The State of Hunger in Massachusetts

Massachusetts Trends & East Boston Community Snapshot

May 2020
DEAR READER,

We began this research in October 2019 in an effort to better understand how significant—or insignificant—a role systemic barriers, institutional racism, and discrimination played into a community’s experience of food insecurity. Despite being one of the wealthiest states in one of the wealthiest nations in the world, food insecurity and hunger and other economic hardships, including an inability to afford rent, utilities, child care, and health care have persisted in Massachusetts, disproportionately impacting communities of our state’s most marginalized residents. At the same time these data reveal a sense of confidence and strong relationships in the community. As we synthesize the findings of this study, it is impossible not to apply them to the intersecting ways in which the public health and economic climate have been so drastically impacted by the global COVID-19 pandemic.

The COVID-19 pandemic has both illuminated and exacerbated pre-existing inequities faced by people of color, immigrant families, and those with fewer economic means. The hardships faced by these communities, including the Latinx community which we examine in this study, have only deepened as the crisis and its economic aftermath have unfolded.

As our state and nation look to address ongoing food insecurity, hunger, and other economic hardships—worsened in the wake of the pandemic—it is critical that the response be immediate and large-scale, but also informed by a critical equity approach. While this research was conducted prior to COVID-19, its findings are ever more important as food insecurity and unemployment skyrocket. This report aims to inform both short- and long-term responses to the circumstances gripping our nation, building on community strengths and providing an actionable roadmap for implementing necessary changes to policies, programs, and future research to ensure we meet the needs of every one of our state’s residents.

Our findings lay a critical foundation for further exploration to better identify community strengths and understand inequities in food insecurity and other economic hardships across the Commonwealth. The methods and ultimate recommendations of this project aim to chart a path for systemic change that mitigates bias rather than replicating it. We must recognize and uphold the right of economically-marginalized communities to have the resources they need to break down barriers and inform the best way to meet their own needs. We hope that these findings provide a guiding light to approach policy and systems change through a lens of both equity and action.

Sincerely,

Erin McAleer  Stephanie Ettinger de Cuba
President, Project Bread  Executive Director, Children’s HealthWatch
East Boston is a vibrant neighborhood in a location known for its beautiful waterfront spaces overlooking the harbor and the skyscrapers of downtown Boston. This diverse residential area has hosted successive waves of immigrants to the United States, stretching back more than a century. Irish, Russians, Italians and later into the millennium, people from Caribbean, Central American, and South American countries, rooted themselves in East Boston, and became the backbones of the local economy and culture. In recent years, this urban neighborhood has begun to gentrify, driving up housing costs and consequently causing long-established residents to move to other locations. For those who remain, life becomes more costly, which in turn, affects residents’ ability to pay for basic needs and to reinvest in the community. In order to better understand East Boston, Children’s HealthWatch, in partnership with Project Bread and the East Boston Neighborhood Health Center (EBNHC), examined data from a hyperlocal segment of this unique community — patients of the neighborhood’s health center.

Given the shared expertise of Project Bread and Children’s HealthWatch as well as our aligned missions, better understanding food insecurity and hunger in East Boston is of particular interest. Food insecurity, defined by the lack of access by all people at all times to enough food for an active, healthy life, is a hardship that rarely manifests alone. The most direct root cause of food insecurity and hunger is poverty. The conditions causing poverty to persist in Massachusetts, as in other states, are systemic and structural, built into the political economy of the Commonwealth. Those conditions include a long history of racial, ethnic, and gender inequity, social exclusion, and an increasingly skewed distribution of income and wealth in the state and the nation.

An example of the legacy of these conditions is that we still live with the consequences of redlining, a systematic refusal of mortgage loans or home insurance to people because they live in an area deemed to be a “financial risk”, which in turn, is judged based on the racial or ethnic make-up of the area’s residents. Areas that have had predominantly Black residents, and more recently Latinx residents, were outlined in red as “no-go” zones for loans and insurance.2, 3

One consequence of this policy can be seen in the form of an income gap. In 2017, there were almost 700,000 people in Massachusetts living with incomes below the poverty level, which represents 10 percent of the state’s population. Among those, 25.2 percent were of Hispanic or Latinx origin, compared with 6.8 percent who identified as white.4 Independent of race or ethnicity, poverty impedes human development and socioeconomic advancement, and imposes large costs on society in the form of lost productivity, poor health, higher utilization of health care services, reduced well-being, and lower educational attainment. Together, these represent an incredible loss of human potential. Moreover, overlapping adversities make it harder for people to break out of the intergenerational cycle of poverty. As a result, poverty and its consequences affect all of us, especially our children who are the future of our nation. Therefore, we need policies that both ensure that all people have what they need to thrive, and address existing deeply-rooted inequities, specifically focusing on communities where the prevalence of hardship is high, such as within Latinx neighborhoods of Massachusetts.

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i. 2017 American Community Survey 1-year estimate, table S1701, Massachusetts. 2017 Poverty Level was $24,600 per year for a family of four.
Thus, this report seeks to investigate food insecurity, some of its root causes, and the available infrastructures people can count on, such as public social safety-net programs, that can provide a safeguard for families during economic downturns, when work is difficult to find, and when wages are not enough to afford basic needs. In addition to these public resources, we explored interpersonal and intrapersonal relationships and neighborhood and community strengths. We also examined experiences of discrimination. Results may help local, state, and federal leaders gain insights into a local community to inform policy and program solutions that foster and deepen the existing local strengths and response to challenges identified.

**Methodology**

In partnership with the East Boston Neighborhood Health Center (EBNHC), Children’s HealthWatch and Project Bread undertook an innovative effort to better understand strengths and challenges in this segment of East Boston community. Using the Children’s HealthWatch Community Data Collection and Analysis Tool - developed with support from The Kresge Foundation - EBNHC clinical staff surveyed 296 people who received health care in the health center from May-July 2019. Survey participants answered questions in English or Spanish on a web-based app using a tablet or computer, either filling out the form on their own or with the assistance of EBNHC staff.

The survey instrument was composed of questions regarding EBNHC participants' ability to afford basic needs, including food, housing, utilities, and child care, and whether they participated in public and/or private assistance programs to help them pay for these expenses. Survey participants also answered questions about lifetime experiences of discrimination and about protective factors, such as their family, relationships and neighborhood strengths.

The findings from the East Boston survey are further illuminated by a detailed exploration of twenty years of statewide food insecurity prevalence data (1997-2017). Children’s HealthWatch conducted in-depth analyses of data from the Current Population Survey (CPS) disaggregated by race and ethnicity in order to examine the impact of these on rates of food insecurity across the state.

To complement the quantitative findings of the survey and the CPS analysis, Project Bread conducted a series of two focus groups in December 2019 at the EBNHC. The purpose of the focus groups was to more fully explore how households in this community access federal nutrition programs and the specific barriers they face in doing so. These qualitative findings are integrated into this report as appropriate to assist in illustrating key lessons from both methods.

Lastly, Children’s HealthWatch and Project Bread formed a racially-diverse advisory group of experts on food insecurity, racial equity and other related issues to enhance our understanding of the qualitative and quantitative research results. The Advisory Committee convened at four key points in time throughout the project period to ensure that issues related to social and racial justice were accurately considered in interpretation of the research results, and that framing and messaging of the report were accurate, appropriate, and sensitive.

Full methodology available at: www.childrenshealthwatch.org/publication/StateofhungerEastBoston
History of Food Insecurity Trends for the Commonwealth of Massachusetts

Across Massachusetts, people who identify as Latinx and Non-Latinx Black have long been disproportionately affected by food insecurity. Based on our analyses, over the 20-year period from 1997 to 2017, statewide rates of food insecurity were consistently higher among these two communities compared to Non-Latinx white and Non-Latinx Asian residents of the state (Fig. 1). Latinx and Black residents had particularly high rates of food insecurity during recessionary periods (from March 2001 to October 2001 and again from December 2007 to June 2009) when compared to Non-Latinx Asian or Non-Latinx white counterparts. Following the Great Recession, an overall decline is notable in the prevalence of food insecurity in Massachusetts. This is likely at least partly due to the injection of financial support from the federal government through the American Recovery and Reinvestment Act in 2009 — “ARRA.” However, despite sharing similar trends of food insecurity prior to the Great Recession with the non-Latinx Black population, the Latinx community in Massachusetts did not continue to recover from the magnitude of the Great Recession’s impact, with rates of food insecurity climbing again in the middle 2010s. In particular, data on the Latinx population show higher rates of food insecurity than any other population examined. Moreover, this is the only race/ethnicity for which rates of food insecurity were on the rise during the period from 2011 to 2016. Given the state trend of food insecurity and recognition that the Latinx community is more vulnerable to hunger and poverty, understanding this population in East Boston is of particular importance.

**FIGURE 1 | Trend of food insecurity by race/ethnicity in Massachusetts**

Social Constructs of Race and Ethnicity

As might have been expected, the overwhelming majority of survey participants in our sample identified their ethnicity as Latinx (Fig. 2). Many also reported Latinx as their race (Fig. 3). Race is not biological, but rather a social construct often used to uphold an imbalance of power and access in favor of the historically white majority. Since racial identity is a fluid concept, we captured in Figure 3 responses from EBNHC survey participants to the question about race as, for example, “African” — a continent of origin, or “Moreno” — a skin tone, or “Spaniard” — a culture. Despite using race as guided by the U.S. Census Bureau, it was important to the authors to reflect EBNHC survey participants’ understanding of race, echoing some of the recommendations made by our Advisory Committee.

Despite having so many diverse forms of racial identities, the majority of East Boston survey participants reaffirmed their race as Latinx. Their responses, rejecting the Census Bureau’s perspective on race and ethnicity, reflect how race and ethnicity are, indeed, products of social constructions and personal viewpoint. Given the resulting homogeneity of the sample, it was difficult to examine other survey responses by differences in race/ethnicity.

Racism and Its Role in Perpetuating Poverty

Racism plays a major role in systems that create barriers to education and wealth accumulation. Even when born into similarly privileged economic circumstances, race impacts segments of the population differently. On the next page, figure 4 shows the widening gap in median family income between households of color and white households since the 1960s. It reflects the persistent and institutionalized fallout from historically sanctioned discrimination, including segregation that has always existed in the United States, but was codified in the National Housing Act of 1934. That law made housing and mortgages more affordable for whites, and withheld mortgage capital from minorities’ neighborhoods, exacerbating the investment gap between white and Black/Immigrant communities.
Despite being 55 years removed from the War on Poverty, pieces of legislation — including the Civil Rights Act — that have made segregation and discrimination illegal, and the historic election and participation of people of color in the electoral process, racial animus persists in the very foundations of our current society. However, laws prohibiting discrimination of any kind are seemingly easier to weaken than ingrained biased racial attitudes and prejudices. Fueled in part by Trump Administration rhetoric, we have seen an increase of hate crimes and biased behavior visited on communities and immigrants of color. Only by acknowledging and confronting these patterns of discrimination can we hope to change structures that will, in turn, change future trajectories for communities of color.

**FIGURE 4** Median family income shown by each racial and ethnic group, in 2018 Dollars


**Characteristics of the EBNHC Sample**

Marital status, educational attainment, employment and income relationships perpetuate poverty and deeply affect food security

A majority of survey participants were married or partnered (60%), but they had low rates of education beyond high school (47%) and of employment (40%). Boston is an area of concentrated wealth and its thriving economy provides many jobs to people with a bachelor’s degree or higher. Among the EBNHC survey participants, however, 88 percent reported having less than a bachelor’s degree as their highest level of education. Among those with lower educational attainment, 61 percent also reported being
unemployed, which may be linked to the high education level demanded by the Boston area employment market. Higher educational attainment is associated with higher earnings, which in turn, is associated with social mobility and societal gains, such as local injection of money leading to economic development and higher tax payments to improve infrastructures. However, the median annual income of a Boston resident with less than a high school degree was $21,496 in 2017. A household with two full-time working adults at these wages would produce an annual income of roughly $43,000. By contrast, in Boston a married couple each with a graduate or professional degree earned $143,540 on average in 2017. Given income disparities by education level, it is not surprising that many families with lower educational attainment struggle to afford basic needs, such as rent/mortgage, utilities, transportation, food, health care and child care. Such hardships and inequities undermine thriving communities.

When people experience unemployment or work jobs that pay inadequate wages or have unpredictable hours, their income may not be sufficient to cover all basic expenses. Food is one of the basic needs that might be cut in order to save money to pay for other expenditures. When families have to make these trade-offs, many find themselves facing food insecurity.

Almost two-thirds of East Boston survey participants were living in food-insecure households (59%), which is nearly double the highest recorded state food insecurity rate among Latinx households during the years of 2006-2008 shown in Figure 1.

Research has shown that food insecurity is harmful to physical and mental health in adults and children. Food-secure adults are in better physical, mental, and emotional health than those who are food insecure, and thus better prepared to achieve their potential and fulfill their various responsibilities. Young children living in food-secure households are more likely than those in food-insecure households to be healthy and to successfully attain important developmental and behavioral milestones, and thus enter school well-prepared to learn and succeed academically.16, 17, 18
**Immigrants and Food Insecurity**

Given population-level data for Massachusetts, we know that a significant proportion of the Commonwealth’s residents living with low incomes and experiencing food insecurity are immigrants and people of color.\(^7\) \(^8\) \(^9\) Thus, an additional factor that may influence the elevated food insecurity rates for Latinx and Black communities may be immigration-related policies and practices. Over the past decade, barriers to obtaining citizenship, legal status, work authorization, and other forms of documentation have prevented immigrant families from getting jobs that pay a livable wage with health benefits, in turn potentially leading to higher rates of food insecurity. In addition, economic volatility, shifts in policies, and in political discourse concerning immigration have threatened many immigrant communities’ sense of safety and willingness to seek assistance to mitigate food insecurity and hunger.\(^8\) \(^9\)

**Economic Hardships and Food Insecurity**

With such a large proportion of survey participants reporting food insecurity, it is unsurprising and yet deeply concerning that they also reported struggling to afford other critically important basic needs. Figure 5 shows food-insecure survey participants also have higher rates of being unstably housed, energy insecure, experiencing child care constraints, or having forgone health care than those who were food secure. These data show the strongly interconnected nature of basic needs.

**Alleviating Economic Burden & Supporting Good Health**

Public assistance programs are designed to alleviate hardships when family budgets are limited. Connecting people with these resources is vital to helping
them overcome food insecurity. Despite the fact that the experience of food insecurity can motivate people to seek out assistance,\textsuperscript{24, 25} multiple studies have demonstrated the role that SNAP, WIC and school meals have in reducing food insecurity.\textsuperscript{26, 27, 28}

Figure 6 details EBNHC survey responses regarding program participation. The public programs from which survey participants reported receiving assistance most frequently were Medicaid (MassHealth), WIC (Special Supplemental Nutrition Program for Women, Infants and Children), SNAP (Supplemental Nutrition Assistance Program), and in a distant 4\textsuperscript{th} place, free or reduced-price school meals (representing the National School Lunch Program — NSLP and School Breakfast Program — SBP). Health Insurance and nutrition programs such as SNAP, WIC, school meals and summer meals are examples of public programs that are highly correlated with good health and well-being.\textsuperscript{29, 30, 31}

Income eligibility criteria for several programs allow direct certification or adjunctive eligibility for families with children participating in one program to also participate in another. For example, families participating in SNAP may also be eligible for WIC, school meals, and summer meals, as their ages permit. Therefore, we expected to see similar patterns of participation across the various nutrition programs. However, in East Boston, 56 percent of the participants reported currently participating in WIC and only 29 percent in SNAP. This difference raises questions as to why participation rates were not similar. Several possible answers could be playing a role in the differences, and some are described as following.

1) Stigma surrounding SNAP but not WIC.

The way programs are presented to society influences how society reacts to program participants. WIC is framed as assistance that promotes health and nutrition

**FIGURE 6** Public assistance programs are a solid support in times of need

![Figure 6](image-url)
for a subpopulation that is generally prioritized in our society, namely women of childbearing age, infants, and young children. WIC is typically administratively housed in state or county departments of health and often works in close collaboration with primary care physicians and trusted community partners — as is the case with East Boston Neighborhood Health Center. Thus, participation in WIC is tied to caring and responsible caregivers whose roles make them responsible for supplementing a family’s nutrition. SNAP on the contrary, is often framed as only helping those who were unable to provide for their family and is usually administratively housed with the same state or county agency that manages TANF (often known as welfare).

2) Differing eligibility criteria, such as the necessity — or lack thereof — to demonstrate one’s immigration status.

Both unauthorized and certain authorized immigrants are ineligible for SNAP. However, US-born children are eligible for SNAP regardless of the parents’ immigration status if the household is able to provide proof of eligibility based on income and other criteria. By contrast, in addition to WIC’s income thresholds for eligibility being inclusive of more households (i.e., <185% of the poverty threshold, vs <130% for SNAP), the program requires proof of neither citizenship nor immigration authorization.

Proposed expansions to rules related to “public charge” may have exacerbated hesitancy throughout immigrant communities to apply for public assistance supports. “Public charge” refers to rules that guide what public benefits or other factors can be considered when immigrants apply for legal permanent residency (“green card”); persons considered to be a “public charge” — those deemed likely to be primarily dependent on the government for subsistence in the future — may be denied residency. Moreover, national discussions of immigration have intensified racial overtones which have fed into the misconception that communities of color, particularly immigrants of color, are benefitting more than the white population from public assistance programs like SNAP and WIC, despite the reality that there are more white participants in these programs. Research has demonstrated that these perceptions may help justify policy changes that discourage or complicate enrollment. These may be some of the reasons for lower participation in nutrition programs in East Boston.32

Barriers to SNAP participation were similarly reflected in the focus group conversations. Participants emphasized that there are many perceptions — both founded and unfounded — in the community that inflict fear upon families who ultimately decide not to enroll because of these reasons. Participants offered, “We are very afraid of how these benefits will affect our families and our immigration process.”

“I want to apply, but I am told they will deport me easily if I do.”

Several participants also reported experiences of alienation when attempting to access SNAP benefits at a Department of Transitional Assistance office and/or over the phone. Few were aware of intermediary supports like Project Bread’s FoodSource Hotline to assist them in navigating the benefits eligibility and enrollment process.

WIC, on the other hand, was generally viewed by focus group participants as both less worrisome and easier to access. They cited in particular a lower burden of producing various forms of documentation as well as their ability to access benefits directly through the health center versus a separate, often unfamiliar state agency. Primary concerns raised were around the elimination of benefits upon a child’s fifth birthday as well as losing access to the program if their incomes rose above the limits even though they might still be unable to afford a full complement of healthy foods for
The Food Research & Action Center (FRAC) reported the ratio of program participation between Summer Nutrition and NSLP to be 16.7% in Massachusetts, meaning that for each 100 children participating in NSLP only 16.7 children participate in Summer Nutrition. In East Boston this ratio is 62.5%, which means that two-thirds of those who received meals at school also accessed meals in the summer. It clearly shows East Boston’s awareness of the importance of summer meals, however if eligibility is equal for school meals and summer meals, other barriers such as accessibility or awareness are likely to be interfering with participation in the summer meals program.

Findings from the focus group conversations demonstrate that although some participants are aware of multiple locations to receive summer meals, others have less knowledge about summer meals in comparison to school meals. One participant emphasized that “It’s a pity there are benefit programs for us, but there is not information. We don’t use it because we don’t have the information, we don’t know.” One possible explanation for the lack of participation in summer meals may be that many of the participants’ children take part in other programs during the summer, including summer school and YMCA, and receive free lunches there. These programs are part of the summer meals program, however because it is incorporated as part of other enrichment programs, caregivers may not associate receiving free meals with the federally-funded summer meal program.
A sense of community is extremely important for people to thrive. A community is built on strong relationships, a sense of belonging and purpose, and a shared conviction that their needs will be met through their commitment to be together. EBNHC survey participants’ responses about whether or not they believed the statements in Figure 8 contrasted with their views of neighborhood and community strengths. This set of relationship questions indicate EBNHC survey participants living with food insecurity have significantly weaker interpersonal relationships when compared with those who are food secure. Despite that, two statements — “I am confident I can achieve my goals” and “I don’t give up when I run into problems trying to get the services I need” were found to be statistically insignificant showing that food-insecure participants are just as resilient and believe in their ability and autonomy to problem solve as food-secure participants.

Solid Relationships and Welcoming Neighborhoods Are an Invaluable Support

Despite reports of economic challenges, the EBNHC survey participants shared the view that they live in a community with great strengths (Fig. 7). The majority agreed that they and their children live in a neighborhood with a strong sense of community. The vast majority of participants felt their children were safe at school and in the neighborhood, that they had someone to turn to for help, and that people help one another. These trends were similarly demonstrated among both food-secure and food-insecure survey participants, underscoring the strong sense of community experienced by the individuals in our sample.
FIGURE 7 | Neighborhood and community are perceived as strong by EBNHC survey participants

![Bar chart showing the comparison between participants in food security and food insecurity in various aspects of neighborhood and community support.](image)

Note that no significant differences between food-secure and food-insecure participants were found in the figure above.

FIGURE 8 | Food-insecure survey participants reported significantly lower rates of intra- and interpersonal relationships

![Bar chart showing the comparison between participants in food security and food insecurity in various aspects of personal support.](image)

* Asterisks indicate significant differences between food-secure and food-insecure participants - significant at p < 0.01.
Experiences of Discrimination and the Toxic Connection to Food Insecurity

The statements described on the previous page show participants’ current intra- and interpersonal relationships. However, experiences of discrimination are lifetime memories that are hard to erase. Frequent microaggressions continually perpetuate the harmful ‘othering’ of communities of color and immigrants. Discrimination occurs on many levels and can be from an interpersonal encounter, culturally embedded, or systemic. Survey participants were asked about their experiences of discrimination in different settings. Among the overall sample of participants, 31 percent shared having experienced discrimination in one or two settings and 28 percent reported three or more settings (Fig. 9), which were statistically significant between food-secure and food-insecure participants.

Experiences of discrimination can shape a person’s health and well-being, even before birth\textsuperscript{38}, as well as their willingness to seek out assistance for basic needs, or even where, when and how they put themselves into the public eye. Among those who experienced discrimination, the most common locations/activities where survey participants experienced discrimination were: on the street/in public, at a store or restaurant, at work or getting hired, and applying for housing or other assistance programs. Food-insecure participants experienced significantly more discrimination than food-secure ones (Fig. 10). Research from Children’s HealthWatch in Philadelphia also documented differences in food insecurity in relation to experiences with racial and ethnic discrimination on the street, in health care, school and work, with the police, and in other settings showing that lifetime experiences of discrimination are strongly linked to reports of household and child food insecurity.\textsuperscript{39}
Among food-insecure EBNHC survey participants, the most common places they experienced discrimination were in a public setting, at work, while being hired, and applying for housing or other assistance programs.

**Figure 10**

Voting Is an Exercise of Democracy

One of the most effective ways of changing systems is through civic engagement such as voting. There can be many barriers to voting, however, especially in communities like East Boston with a high percentage of immigrant residents. Voter registration among EBNHC survey participants was low, which could be due to a combination of factors including the continuous attempts to undermine the right to vote in communities of color, lack of voter engagement, registration barriers, potential fear of voting given the recent anti-immigrant climate, and/or ineligibility due to immigration status.

**Figure 11**

**Voter registration pattern among EBNHC survey participants**

- I am absolutely certain that I am registered to vote at my current address
- I am probably registered, but there is a chance my registration has lapsed
- I am not registered to vote at my current address
- I don’t have to register

_Asterisks indicate significant differences between food-secure and food-insecure participants. * significant at p < 0.05 ** p-value < 0.01._
Implications for Community Response

Food insecurity is shown to be harmful to people. In this sample, almost two-thirds of survey participants reported their household being food insecure. In the context of the other findings of this survey, such as low levels of educational attainment, high levels of unemployment and associated economic hardships (housing instability, energy insecurity, forgone health care and child care constraints) participants are likely to have a hard time meeting all of their basic needs. High rates of hardships are, on the one hand, not surprising and yet on the other provide a clear focus for intervention in East Boston. Given the majority of survey participants self-identified their race and ethnicity as Latinx and we know that many families in East Boston are also immigrants, we find it especially important that the recommended policies have a specific positive impact on Latinx immigrant families with children.

Economic hardships as well as experiences of discrimination were identified among survey participants who also reported being food insecure. While these data are recent, they highlight the legacy — and continued perpetuation — of discrimination in America, which are beliefs and behaviors based on common misconceptions that people with white skin-tone and European lineage are in some ways superior to people with black or brown skin-tones and African, Latinx, or native lineages, and therefore deserving of preferential treatment, status and privilege. While we must contend with this reality, name it and address it in genuine and meaningful ways to effect real and lasting change, we also must know that it is not easy to prevent or reverse the impact of discrimination. Thus, policies should be crafted that take concrete actions to increase equity not only along racial lines, but in all areas where parity is often denied to maintain the status quo of disenfranchisement, especially among those living in vulnerable conditions such as food insecurity.

Nevertheless, despite and even in the face of these challenges, it is crucial to recognize the strengths and perseverance that also came through clearly in these results. EBNHC survey participants possess a sense of neighborhood and community, sharing the conviction that their needs will be met through their commitment to one another. Thus, policies that sustain and uplift these vital bonds and further strengthen ideas of a common good are effective ways of making equity a reality.
TAKING ACTION

Changing Policies and Structures to Promote Equity

This report demonstrates the ways in which racial and ethnic inequities drive adverse outcomes, including food insecurity and hunger in East Boston. Responding to the underlying causes of inequity will require structural changes across systems that recognize the ways in which institutions and policies interact in people’s lives. As demonstrated in the socioecological model below, individual outcomes are nested within larger systems that interact with every aspect of a person’s life and create conditions of equity or inequity.40

The systemic change and policy recommendations outlined in this report seek to acknowledge the importance of responding to factors across systems and institutions that increase food insecurity and distill the key findings of this study into solutions that will reduce hunger and promote equity across Massachusetts communities. These recommendations include cultural and systemic changes in society as well as specific state and federal policy improvements that address underlying drivers of inequity.

Based upon the research presented in this report, input from the expert Advisory Committee, and the combined experience of Project Bread and Children’s HealthWatch, we have identified several overarching principles that guide our policy recommendations. While specific recommendations within each goal vary by policy and program, each ultimately strives to reduce food insecurity and poverty, and to promote equity.
Promote systemic change that is responsive to historical racism and structural inequity

• Resist harmful rhetoric and policies and instead promote a collective tone of respect for all our neighbors that confronts and takes the place of racist, xenophobic, and bigoted rhetoric that perpetuates fear and exacerbates biases.

• Mitigate bias in the operations of federal and state assistance programs through agency investments in equitable access to program benefits by examining existing practices for potential bias, investing in staff training and supports, and adopting inclusion as a core operational principle at all levels. Additionally, employing and promoting trusted community-facing partners — like Project Bread’s FoodSource Hotline and the WIC office embedded within the East Boston Neighborhood Health Center — as intermediaries is an essential practice to expand moving forward.

Strengthen federal nutrition programs

• Eliminate barriers to participation.
  ° Improve communications to increase awareness about public programs among more demographic groups, including people with limited English proficiency.
  ° Reduce burdensome requirements in applying, accessing, or renewing benefits by reducing paperwork and minimizing other barriers such as face-to-face interviews and onerous verification processes.
  ° Modernize federal nutrition programs through utilization of new technologies and processes.
  ° Create a common application for safety-net programs to minimize the bureaucratic hurdles faced by clients and ensure fewer people fall through the cracks when accessing multiple assistance programs.
  ° Eliminate the five-year waiting period to access SNAP for eligible immigrants.
  ° Remove participation in SNAP or other assistance programs from “public charge” determinations — a forward-looking test to determine if someone seeking entry to the US or legal permanent residency is likely to depend on government programs in the future.

• Expand eligibility to include more households facing food insecurity.
  ° Expand access to free meals for all children from birth to age 18 to ensure all children receive the proper nutrition they need to thrive through easy access in the locations where they learn and play.
  ° Provide universal access to WIC to increase access to breastfeeding support and healthy foods during the critical prenatal through early childhood period.
  ° Increase income thresholds for eligibility for SNAP so that more food-insecure, working families can access benefits.

• Increase benefit levels and flexibility in SNAP and reimbursement rates in child nutrition programs to support consistent access to a sufficient amount of healthy food.
  ° Increase SNAP benefits and eligibility determination to reflect the real cost of a healthy diet and other expenses.
  ° Allow greater flexibilities in how households use SNAP benefits to include online ordering, home delivery, and hot prepared foods which will allow more families to make the best choices for their circumstance.
  ° Improve child nutrition quality to reflect evidence-based standards and increase reimbursement rates for school, afterschool, summer, and child care meals.

Address other hardships faced by food-insecure households, such as limited access to housing, child care, utilities, transportation, health care, and employment

• Promote opportunities to increase educational attainment and workforce development including General Educational Development (GED)/High School Equivalency Test (HiSet), higher education and other investments in employment and training programs.
• **Increase minimum wage** to reflect the actual cost of living and permanently tie to both a cost-of-living adjustment and inflation.

• **Increase benefits and eligibility for programs that provide cash assistance** to low-income families through improvements to the Earned Income Tax Credit (EITC), Child Tax Credit (CTC), and Transition Assistance for Needy Families (TANF) to help boost the spending or saving power of households.

• **Expand paid sick leave** to cover all workers regardless of employer size.

• **Improve access to safe, affordable, stable homes** for all families through investment in affordable housing, rental assistance, and eviction and displacement prevention resources.

• **Provide adequate funding for fuel assistance** programs, specifically the Low Income Home Energy Assistance Program (LIHEAP), to ensure all families are able to continue to heat their homes without making other basic need tradeoffs.

• **Provide universal access to high-quality, affordable, accessible child care** for all families.

**Conclusion**

Food insecurity, along with several other hardships are rooted in poverty, which in turn are deeply entrenched in systemic and structural racism, ethnic and gender inequity, and disproportional distribution of income and wealth built into the political economy of the Commonwealth — a reflection of the country’s dynamics. To change the system, we need to advance policies that address these root causes, while investing in and improving outreach for safety-net programs, which are the best, though not a complete solution for rapidly responding to these realities. Survey participants voiced at the focus groups and through their survey responses that they need support in understanding and applying for these programs. Given the majority of participants’ self-identification as Latinx, that means less documentation burden and expansion of program eligibility, especially for immigrant families. For these reasons, our policy recommendations address issues related not only to food access and program outreach, but also to issues such as wages, child care, employment, housing, and immigration within these topics. Massachusetts is a state that leads the way nationally in many regards, and still we have a long distance to travel in order to achieve a more just society in which every individual, regardless of race, ethnicity, religion or country of origin can succeed.

**Prioritize equity-based approaches in future research and data collection**

• **Decolonize research by:**
  - Critically examining **assumptions, research questions, and methodologies** as well as the composition of research teams in order to actively deconstruct harmful practices within conventionally-designed research projects and
  - Prioritizing the **inclusion and incorporation of community members** themselves in order to ensure methodologies and findings reflect priorities of the community.

• **Promote data equity by disaggregating data and intentionally analyzing data** — with attention to such things as race/ethnicity, gender, age, (dis)ability, and immigration status — to better understand the disproportionate impact policies and practices have on particular people and communities.
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