, that people just don't look into because they're not really interested, or they don't see the value. But I say if you get interested and you want to learn, and you look into everything that's out there, all it does is better yourself and everyone around you.

Underlying the resourcefulness displayed by the participants is carefully maintained knowledge of the available resources, a sense of empowerment to access the resources offered, and a certain confidence in their ability to navigate systems. They each display a high degree of food access self-efficacy.

Making Changes Little by Little

All three participants mentioned that they had changed their diets by making incremental changes, valuing moderation, and allowing occasional indulgences.

Charles introduced new foods little by little in college.

And I started trying things that, I guess that was when I realized, like, whoa, there's a lot of really good food that I'm missing out all this time. And I think it was just because of, in the dorms of college. The person I lived with ate a lot of really good different foods. [...] And then that started, I guess, I started trying little things.

Elena stressed how important it is to try new vegetables little by little. When she reflected on what she was feeding her children after going to the doctor, she started making small changes to modify dishes or swap out ingredients to make healthier dishes, like oat hamburgers and baked French fries. Her daughter occasionally asks her to make tamales and pozole, and she makes healthier versions of these dishes with chicken or less meat.

O le digo a ella, "Te hago un poquito," pero le pones bastante limón y ya nada más poquita carne que nada más esté ahí, como que aparentando que allí haya carne, pero ya es menos.

Or I tell her, "I'll make you a little bit," but you put in a lot of lime and there's only a little bit of meat that is just there, pretending there's meat there but it's less.

Laura has built up her cooking skills and adapts recipes to make them better suit her needs.

Y poco a poco empecé a cocinar. Y lo bueno es que sí tengo sazón. Entonces sabía hacer como lo regular, una sopita aguada, así, cosas sencillas. Y poco a poco fui aprendiendo. Entonces, si yo en ese tiempo hubiera sabido lo que sé ahora, pues yo creo que hubiéramos estado muchísimo mejor.

And little by little I started cooking. And the good thing is that I do have good taste. Then I learned how to make the usual things, like soup, simple things. And little by little I continued learning. So, if I had known at that time what I know now, well, I think we would have been much better off.

ORGANIZATIONAL LEARNINGS

Participants

All participants displayed deep self-awareness and demonstrated persistence in seeking the support and resources necessary to achieve food security. The following attitudes, practices, and behaviors were shared and/or observed:

Food Traditions & Intergenerational Learning: Practices such as shared meals as a family, celebrating food traditions and rituals, understanding ancestral diets, and engaging younger generations in meal planning and food preparation.

Food as Medicine: The belief and understanding that fresh, unprocessed, and culturally appropriate food plays a critical role in health and healing.

SNAP & SNAP Incentives: Nutrition assistance programs like SNAP and incentive programs such as Double Up Food Bucks (DUFBS), are critical in supporting communities' ability to access fresh food.

We are interested in continuing to explore these attitudes and behaviors with members of our community, including both residents and partner organizations.

Programming and Policy

Throughout the deep dives, the three participants highlighted programming they relied on and programming that created barriers to their food security. In their stories, we also hear calls to support key policy priorities. We will consider the following learnings as we plan and implement our work. These takeaways may also be useful for other organizations engaged in food access and community engagement work.

SNAP and SNAP Incentives: For all three participants, federal nutrition benefit programs were a key component of their nutrition security. Based on their stories, we see the need to expand programs like DUFBS that increase access to fruits and vegetables; expand online purchasing options for SNAP, WIC, and DUFBS; work at the state and federal levels to address barriers to SNAP access such as outdated eligibility requirements and legal residence requirements; support efforts to increase SNAP benefits; and protect the federal nutrition safety net programs as fundamentally essential for our nation's health and wellbeing.

Culturally Appropriate Nutrition Education: All three participants demonstrated a keen ability to utilize the nutritious foods they value, through family meals, family cooking, and maintaining

culturally significant foodways. In this, we see the importance of culturally and linguistically congruent nutrition education programs; strengths-based nutrition education that aims to fortify connections to ancestral diets and reduce rather than restrict convenience and highly processed foods; and distributing nutrition education materials like recipes and handouts in convenient ways (e.g., with curbside orders).

Best Practices for Food Access Programming: Through their discussion of the barriers they encountered, the participants highlighted some general recommendations we can use to strengthen our food access work. These include ensuring all aspects of service delivery are culturally appropriate or culturally sensitive (including programming, messaging, and outreach); working with our partner organizations to improve the quality of food in emergency food delivery systems; employing clear, abundant, and multilingual signage at our outlets and encouraging our partner organizations to do the same (markets, stores); and continuing to promote our Bilingual Food Access Help Desk as a navigational support at our outlets and with our partner organizations.

Values-Based Purchasing as a Component of Food Equity: In these conversations about food access, all three participants clearly centered food choice. This affirms our prioritization of values-based purchasing within institutions (e.g., hospitals and schools) at local and regional levels, and underlines food equity as a value in program and policy work to support farm to institution movements.

General Policy Priorities: Beyond our specific programming and policy work, the deep dives made clear that transforming community food access requires an intersectional approach. Opportunities such as immigrant rights, minimum wage increases, childcare and support for parents, and transparency and accountability in food labeling should be considered in policy and program development.

Beyond these takeaways, through our initial exploration into the positive deviance concept, SFC's approach to community engagement is transforming. Our team went beyond usual logistical planning for informational interviews; we imagined the interaction with the participant and kept an open mind and space for adaptations (see Appendix A). During our deep dive interactions, we intentionally observed body language and changes in tone. As a result, our project team was able to transition to a more intimate conversation with the participant based on trust, gaining skills in listening, observation, connectedness, and open-mindedness. Through this experience, we acknowledge that where some may see barriers and underdeveloped systems, others will see abundance. Finding the language to uncover potential and build bridges is essential to systems-level transformation.

NEXT STEPS

Healthcare organizations have historically put forth medical approaches and solutions to health concerns (e.g., preventable, diet-related diseases) that many communities face. To flip the script on traditional methodologies of confronting this healthcare crisis, we must move the conversation outside the walls of healthcare institutions and include the voices of the most-impacted communities, along with the organizations and service providers who assist them.

Moving forward, SFC will convene a Positive Deviance Community of Practice (COP) in Central Texas alongside partners invested in uncovering local wisdom to find uncommon behaviors that lead to better health outcomes. The focus of this COP will center on positively deviant behaviors related to food security. The outcome will result in a group of organizations becoming informed and knowledgeable about the positive deviance approach, as well as key behaviors and solutions that already exist but need to be uncovered.

GRATITUDES

This work is generously supported by Episcopal Health Foundation. Thank you to C.J. Hager and Angela Hochhalter for your trust and partnership.

Thank you to Lenola Wyatt and Emmerentie Oliphant for welcoming us to share positive deviance exploration and learning with the East Texas community, giving us the opportunity to witness and prepare for our own experience.

We extend our deep gratitude to Dr. Arvind Singhal and his dynamic team of positive deviance practitioners: Lauren Perez, Maissa Khatib, Stacey Sowards, Matthew Orr, Lucia Dura, and to the Positive Deviance Collaborative for sharing and amplifying their own wisdom.



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APPENDIX A: DEEP DIVE INTERVIEW GUIDE

Internal SFC Guide

Positive Deviance

Last updated January 2023

Pre-Interview Logistics

- Call to remind participants about the interview one week before and one day before
- Select recipes
- Purchase ingredients for cooking portion

Materials Needed for the Interview

- Audio recorder
- Pen and paper
- Groceries/recipes

Introductions and Setting Expectations

- Introduce SFC team and their roles to the participants and vice versa
- Facilitators spend a few minutes providing a high-level review of the purpose of the interview
- Facilitators review what we will be doing for the next 2-3 hours
- Facilitators confirm consent
 - Script: *Your participation in this interview is completely voluntary. This means that you do not have to participate in this interview unless you want to. You may withdraw from participating in the interview at any time. No personal identifying questions will be asked, and all responses will be kept strictly confidential. Your full name will not be shared in any reports about this project.*
- Facilitators ask if participants have any questions before we begin
- Observer starts audio recording

Sample talking points about the purpose of the interview:

- *Thank you for participating in this interview! This is not a research project but an opportunity to get together and talk candidly ("a gusto"), share and observe behaviors that help people and families overcome difficult circumstances around food access.*
- *The information that you and your family will share with us ("lo que nos cuenten") will help SFC and other organizations determine if there are certain behaviors or circumstances that create conditions for you and your family to access food. We are trying to understand how different factors shape the food you and your household eat.*
- *The purpose of this project is to identify additional locally effective strategies for household food and nutrition security that can be considered by MCOs, providers, philanthropy, the public sector, and others seeking to invest in sustainable solutions for*

food security. Results will be disseminated to inform strategies for promoting food security across industries.

- *The project applies the positive deviance approach to identify households experiencing high food or nutrition security in communities with the highest rates of food insecurity. The positive deviance approach leverages data and other information to solve complex social challenges by finding effective strategies that are already working in the same context as the targeted challenge is observed. The strategies are then disseminated and implemented, taking what is already working for some in the community and spreading the solution to others. Community members participate in leading the work to identify and understand positive deviance. They are also the agents of change. Because the solution already exists and local experts are already implementing those strategies, successful spread is likely with community engagement.*
- *Aetna Better Health of Texas (ABHTX) and Episcopal Health Foundation (EHF) are co-funding this project to find successful behaviors and strategies for food security using the positive deviance approach and share the methodology, findings, and recommendations for dissemination. Reports and other outputs will include recommendations for MCOs, philanthropy, the public sector, and others to guide efforts to spread successful strategies, including specific key stakeholders and local experts to engage.*

Interview Guide

We will not follow a structured questionnaire but will instead use the following tips and sample questions as a guide. Our goal is to keep the conversation as informal and comfortable as possible.

Tips:

- Ask open-ended questions (avoid yes/no questions)
- Questions should focus on the “how”
- Silence is okay—participants might be thinking about what to say
- Encourage participants to repeat what they said to get more specificity: “If I understand you correctly, you do X during the day only”/“You do not do Y at all during the day or night?”
- Try not to express judgement on the value of a comment because it could make participants feel like their comments are not valued

Examples of probing questions:

To discover PD behaviors and strategies, we will focus on asking probing questions, like:

- *Many people have had challenges with X. How have you been able to overcome this?*
- *How are you able to overcome these common challenges and barriers with X?*
- *What do you do when X problem happens, or you are faced with the challenge of Y?*
- *What do you do to prevent X?*
- *What prevents you from doing these things all the time?*
- *Do you have any ideas to overcome some of the barriers we have identified?*
- *Do you know other people who do what you do to overcome X?*

- *You said that you did X. How were you able to do that?*
- *Can you show us how?*
- *Can you tell us more about X?*
- *Why did you do X?*
- *What else?*

Sample questions:

The questions listed below are examples of questions that could be asked during the interview. Use these to start the conversation, if there is a lull, or to redirect the conversation if needed.

Food Access and Preparation

- *Where do you usually get food? How do you decide where to get food? How has where you get food changed over time?*
- *How do you decide what kind of food to get?*
- *What kinds of food do you get at each place? How do you decide which foods to get at each place?*
- *How do you get to the places you buy food?*
- *What do you do if you don't find the food you are looking for?*
- *What do you do if the food you want is more expensive than you expect?*
- *How satisfied are you with where you currently get food? What do you do if you are not satisfied?*
- *What influences how satisfied you are with the food you get?*
- *What do you think would make it easier for your community to access food?*
- *Who is involved in getting and preparing food in your household?*
- *What kinds of tools do you use for storing and preparing food? How do these influence the food you get?*
- *How much time do you usually spend cooking each week?*

Income

- *What kinds of food assistance does your household receive? How long have you been receiving this assistance? What kinds of food assistance have you or your household received in the past?*
- *Are there certain times of the month or the year that you worry more about running out of food? What is different during those times of the month or the year?*
- *What kinds of expenses are hard for your household to afford?*
- *What do you do if you have an unexpected expense?*
- *How long have you been living in your current home?*
- *How does your household set a budget? How do you decide how much to spend on food?*
- *How often do you worry that your food will run out before you get money to buy more?*
- *How often does the food you buy not last, and you don't have money to get more?*
- *How often do you feel like you can't afford to eat balanced meals?*

- *How often do you cut the size of your meals or skip meals because there isn't enough money for food?*
- *How often have you eaten less than you felt you should because there wasn't enough money for food?*
- *How often have you been hungry but didn't eat because there wasn't enough money for food?*
- *If you face a financial challenge, how does this affect the food you eat?*
- *How do you feel about the opportunities available to your household to earn a good living?*
- *How do you feel about the opportunities available for your household to reach its financial goals?*
- *Do you believe your household will be able to better afford basic needs like food, housing, utilities, transportation, and medical care in the future? Why or why not?*

Food Choices

- *What does healthy eating mean to you?*
- *How important is it to you that you eat foods that are good for your health and well-being?*
- *How do you select healthy foods from the options you have?*
- *How often do you get foods that are good for your health and well-being?*
- *How do you feel about the variety/quality of food you are able to get on a regular basis?*
- *How often do you eat foods that you don't believe are good for your health and well-being? What influences you to eat these foods?*

Technology

- *Where do you turn if you have a question about what to eat, where to find food, etc.?*
- *How easy is it for your household to use the internet to find information?*
- *How do you stay informed about community issues?*