Food For Families
Executive Summary

Project Bread – The Walk for Hunger
Massachusetts General Hospital
Partners Community Benefits Program

2007 – 2009

Hunger is usually treated as an economic issue – insufficient funds to provide a healthy diet – when in truth, it manifests itself as a major public health problem for hundreds of thousands of low-income families throughout Massachusetts. Adequate amounts of the right kinds of food are essential for growth and development, and when families struggle to put healthy food on the table, they put themselves and their children at risk of poor health status, physical and mental illness, and learning issues.

The Intervention Model

Through its commitment to helping families access healthy food, Project Bread-The Walk For Hunger partnered with Massachusetts General Hospital (MGH) and the Partners Community Benefits Program to develop and implement *Food For Families*[1] in seven community health centers[2] in the Greater Boston area between 2007 and 2009. The results of this research project include valuable information about the most vulnerable families in the region that are served by health centers and an effective model for connecting these patients to healthy food.

Through Food for Families, the families of pediatric patients seen at community health centers were screened for hunger through a single-question - *In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?* Regardless of their responses to this question, families also were asked if they were interested in speaking with a designated hunger outreach worker about accessing food resources. Those wanting to speak with the outreach worker were contacted to set up interviews. The outreach worker interviewed the families, provided a food voucher and SNAP application assistance, and referred them to other food resources, such as food pantries.

Findings

More than 11,000 families were screened through the program. An astounding **11 percent of the families screened positive for hunger**. Nearly 1,500 were interviewed and assisted with food resources and **400 families were assisted in successfully enrolling in SNAP**.

Reflecting the health centers' demographics, the vast majority of the families were of minority populations, with 65 percent reporting a Latino background. Many more of the children (90 percent) than the adults (37 percent) were US citizens; and more of the adults (41 percent) than the children (4 percent) had an "other' status. Because of the sensitivities around undocumented status, the hunger outreach workers did not specifically ask or record this information, but undocumented immigrants are represented in the "other" group. The children with the highest percent of "other" status were Latino children – 6 percent (59). And among Latino adults, 60 percent reported this status.

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The extent of food insecurity across all groups was significant. Food insecurity was found among those that screened positive for hunger and those that did not, all racial/ethnic groups, age groups and citizenship groups.

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[1] Funding for this project was provided by the State Street Foundation.

[2] The participating health centers were MGH Revere HealthCare Center, Revere; MGH Chelsea HealthCare Center, Chelsea; Brookside Community Health Center, Jamaica Plan; Southern Jamaica Plain Health Center, Jamaica Plain; Codman Square Health Center, Dorchester; Dorchester House Health Center, Dorchester; and Greater Lynn Community Health Center, Lynn.

At the time of the interviews, many of the families were already engaged with a number of food resources. Twenty-three percent of the families interviewed were already receiving SNAP benefits. The majority of the families (62 percent) also were receiving Women, Infant and Children's (WIC) benefits and/or their children were participating in the school meal programs (85 percent).

Families used food pantries and soup kitchens/meal programs much less frequently than other resources. Only 12 percent had ever used a food pantry and 3 percent had been to a soup kitchen/meal program. The hunger outreach workers indicated some resistance on the part of families to go to these programs because of limited access to local pantries, uncertainty of their locations and the stigma associated with using them.

Follow-up phone calls were conducted with 65 families. Most of them (94 percent) were satisfied with the program, and 59 percent were very satisfied. Although it is important to recognize that this is only a small sample of the original families, many of the differences were significant. The most dramatic change was a drop of 36% in the per cent of families that had to cut the size of meals or skip them.

Discussion

The Food for Families project points to three major conclusions:

- The level of food insecurity with hunger in low-income communities is nearly three times the statewide average. This supports previous Project Bread research conducted in partnership the University of Massachusetts that found that hunger is highly concentrated in pockets of poverty in Massachusetts and becomes invisible in a statewide average.
- The majority of families participating in the project did not find food pantries and soup kitchens – the most common form of anti-hunger work – accessible. Emergency food programs decentralized operations – run by volunteers who often only speak English; operated at times and in spaces convenient to the volunteers, not the clients – make it difficult for families to rely on this resource for help. Instead, families turned to WIC and school meals, which have fewer stigmas and are easier to access.
- Health centers provide a safe environment for families to identify themselves as hungry, discuss their struggles, and receive help – without fear of stigma or losing their immigration status. They can also provide a structure to easily enroll patients in SNAP, just as they do for MassHealth.

Next Steps

Based on the findings, Project Bread seeks to bring together partners from health centers, hospitals, the MA Department of Public Health, the MA Department of Transitional Assistance to secure programmatic and financial support to implement the Food for Families model in health care settings throughout the Commonwealth.