Since its inception, this Status Report has highlighted current food insecurity data and then explained the economic and social trends that cause low-income families to experience hunger in Massachusetts. This year’s report, however, will be different.

Although current census bureau data are included, we believe that these data, which are a snapshot of the past, cannot capture the full extent of food insecurity that families and elders will experience this winter. As food prices are steadily increasing, fuel costs are escalating even faster. Thus, the national data do not yet capture the sharp increase in the number of families who have become food insecure since January 2008. Yet the evidence that leads to that conclusion is easy to find.

When we shop for food, we notice that one bag of groceries costs almost as much as two bags did last year. And, while prices have gone up across the board, the food that sustains our health and keeps our weight down — fresh vegetables, lean protein, and whole grains — is even more expensive. Everyone is cutting back, comparing prices, buying generic. These are smart strategies for families with flexibility in their food budgets. But among families who are just making it, and elders living on fixed incomes, the options are to go without food or make do with the cheapest, most highly processed food — the kind our doctors tell us to avoid or at least limit.

Across America, food prices are escalating and, in Massachusetts, we’re getting squeezed even more. Our state is located far from centers of food production — so the high cost of diesel fuel required to import food has a multiplier effect on food prices. Overall, this is reflected in higher consumer prices and further increases the cost of purchased and donated food that is transported first to area food banks and again to local food pantries.

While some of the factors affecting this year’s spike in food costs may be resolved, we know that the cost of fuel will continue to make a bowl of hot soup more expensive this winter. We also know that the current fiscal crisis will have an impact on demand. That’s why it’s never been more important to use every tool we have to protect hungry people. In particular, we must take aggressive steps to achieve full enrollment in the federally funded nutrition programs like food stamps, school meals, summer meals for kids, and after-school snacks.

These programs are available to every eligible family in the Commonwealth and will provide them with much-needed help, while bringing in millions of federal dollars to our state’s economy.

In this report, we will highlight recent trends that put unprecedented economic pressure on low-income families and elders. We will present a case for the cost of indifference. We will highlight our recommendations, which emphasize the importance of good nutrition for low-income children. And we will explain why our call for a systemic approach to ending hunger is more important than ever.

PROJECTBREAD.ORG
Food Insecurity and Hunger

Hunger continues to be prevalent in Massachusetts with 522,000 people struggling to put food on the table. Hunger is primarily found in low-income communities, where the rate is six times higher than the statewide average. Hunger damages everyone it touches; however, certain groups — children, senior adults, and people with chronic illness — are especially vulnerable. For them, even short periods of food insecurity can lead to a health emergency.

The most recent measurement revealed that 198,380 households or 8.1 percent of all Massachusetts households were food insecure with hunger. This is an increase from 2001–2003 when 6.2 percent of Massachusetts households were food insecure and 2.3 percent were found to be food insecure with hunger.

Current Field Data

Massachusetts is a relatively wealthy state with pockets of concentrated poverty throughout. In a survey that measured food insecurity in 216 of the lowest-income census tracts in the Commonwealth, researchers found a high prevalence of food insecurity — including the alarming fact that nearly one third of school-age children lived in food-insecure households.

An even more dire picture emerges from the information that is currently being collected from Food for Families, a hunger-screening project located in the pediatric service of seven community health centers in low-income neighborhoods. The project serves a diverse group of low-income families who are screened for hunger in the course of a routine pediatric visit.

In the first eight months of this project, 448 families were screened for hunger, given a grocery voucher, and assisted in applying for benefits, including food stamps. Food insecurity and hunger were common experiences. While each family has a unique story, all of their stories are painfully similar.

More than 70 percent of the families reported that their household had run out of money to make a meal. Nearly one third of the families reported that they cut the size of their children’s meals or that the child missed a meal because there was not enough money. (See data table below.)

The preliminary information from this project suggests that the rate of food insecurity is increasing in breadth and severity. This observation is reinforced by reports from emergency food providers who now observe significant monthly increases in the number of families who are asking for help. In the period between July to September 2008, calls to Project Bread’s FoodSource Hotline were 22 percent higher than in the same period in 2007. All of these indicators point to a deepening crisis as we move toward the winter of 2008–2009.

Food Insecurity and Food Insecurity with Hunger

<table>
<thead>
<tr>
<th>Percentage of Households</th>
<th>Food Insecurity</th>
<th>Food Insecurity with Hunger</th>
<th>Total 8.1%</th>
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<td>6.0%</td>
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Food Insecurity Question (Asked of Parent or Guardian about the Previous 12 Months) | Percent “Yes”
--- | ---
Did you ever rely on a limited number of foods to feed members of your household because you were running out of money to buy food for a meal? | 76%
Did your household ever run out of money to make a meal? | 70%
Did you or adult members of your household ever eat less than you felt you should have because there was not enough money to buy food? | 70%
Did you or other adult members of your household ever cut the size of your meals or skip meals because there was not enough money to buy food? | 64%
Did your child(ren) ever eat less than you felt they should have because there was not enough money to buy food? | 33%
Did you ever cut the size of your child(ren)’s meals or did they skip meals because there was not enough money to buy food? | 30%
Did your child(ren) ever say they were hungry because there was not enough food in the house? | 25%
Did your child(ren) ever go to bed hungry because there was not enough money to buy food? | 17%

Preliminary data from the Food for Families hunger screenings of 448 low-income families who visited health centers for routine pediatric care.12
The Cost of Indifference

When food insecurity increases, all of us pay. In a state that aspires to universal health insurance coverage — and which contributed $2.18 billion to health care in 2005-200616 — prevention is central to controlling health-care costs. Additionally, when food insecurity rises among school children, the return on our substantial investment in public education is diminished.

Health Care

The same lack of resources that leads to food insecurity is directly linked to an increased vulnerability to obesity.17 The ramifications of this are profound and lasting — particularly for low-income children. Setting aside the emotional burdens experienced by overweight children, the costs of obesity-related illnesses are staggering. For example, national estimates of obesity-associated hospital costs for children ages 6–17 more than tripled over a twenty-year period. In 1979, those costs were estimated at $35 million, and by 1999 costs had more than tripled to $127 million.18

Type II diabetes and hypertension were once considered diseases of middle age. Today, these conditions are found with increasing frequency among middle- and high-school-age children. The Centers for Disease Control and Prevention predicts that one third of all children born in the United States in the year 2000 will develop type II diabetes over the course of their life.19 The potential health-care costs associated with diabetes alone (see chart below) are staggering and should be a call for aggressive action to prevent child hunger and obesity. It’s easy to see that the financial implications of food insecurity ripple out beyond the suffering of the individual and affect the economic health of our state.

Education

The links between food insecurity and learning are also well-documented. Experts have established that even relatively mild exposure to hunger can impair a child’s ability to learn.21 In comparison to well-fed children, food-insecure children perform poorly on standardized tests, are restless and inattentive, and miss more days of school.22

Public education funding is a high priority in our state. With the passage of the Education Reform Act in 1993, the Commonwealth has made a major investment in public education through expanded Chapter 70 funding. Our expenditures have increased by 206 percent from FY 93 to FY 09. The Chapter 70 distribution formula takes into account the higher costs associated with schools located in low-income communities. Therefore, the same communities with high rates of child hunger are also receiving a relatively higher level of financial support for public education. When we make an investment in school nutrition for low-income children, we help to guarantee the learning return on our educational investment.
In Investing in Our Low-Income Schools

Subsequently, we collaborated with the Friedman School of Nutrition at Tufts University to create reference tools that researched and cataloged an array of products that met these guidelines. The result is two toolkits — the Better Breakfast and Better Lunch Toolkits — which, along with the Marketing Healthy Foods Toolkit, provide every food service director in the state. The nutrition guidelines in these toolkits exceed those set by the U.S. Department of Agriculture for schools and are based on the 2005 Dietary Guidelines for Americans. As school systems cope with higher costs for food and fuel, these references give them specific information on how to nourish hungry children, combat childhood obesity, and stay within budget.

We Can't Afford to Risk Our Children’s Health

Schools are beginning to pay attention. The Better Breakfast Initiative, which began four years ago with three programs in Lawrence and Southbridge, now boasts 22 low-income schools in seven cities and towns. Four Boston public schools are now part of a healthier meals demonstration project led by Chef Kirk Conrad, who prepares simple healthy meals that kids like to eat. And throughout the Framingham school district, under the direction of food service director, Chef Brendan Ryan, Project Bread’s guidelines for Better Breakfast and Better Lunch mean students eat more fresh fruit, whole grains, leaner cuts of meat, and low-fat dairy products.

Ten years ago, very few people made the link between hunger, good nutrition, and health. Today, we know that many of the lifestyle diseases like high blood pressure, cardiac disease, and type II diabetes are associated with a diet of highly processed, sugary, and fatty food. Once we accept that good diet and health are inextricably linked, we know that the opposite of hungry isn’t full; the opposite of hungry is healthy.

Flavored Photo © Michael Dwyer

Choose salad dressings that are low in saturated fat. Use reduced- or low-fat cheese when available.

Photo © Paul Shoul

Serve a minimum of two fresh, frozen, or dried fruits without added sugar with each reimbursable meal. Canned fruit is acceptable as long as it is in juice, not syrup, and apple and fruit sauce should be unsweetened.

Canned Corn

Macaroni and Cheese

White Dinner Roll

Fresh Fruit

Turkey and Cheese Wrap with Lettuce and Tomato on Whole Wheat Tortilla

Ensuring lean protein products such as poultry, fish, lean deli meats, lean red meat, eggs, or beans.

Use reduced- or low-fat cheese when available.

Bread and grain products should be whole grain when products are available.
Emergency Food and More

When hungry people need food, where do they turn for help? In Massachusetts, the answer is Project Bread’s toll-free FoodSource Hotline. With its ability to help callers in 160 languages, the hotline uses a state-of-the-art database to refer callers to emergency food programs in their own neighborhood. Once the emergency problem is solved, callers are given the information they need to prevent emergencies in the future. For example, the hotline counselors screen callers for food stamp eligibility and direct them to school meals, meals for the elderly, food co-ops, and farmers markets.

Establishing an Emergency Plan

In preparation for an increase in calls this winter, Project Bread has put together an Emergency Hunger Relief Plan that calls for the following:

- Expand the FoodSource Hotline hours.
- Provide funds to new emergency food programs throughout the state.
- Provide additional funds to emergency programs that have the capacity to increase hours quickly as needed.
- Establish an emergency fund to support emergency food programs that have run out of food and have exhausted all other options.
- Initiate a new grocery voucher program for the homebound frail elderly.
- Establish a dedicated line for emergency food programs that need immediate help.
- Initiate data collection from multiple front-line sources to monitor and report the status of food insecurity in Massachusetts.

Project Bread supports four hundred soup kitchens, food pantries, food banks, and food salvage programs in Massachusetts. Between July and September of 2008, the demand for help through the Project Bread FoodSource Hotline increased by 22 percent over the same period in 2007.29

Project Bread’s Hotline provides the hungry person referrals to a full range of food resources, from emergency programs to farmers markets. This market in East Boston, like many others across the state, now accepts food stamps because Project Bread provided the portable technology that allows farmers to process the electronic benefits card.
The era of cheap transportation and inexpensive food is over. Food insecurity is growing in Massachusetts and will affect many more hardworking middle-class families. The well-known solutions — food pantries and soup kitchens — will remain important, but can never be brought to the scale required to help over half-a-million Massachusetts citizens. For these reasons, we must collectively turn our attention to the future of the Commonwealth by providing for and protecting our common “wealth” — our children, who are our future, and our seniors, who are our heritage.

Although we provide millions in support each year through The Walk for Hunger, emergency food programs are limited by their structure: they are locally based, volunteer led, and were developed in a time when food insecurity was contained and prices low. In the face of rising food insecurity, food pantries and soup kitchens will be pressed as never before. We cannot expect them to solve these problems on their own.

A time of crisis is also a time of opportunity. As we rethink our reliance on traditional models for empowering hungry families, we must continue to support those in need of immediate help. Additionally, we advocate for the use of all solutions available to a hungry family, including enrollment in all federal nutrition programs. And we must make better use of existing systems, such as schools, as a means of providing a flexible and efficient way to feed hundreds of thousands every day — and thereby lift the health and educational prowess of entire communities.

We must begin to see the problem of hunger in terms of populations of people who share a common future, not just in terms of individuals needing help. We must begin to acknowledge whole groups who are not being helped by traditional means and make the decision to feed all who are hungry — both to alleviate their suffering and to minimize the cost to our Commonwealth.

Recommendations

- Promote Project Bread’s toll-free FoodSource Hotline as the first place for a family or an elder to turn for information about food.
- Reach and enroll every eligible Massachusetts family in the federally funded Food Stamp Program and every eligible child in the federally funded school meals, after-school snacks, and summer meals programs — all of which bring millions of dollars into the Commonwealth.
- Bring Better Breakfast and Better Lunch to scale in all low-income schools, potentially affecting a population of more than 300,000 children.
- Explore all funding options to improve the nutritional quality of school meals for low-income children, including advocating for increased reimbursement through the federal Child Nutrition Act.
- Protect isolated, frail, homebound elderly people from hunger by using the existing system of home-care providers to distribute emergency grocery vouchers.

Conclusions

The era of cheap transportation and inexpensive food is over. Food insecurity is growing in Massachusetts and will affect many more hardworking middle-class families. The well-known solutions — food pantries and soup kitchens — will remain important, but can never be brought to the scale required to help over half-a-million Massachusetts citizens. For these reasons, we must collectively turn our attention to the future of the Commonwealth by providing for and protecting our common “wealth” — our children, who are our future, and our seniors, who are our heritage.

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Notes
4 Based on data from U.S. Census Bureau, American Community Survey, 2007 and Nord, M., Andrews, M., and Carlson, S., op. cit. (See note 3.)
6 U.S. Census Bureau and Nord, M., Andrews, M., and Carlson, S., op. cit. (See note 4.)
7 Nord, M., Andrews, M., and Carlson, S., op. cit. (See note 5.)
8 Ibid (See note 7.)
10 RTI International, op. cit. (See note 5.)
11 The seven health centers include: Chelsea MGH Health Center, Codman Square Health Center-Dorchester, Dorchester House Multi-Service Center, Southern Jamaica Plain Health Center, Lynn Community Health Center, Revere MGH Health Center, and South Boston Community Health Center.
15 Flaherty, K., op. cit. (See note 12.)
20 American Diabetes Association, Economic Costs of Diabetes in the U.S. in 2007, Diabetes Care, 2008. Note: The costs for 2002 and 2007 are provided by this website. In the graph, the costs for the years 2003, 2004, 2005, and 2006, were estimated.
24 As of October 2007, the Department of Elementary and Secondary Education had 293,496 school meal benefit applications on file that qualified for free or reduced-price school meals. Yet we know that not all qualified families submit an application; 300,000 is a conservative estimate of the total number of children that could receive free or reduced price meals if all eligible households applied for school meals benefits.
26 Note: State and local data on residents’ dietary habits suggest that only about one third of individuals meet the recommended daily standard for fruits and vegetables. . . . Failure to maintain a healthy diet is a pervasive problem that spans age, income, education, race, and ethnic lines. New England Healthcare Institute, The Boston Paradox: Lots of Healthcare, Not Enough Health, 2007.
29 Project Bread - The Walk for Hunger, op. cit. (See note 14.)