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Project Report: Identification of Food Insecurity Issues Among Residents of Burlington and Considerations

Background

Introduction - Food Pantries- Setting the Stage

Government-assisted food programs began in the 1960s. At that time, the Johnson Administration created SNAP (Supplemental Nutrition Assistance Program). It also established WIN (Woman's, Infant, and Children's Program) in the 1970s to provide formula and supplements to women and infants. Both programs dramatically reduced malnutrition, especially among poor and disadvantaged groups. However, reductions to the system in the 1980s led to changes to the current food distribution model, resulting in the design of distribution through food banks and local pantries. To a certain degree, the purpose was to reduce expenditures and control at the federal level and create a regional distribution system.

During the eighties, the emphasis shifted from government programs and services to relying on the private non-profit system to provide relief. The Reagan

administration encouraged volunteers to serve their local communities in the spirit of volunteerism. Jan Poppendieck, in her work Sweet Charity, argues that the growth of the charitable food industry relieved federal, state, and local governments of their responsibility for food safety net programs. The overall purpose of the generous food distribution system was to provide necessary food relief toward contributing to the overall well-being and benefits. Means testing in the eighties and nineties became prevalent, and the notion of deserving and non-deserving poor.

Food banks and pantries became institutionalized as part of American society. Largely private donations, foundations, food drives, United States Department of Agriculture (USDA) surplus foods, and other governmental emergency programs, supplied food banks and pantries with food for distribution. While many see these programs benefiting recipients who received the food, they also provided subsidiaries to farmers and others to ensure a steady and affordable food supply for the nation. Private firms also received assistance in a tax break for their donations due to the Good Samaritan Hunger Relief Tax Incentive Act of 2000. Simplifying and expanding the food donation tax legislation changed the business model of disposing excess food by donating it and reducing barriers to contributing, all to maximize food donations. However, existing tax incentives do not reflect changing food industry dynamics like increased business efficiency, which means less food to donate and more donors selling food to the secondary retail market instead of presenting all excess products.

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Much of the emphasis on food programs was in poor rural and urban areas, especially in the initial phases of the Office of Economic Opportunity (OEO) and the War on Poverty. It was estimated before the pandemic that one out of nine adults and one out of seven children were food insecure. There are many reasons children and adults are food insecure. Some of them are temporary involving job loss, sickness, and dislocation. These are ameliorated by temporary relief, and the person served recovered and went on with their lives. Others are systemic, long-term and relief becomes permanent. Such factors include the high cost of living, particularly in urban areas (Burlington and Boston area); stagnant and low wages; limited employment opportunities; limited benefits such as health care; little education and job training; lack of access to healthy food (Food deserts); loss of income; disability issues related to such factors as physical mobility, health problem, mental health issues, and addictions; chronic condition necessitating high medical expenses; child care and systemic inequalities related to race, ethnicity or documentation status. In cases where one situation arises, such as a job loss, the position is more likely to be temporary. Unfortunately, this condition often exists in tandem and interacts to impair recovery and moving on, and the person served remains seeking relief.

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Relationship to Poverty

Studies show that food insecurity mirrors the federal poverty rate. Food distribution represents one aspect of the safety net. However, it is intended to be a short-term – relief. The current model is more than fifty years old. Much has changed, especially in the approach to social problems and recovery from conditions that cause people to be poor. The connection of food insecurity to poverty is a well-established fact and the current acknowledgment of food as a social determinant of health. These understandings have changed the way we think about food insecurity. Society can no longer conceive of food insecurity and poverty as disconnected from health and well-being. It needs to move to a more holistic view of health and well-being. Peters, the management guru, relates a narrative about an engaged and committed cafeteria worker in an urban school. When queried about her enthusiasm for providing food to disadvantaged children, she remarked that she was not just providing them with food (relief) but also feeding their souls to go on to a better life (recovery). As one mentor indicated that the poor may always be with us, but they do not have to be the same people. Each one may find themselves in need of assistance at some time in their lives. While many may not need the social safety net services, if we do, we need them to provide not only relief but also recovery to move on.

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COVID and the New Normal

Before discussing other approaches from observing, interviewing, and investigating, we need to look at the impact of COVID on food insecurity and its opportunities. Before the pandemic, 8.2 percent of Massachusetts residents were food insecure. As the Boston Globe editorial indicated, food insecurity means hungry kids in school, parents stressed about how to feed their children, elders skipping medication, and children not being able to access the reduced or full-priced meals at their school. The system before COVID was providing relief but not solving hunger. While the country reacted with emergency measures, the government has been in emergency mode regarding food security for the past forty years. Emergencies may last for weeks and possibly years but do not last forty years. This mindset dictated how it structured the system, mainly in the short term rather than the long term. Little thought went toward how to resolve it or plan for long-term solutions. An emergency places the organization in a way that will respond to the need but not necessarily take action to resolve underlying issues.

COVID was a real crisis that stressed the system and reminded us of a true problem. It raised what constitutes an emergency and what we needed to do to address it. In many ways, it has helped us rethink our response to food insecurity. Many observers admit that COVID revealed many fault lines in the safety net programs. In some sense, the saying a crisis is too important to waste applies to food security. While there were dramatic instances of food lines in Texas and other states, Massachusetts did not experience the same situation.

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PHP saw a dramatic rise during COVID, especially in the early phases of people seeking food assistance. Fortunately, private and public agencies responded to the need. However, as the crisis abated, did we have any assurance that those affected needs were addressed when they were not in extreme situations – no food rather than limited, inadequate, or non-healthy foods?

New Models: Redefining Hunger as a Social Problem

On a global level, food banks and pantries aim to end hunger. At the same time, it's not the role of food pantries to address social and medical problems. At the same time, their part is to help address these issues indirectly, search out the root causes of hunger, and "end hunger." To do so, they require a connection and integration to the systems that address the social and medical issues by seeing their role in larger health. Social service and wellness context, food pantries, and banks play a role and move from relief to recovery.

Old thinking involves how we currently feed people with food insecurity. Addressing the problem of hunger as something beyond just food helps us to think differently. It is not just about people having enough to eat but having the correct kinds of food that promote mental and physical health, access to adequate housing to prepare food, and the health to engage acquire and preparing. Food.

Food Security

We begin to redefine the issue by speaking to food security rather than food insecurity. In 1989 an expert panel convened to investigate the case indicated that food security is the availability of nutritionally adequate and safe foods and the ability to acquire them with dignity. Recently, there has been increased emphasis on the stigma of receiving food assistance. Concerns and anxiety about having adequate and safe are enough without the added burden of feeling that one is a burden to society. Food security does not carry the same label or load as food insecurity or hunger.

In addition to the lack of adequate food, food deserts have been made in the literature. Fortunately, a perusal of the location of grocery stores and convenience stores In Burlington does not indicate a food dessert for the town. Food deserts" are geographic areas where access to affordable, healthy food options (fresh fruits and veggies) is limited or nonexistent because grocery stores are too far away. While there are food deserts in Massachusetts, primarily in rural areas, Burlington does not have food deserts.

Changing the Narrative: Using Strength-Based Language

Evidence indicates that many donors and public agencies want their funds allocated to improve a situation rather than giving to a never-ending crisis and emergency. Compassion fatigue sets in. As needs increase, these needs create problems that demand large actions. Food security proponents indicate that

society needs to consider what social factors contributed to the rise. Those not food secure often engage in various coping mechanisms such as not paying for medicine, utilities, or other necessities. While some may use food money to pay rent, others do not and end up without adequate housing or homeless. People focus on short-term issues and scarcity, making decisions that will not help them in the long run. While food pantries cannot take care of all their problems, they can provide stability by providing food and relieving them of that burden. Unfortunately, the scarcity mentality is built into the many pantries. They do not have enough food, space, staff, volunteers, etc. It can lead, if not corrected, to seeing guests in the pantry as deficient. Many pantries report an increase in clients with the surge in COVID and increases in the cost of food. Presently, Burlington has enough food, financial resources, staff, and volunteers to more than meet its needs.

There is the assumption that there is enough food for everyone and trust that they will take what they need. Unfortunately, there is a tendency to focus on the abuses of people taking food they do not need rather than trusting the overall clientele that they will take what they need. Food pantries are part of social and human services; the emphasis is shifting to the strengths that a person brings, not their deficits. It necessitates seeing strengths (sometimes just getting to the pantry or ordering) and providing services without judgment.

People Helping People (PHP)

Introduction

As indicated, PHP is a Burlington-based organization that focuses on helping residents meet their basic needs, primarily around food. Founded 40 years ago by residents when a homeless family appeared on local church steps, PHP has been a welcoming resource to those in need. The mission of PHP is to establish and sustain a community-wide effort to assist Burlington, Massachusetts residents who need food, medicine, heat, or utilities and provide holiday food baskets and gifts for children. PHP is the umbrella organization overseeing its primary operations: the PHP Food Pantry, The Covenant for Basic Needs, and the Holiday Program.

A significant portion of PHP's activity is addressing food security in Burlington. PHP strives to address the needs of those in difficult financial circumstances by providing them with basic needs and, more importantly, acceptance, compassion, understanding, and support. During the pandemic, the PHP Food Pantry operated as a drive-thru, distributing custom-packed groceries while people waited in their cars; home deliveries were also available.

Also, during the pandemic, the Pantry and its affiliated programs underwent

significant modifications in response to ever-changing emergency guidelines without sacrificing its high standards for nutritious food and individualized service. During this time, capacity at the Pantry was up 40% over pre-pandemic levels, and the Lunch Program for Kids experienced a 300% increase in demand, as compared to normal school vacation levels, compared to normal school vacation levels when it launched as an emergency program in response to schools closing in March.

The organization has experience in expanding capacity and transforming services based on best practices in the industry and stakeholder feedback to meet the needs of an ever-evolving community. For example, during the tumultuous times of the pandemic, in addition to the Pantry completely reconfiguring operations to provide a higher level of service, several new programs were launched to meet individual needs as identified. These included a pet pantry, which started from a large pet food donation and has grown into a self-sustaining program with bi-weekly distribution. It established a program to supply holiday food to immigrant families associated with the English Language Learner program in the BPS. It developed a summer in-school lunch program to feed elementary grade students attending summer school, launched in July 2021 to extend PHP's existing Lunch Program for Kids.

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Strategic Planning Process – Summary and Impact

As the organization grew, especially during the pandemic, it engaged the services of ESC (Empowering for Success) to develop a strategic plan. The findings helped highlight the organization's strength from the volunteers, community partnerships, and the ability to adapt to challenges (ex. COVID-19 Pantry response) that have allowed PHP to provide successfully for Burlington's at-risk residents over the years. As an organization, PHP reinforced its strengths and embraced improvement opportunities that will provide the support needed to grow. To achieve this, the Board approved the following five Goals to be focused on over the next three years. The goals in order of priority are:

- **Upgrade pantry or acquire additional space:** While a building is not the program and the program transcends the room, space allocation and configuration are critical in food distribution. The first Board priority was to locate a larger area to allow the pantry to provide a greater diversity of products with the necessary amenities to service clients with dignity, compassion, and respect. The plan offers steps to validate and confirm priorities for a larger space while ensuring the appropriate fundraising is in place to cover the increased operating and capital costs associated with the change. In addition, this process will provide opportunities to test an alternative approach to improve effectiveness

and efficiency. As of May 2022, the organization has secured a larger space and successfully relocated to that space. The organization's financial situation is stable, and it has acquired funds for asset acquisition, moving, and relocation from the state and American Relief Plan Act (ARPA), as well as a substantial gift to cover a significant part of the rent.

- **Improve communication with stakeholders:** Targeted and consistent communication provides transparency about the organization and highlights PHP's commitment to the community and all key stakeholders (internal and external). To this end, the organization utilizes social media and extensive newsletters and texts to communicate to stakeholders.

- **Strengthen organizational infrastructure:** The organization creates accountability with a defined structure and procedures built on respect, compassion, and commitment that place the organization in a growth position. It has revised its staff structure, accountability, job descriptions, evaluation processes, and infrastructure. New leadership spent considerable time and effort on this process to position itself to address the needs assessment and future endeavors.

- **Network to increase community relationships:** The organization is strengthening its commitment to work with partners respectfully in the community to create the mutual benefit in advancing its missions. This goal is one that the assessment will impact since much of what PHP will achieve in the future will

depend on partnering with other social and health facilities focusing on the need of the person served and not the program or service provided. In this regard, PHP may be the lead and, in others, a participant.

- **Enhance service excellence:** The organization is creating procedures to consistently review current or new programs and services to ensure that they meet the diverse needs of the community and review program operations for effectiveness and efficiency.

Key Findings Summary Strategic Plan

It was widely accepted that PHP's overall mission is helping people in need and that food security is the most important of their initiatives. Most agencies and people contacted thought the organization was very well known, particularly the pantry. However, it was generally agreed that more visibility and transparency around where food is coming and the impact of donations and volunteer work were needed. While the Board functions well, there were areas for improvement identified, especially around communication, Board composition, operations, and education, which were addressed. The current staff is generally viewed as dedicated and competent. However, areas for improvement were identified, especially around communication, and were addressed. Volunteers are considered the organization's greatest strength. Training, communication, and formalized volunteer management systems identified a few areas for improvement. Clients appreciated the pantry and noted that it improved, although each identified personal concerns. Burlington is becoming more

diverse. Areas to continue to focus on and grow included enhancing service to the seniors, reaching out to clients who live in apartment buildings, and focusing on the unmet needs of immigrant families. There was a general sense that the organization may not be satisfying the food security needs of community members. Consistent with the strategic plan (Goals Four and Five), the organization sought to assess ways of identifying, evaluating, and serving current residents who "qualify" for services of the PHP but may not access them because of barriers related to its lack of information and physical access or stigma. The follow-up on the strategic objectives and the assessment of need was the focus of the Board and staff during the 18 months. It was generally felt that there was a need to assess the full range of food security in the Burlington area, how it was being addressed and how it could be enhanced in the future. This assessment provides direction and focus.

Client Survey

PHP asked the families visiting the pantry one week in March 2021 a series of questions. The report presents this information as a snapshot of its internal stakeholders and their needs. Some of the questions were geared toward understanding their needs and food insecurity; one question was focused on planning how to run the pantry after the pandemic and the need for social distance. Sixty-nine families participated in the survey.

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Families were asked if they would prefer to stay with the drive-thru system, do shopping in person, or receive deliveries—none of the families whom PHP regularly delivered participated. The drive-thru design adopted during the pandemic was popular, with more than half the families indicating that they would prefer to stay with this system. In comparison, about a third wanted to go back to in-person shopping, and just shy of 10% either answered multiple options or didn't answer. It was surprising that 4% indicated that they wanted deliveries when that was available. The recommendation is for the post-pandemic pantry to be a hybrid model offering both the ability to shop in-person and either a drive-thru or curbside pick-up option with volunteers shopping on behalf of the client. Deliveries will continue to be an option as well.

Families were asked, "Within the past 12 months, how often were you worried that the food you had would run out before getting more?" They were given the options to answer 'Always,' 'Often,'' 'Sometimes,' or 'Never.' The results are as follows: More than half of the families indicated that with the pantry's help, they never worried about having enough food, and an additional 38% said that only sometimes did they worry. Surprisingly, 7% indicated that they always worry about having enough food. This suggests that with the pantry's help, most of our families manage their food needs.

Families were asked, "What are your top three biggest financial challenges?" They were given the choices of housing, utilities, medicine, transportation, food, or others. The results indicated that housing and utilities are the biggest financial challenges families face, with 50% of families showing

housing as their number one biggest financial challenge and utilities getting the second-highest response. Medicine, transportation, and food get marginal answers for 'other' people, mostly listed as paying bills. Individuals also mention paying cell phone bills, afterschool care, college, taxes, tools, and jobs.

Families were asked, "if you had the opportunity would you attend any of the following types of activities? They have given the following actions: ESL classes, Computer classes, Resume & interviewing classes, financial literacy classes, Citizenship classes, Community dinners, and Community lunches. Finally, they were asked if it would make a difference if the activities were free. Thirty-nine families indicated it would make a difference if the activities were free, and 12 said they were not interested. There was a definite interest in many activities. Only a subset of the clients are immigrants, so a lower interest in ESL and citizenship classes was expected. Of the remaining courses, roughly 40% were interested, which is a strong level of interest, the resume and interviewing classes were slightly less popular at 30%.

CHNA Project Goals and Objectives

This project was envisioned to be completed in one year. However, the resurgence of COVID in the fall and winter did make contacting people difficult, reducing in-person availability and access. The project stemmed from the strategic plan, which indicated a need to evaluate its programming and services, assess its partnership and develop a roadmap for future efforts. The original plan

(strategic) guided the organizational improvements and the framework of PHP. It did not address its ability, capacity, and actual addressing of food security in Burlington. The strategic plan outlined what the organization needed to transition from a small, largely volunteer operation to a full-fledged non-profit with significant physical assets and paid staff.

PHP has addressed many short and medium-term objectives. At the same time, the organization needed to develop operational and programmatic information and knowledge base to address current service needs, add other programs and services to meet those needs, partner with existing agencies, and enhance the overall provision of services to residents of Burlington. Many of these aspects were generally indicated under Goal Five. To address future operational and programmatic needs, the organization sought resources to enlarge its current plan beyond its contemporary 3-year perspective (January 1, 2021, to December 31, 2023) and take it into the next phase. Given the achievement of one of the most significant objectives, especially in a new location and building, a longer-term perspective stretching five years would help structure its efforts. To do so, PHP required information on those needs, how it could address them, and what barriers are needed to meet future needs.

PHP believes that this project's impact will be an effort to broaden its client base and service by locating other clients in need of assistance and appropriately tailoring its services to the specific needs of the citizens served, removing barriers, and proactively seeking out citizens who need its services not currently accessing them. Many agencies are reticent to uncover needs as they may not

have the resources to address them, or these additional needs will stretch their current resources. It is expected that PHP will accommodate an expansion within its operating budget and future fundraising activities. The organization also received additional ARPA (American Rescue Plan Act) funds to complement this process. These funds will address this assessment's findings and other aspects of the strategic process.

Further, while the organization has a developed fundraising effort that meets its current needs, it has not expanded that effort like many other pantries and food banks. One objective of the strategic plan was to develop a fundraising plan and a resource. This effort could provide additional resources to meet future needs as the organization becomes more proactive in seeking out clients who need their services and removing the barriers to those services. Fundraising was not part of this report or effort.

As a result, people Helping People (PHP) will pursue this project to identify food security among Burlington residents, consider redesigning and recreating programs, reframing approaches, and avoid the stigma by employing a strength-based system to promote food security among residents of Burlington. PHP believes, based on research, interviews, observations, reporting, and experience, that the unmet needs reside in several groups:

- households near the poverty level
- single-parent households
- women and men living alone

- minorities
- disability
- recent immigrants
- seniors
- youth

In the project, the project discovered that these categories were not exclusive. In some ways, a more accurate representation would be of a combination of statuses. For example, seniors could live near the poverty level, alone, as a minority, and have a disability.

While the project has included youth, current efforts at the schools utilizing COVID- related funds through the pandemic have served to identify and serve many children at risk in the schools. The recent school program identifies many kids with potential food security issues. The challenge will be maintaining the programs and services when the current pandemic funds end. Part of the process will relate to capturing present school children who access food services and ensuring they continue to do so when the pandemic funds are no longer available. Despite some shortcomings during the summer program, the result was that those children who needed food received it during the pandemic if pandemic funds were available. In this regard, PHP's role is as much advocacy for the continuation of the school program as much is continuing the school program as providing direct services. The exception may be that PHP continues

to provide snacks and other food over weekends, school breaks, and the summer.

Through the project, PHP will understand better who in Burlington lacks food security needs, their characteristics, and the barriers and challenges they face, especially those that may prevent them from seeking assistance. This project gathered information through interviews of informants serving at-risk groups within the community and organizations providing health and social services. PHP has worked with several community partners to reach as many individuals within the identified risk groups as possible. This effort in the past includes: the Burlington Public schools (BPS), Burlington Youth and Family Services (BYFS) to reach youth, families with children, families livin g with persons with disability, and other families, the Burlington Council on Aging (CoA) to get seniors, the Burlington Housing Authority (BHA) to reach low-income residents, property managers in the apartment complexes in town to reach additional residents. In addition to these groups, sixty-three people and agencies, both inside Burlington and outside, were contacted See Appendix A)

The project identified individuals and groups within the community who could benefit from PHP's services and explored ways of reaching these community segments. The information collected and this report will inform the organization's transformation of its services to serve more clients, promote food security, and address the stigma related to food insecurity.

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As part of the strategic planning process, in past assessments, interviewees agreed that PHP's overall mission is helping people in need. In this study, no one disagreed that the pantry is the most important of their initiatives. There was a wide range of opinions on how effective PHP was, ranging from moderately to very, and whether PHP is trying to do too many different things. In many ways, this assessment was a valuation of the previous evaluation done by ESC and the client survey. Much of what will be recommended affirms the current direction, strategic plan, and stakeholder perceived value of the organization to the community.

Methodology

Initially, the organization sought to identify a consulting firm to partner with to conduct the needs assessments. It set out to identify individuals or firms who would perform the needs assessment and the interviews. We contacted several agencies, including Empowering for Success, and schools for students, including Brandeis Heller School, Northeastern, University of Massachusetts Amherst, and Boston. We could not identify a partner to do the interviewing and survey work.

In January, the board extended the Executive Director (ED) agreement for six months. The ED would take on the contractor's duties and the hours of the resigned pantry director. The ED worked an average of five hours a week on the

project. Jim Sheridan as director of PHP, provided support to the project. As indicated in the interim report, the staff would take on the tasks and conduct the research, interviews, and assessment.

The project began by analyzing existing client data, partnering organizations' data, and Burlington's census data to identify risk groups within the community. During the fall/winter (2022), the project analyzed and assessed current data in the area primarily from the census data of 2020, other census reports, Greater Boston Food Bank, and the Lahey Needs Assessment. Much of the data confirmed current and unmet needs and provided a framework for the next step of collecting information. The project reviewed Greater Boston data, especially on the stigma associated with accessing food pantries. It developed survey/interview questions to gain knowledge from current clients, risk groups, and other agencies. The assessment contacted volunteers, agencies, and community partners (see Listing). An open interview instrument guided the interviews as it was felt that much more information would result. Telephone calls, email, or zoom sessions were used. Most of the discussions and contacts occurred with the agencies and community partners. The survey collected comments and perceptions of the informants and recommendations, suggestions, and directions. The information from the interviews was assessed and complied with in this report. This report represents a distillation of the research, interviews, recommendations, and informants' assessments. The author compiled recommendations for a plan to address the needs; populations

identified, trends, and future actions from this information. These recommendations are included at the end of the report.

Findings

Recognition of PHP

On a qualitative level, several comments reflected comments made previously. Some – usually those associated with and knowledgeable about food security-rated PHP partially successful because, according to their understanding of the Greater Boston Food Bank data, it only reached about half of the community in need. They perceived the agency as effective in providing food assistance to the identified clients. On the other hand, a few felt they were as effective as they could be. Other interviewees fell between these two, especially if they had limited knowledge of issues related to food security. The surprising finding was that many agencies were unaware of food security, nor did they include it in their assessment of need. It was particularly evident that knowledge about food security was lacking in health care agencies despite the evidence of the relationship between food and diet to health. It became apparent that whether they had enough food was not a concern. Even as they counseled people about eating the right food, they did not query whether they had enough food, access to the right food, or could prepare it.

When we asked many of the informants surveyed about PHP, most said they knew of it. A majority felt that the organization was well known, particularly the pantry. Several comments even by agencies and helping organizations were particularly interesting. They reflected previously in the strategic planning process that the problem was that people do not expect to be in a condition where they need emergency help. Consequently, they do not know much about securing it when they need help. The agency's and helping organizations' comments reflect many clients who indicate surprise when they realize they need services, especially around food.

Many comments were like previous comments before the pandemic: PHP was generally well known but needed to increase its visibility. Agencies noted that PHP should publish more information such as the number of food sources or do a better job letting people know the impact of their donations and volunteer work. Few had specific ways that such a promotion would take shape.

In many ways, the client survey validated that those receiving services and who responded to the study did not indicate food insecurity for the most part. At the same time, given that they were already part of the pantry programs and services, the result was not unexpected. At the same time, the result indicated that the panty needed to move beyond consideration of access to food.

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Poverty in Burlington

The target population for PHP includes those within the Burlington community who either experience a lack of food security or are at risk of experiencing a lack of food security. This target population includes seniors; immigrants, and undocumented families, who often shy away from applying for federal and state assistance, and who are challenged by transportation, language, and cultural barriers; single-parent families, who were hit significantly harder by job loss during the pandemic; and individuals living with disability relying on a fixed income, which has not kept up with increases in the cost of living; and individuals challenged with lack of transportation to access services. The target population also includes families who make too much to qualify for state and federal assistance but whose income is not enough to overcome the high cost of living in Burlington, especially the high cost of housing which is 118% over the national average. These people allocate much more resources to rent, leaving less for food. Furthermore, it may also help youth who see their parents struggle to feed the family, who forfeit participation in extracurricular activities so they can help subsidize family income with a part-time job, choose to skip meals so younger siblings can eat, or spend significant hours away from home participating in activities, sports, or leisure without access to snacks and meals. However, at the same time, given the pandemic funding of the school's food program and its current use by many students, the issue may be more continuing what is present than adding new services. It could be one area that the pandemic addressed indirectly by helping students who may not otherwise be eligible for food

assistance or embarrassed to seek it out. Fortunately, the legislature has provided funds to continue meals to all students without financial requirements.

Burlington's current population is about 27,000 and has an official poverty rate of 3.77 percent. That percentage represents about 1040 people who meet the government guidelines of poverty. The distribution of those who meet federal poverty guidelines by race indicates that about

- 693 or 3.52% are white
- 192 are black of 15.2 %
- 109 are Asia or 2.35 %
- 46 are Hispanic
- 5.44% and 80 classified as other.

We can also assume that many of those who classify as white are Hispanic.

Burlington also has 23.75 percent who are foreign-born and 11.82 percent who are not citizens. Hispanic may be underrepresented as they may be undocumented and not counted.

While Burlington reports a lower poverty rate than Massachusetts (5.1%) by household, the per capita income and medium house value are above the medium for the state. It may be that people may well be in Burlington “housing challenged,” spending a large proportion of their income to maintain their houses and property.

The estimate for the entire state is 8.5 percent of food insecure people, which most analyses feel is low and based partly on SNAP recipients. The Supplemental Nutrition Assistance Program (SNAP) is the largest domestic hunger safety net. SNAP is especially important in helping low-income older adults achieve food security; however, some misconceptions must be addressed. Massachusetts SNAP food benefits help supply hundreds of thousands of low-income residents with funds they may use to buy groceries for themselves and their families. This widely used program is a staple in the state's public benefits system, and enrollees can use these funds to purchase an array of beverages and foods. The primary factor determining SNAP eligibility is income and household size. The Massachusetts SNAP income guidelines are based on the USDA's federal poverty level (FPL). These guidelines include gross and net monthly income limits for households of varying sizes.

As indicated, assistance is available for adults of all ages and their families through the Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps, which provides participants with a credit card (EBT card) for subsidized purchases at grocery stores and some farmers' markets. There is no asset limit in Massachusetts. If the household has an elderly or disabled member and did not meet the Gross Income test above, there is an asset limit of $3750. Home is not counted as an asset. The SNAP program works well for younger populations who may still be able to work, whose children receive meals from schools, and who are mobile enough to shop at grocery stores. However, one

group that may not work as well is those who are disabled and elderly. Applying that percentage to Burlington represents about people 2300 people. However, given the lower poverty rate in Burlington, that number may be about 500 less or about 1800. Given the SNAP numbers and the official poverty level, the number needing food assistance seems to be between 1040 and 1800 people.

Poverty Level by Race and Age

However, those two numbers may also not tell the whole story. The poverty rate is one indicator of those who are at risk. In addition to those identified as poor, seniors represented a large population with low and very low food security. The USDA defines two degrees of food insecurity: Low food security: People with low food security lack dietary quality and variety and may not be able to buy all the foods they enjoy. However, they don't necessarily eat less than they need. For example, an older adult with low food security might depend on the same inexpensive food items and eat these foods repeatedly. Their diet may be heavy in unhealthier processed foods versus nutrient-dense foods that cost more, such as fruits and vegetables. If a senior is experiencing very low food security, they may eat less food than they need. They might regularly skip meals or eat very small portions to stretch their budget further. In its report, The State of Senior Hunger in America in 2019, Feeding America found that food insecurity disproportionately affects older adults who have lower incomes are younger—aged 60 to 69 and rent vs. own their homes.

Racial and ethnic minorities are also more vulnerable to food insecurity. At the

same time, older adults are less than half as likely as Black older adults to experience food access issues. In some communities, seniors live in food deserts, where they don't have convenient access to full-service grocery stores. This situation does not seem to be a problem in Burlington which has several well-positioned supermarkets. Food insecure older adults are more likely to have a fall and consequent hospitalization because they have poor nutrition, affecting muscle mass, bone density, and balance. They also lack vital vitamins, which risk them at risk for chronic diseases like diabetes.

Nearly a third of older SNAP households receive the maximum benefit. On average, SNAP households with at least one adult age 50 or older received $144 per month in 2018. Adults over 60 or adults with a disability have different income requirements and additional allowable deductions, so you may be eligible now even if you weren't before.

Approximately three out of five seniors who qualify for SNAP are missing benefits. Older adults under-enrolled in SNAP often don't maximize their benefits through deductions.

Based on the poverty and SNAP guidelines, we estimated that about 1100-1800 persons experience some form of food insecurity, whether full or partial. Using the Good Neighbor Guidelines, that number will be about 1200 if we use income numbers from the 2020 census since approximately 1100 people make under

$40,000. Those receiving disability payments are around 5.2 percent and are included in the income levels.

We next consider age. We assume that pension and Social Security are not counted in the household income figures. Five thousand seven hundred (5700) seniors are living in Burlington. The medium social security payment is about $19,000 for this state. Many older adults don't have enough food to eat in a nation known for its wealth. Roughly (7.1% faced food insecurity in 2019. PHP serves only 70 seniors. Applying 5.1 to Burlington yields 300 more potential clients.

National data indicated that 38 percent of the elder lived alone. Those who live with others – mainly a spouse would have more resources and income. Two-thirds of those who live alone report feeling financially insecure, often associated with food insecurity. For Burlington, it would be about 1304 seniors. We can also assume that some of those with two incomes would be somewhat insecure based on reported feeling financially insecure, bringing the number to 1600. This calculation would indicate that about three-fifths are at risk for food insecurity based on their social security, or about 3200. However, it does not count other sources of income and assets. Even if we assume that there is 10, 20 percent in this potential risk pool, the numbers are significant – 322 and 644, respectively. We can think that 6 and 12 percent qualify – if we split the difference, it is about 9 percent or 515.

Draft

We estimate that about 1600 (1100 from poverty, census, SNAP data, and 500 guesstimates of seniors) may be food insecure, or about 6 percent of the population in Burlington. The previous estimate of 3.3 may have been low (847). While the forecast of 1600 may be high, the pantry has a need population greater than it serves. Given the numbers, seniors and the disabled are the least served.

PHP People

	22-MONTH	3-month	Covid Time	7 months	Pre Covid
Total Households	155.89	125.00	165.32	135.71	148.75
Adults	204.34	172.33	219.06	181.29	178.50
Total Children	178.79	118.00	203.67	129.57	153.00
Seniors	68.86	58.67	72.00	61.86	67.00
# Of People	438.03	346.33	494.72	314.86	398.50
New families	10.59	3.33	14.06	4.43	5.75
Total # pantry visits	391.76	340.67	413.89	356.86	353.25

In the last 22-month period ending in April, PHP served a monthly average of 438 individuals. There is wide variability, with a pre-COVID number of 398 and a COVID of 494. As expected, the bump-up occurred in March 2020. However, the

number has gone down in recent months. Pantry services are less than demand, particularly among the senior and disabled population.

In addition, in 2020, 19.6% of the student population, or 690 students, were signed up for free/reduced-price lunches in the Burlington School System. The 19.6 percent seems particularly high and may have resulted from the availability of the food rather than defined needs. PHP served 290 children in the same period as the PHP Lunch Program for Kids. While this was a 300% increase over previous years' vacation programs, it may have fallen short of reaching everyone. In the last five years, the number of BPS students who need extra assistance with English has grown from about 80 to 190, suggesting a surge in immigrant families moving to the community. The pantry records that among its population served during COVID, it averaged 204 children. The highest number served was 291 in November 2020. The actual need may well reside somewhere between the 291 and 690. It was splitting the difference yields about 500.

At present, food security among children may not constitute an issue. If the program shifts to pre-pandemic eligibility requirements, the issue will become the number. Removing the “stigma” of indicating that a child is food insecure and making it available doubled the number of school-age children participating. Since the school identified many of those children, an effort could be mounted to inform parents that while the program changes and the child may not have been eligible under the school guidelines, the children or family may be eligible to receive food from the pantry.

The cost of living in Burlington is 15% above the MA state mean and 51% above the federal standard, so many more residents may be at risk of experiencing food security because of the higher cost of living. Especially if wages are not higher or government programs greater in Burlington, the added cost of rent may provide fewer resources for food. Many of these residents' income is not enough to overcome the high cost of living but is too high for them to qualify for other federal and state assistance programs.

The 1615 number or 5.1 may represent several groups. If the free lunch program returns to pre-pandemic levels, it might reduce the number of children receiving food but not their need for food. According to informants, seniors and the disabled are significantly underrepresented in the groups and may prove the largest single groups whose food security needs need to be addressed.

Summary

Burlington's current population is about 27,000, with an official poverty rate of around 3.88%, suggesting that at least 1026 individuals live in poverty. In 2020, PHP served a monthly average of 499 individuals, meaning many in the community are not being reached. In 2020, 19.6% of the student population, or 690 students, were signed up for free/reduced-price lunches in the BPS. PHP served 290 children in the same period as the PHP Lunch Program for Kids. The cost of living in Burlington is 15% above the MA state mean and 51% above the

federal mean, so many more residents are believed to be at risk of experiencing food insecurity, many of whose income is not enough to overcome the high cost of living, but too high for them to qualify for federal and state assistance programs. Seniors accounted for about an average of 70 people.

The 1600 number, or 5.1 percent, may represent the number of people who lack food security. If the free lunch program returned to pre-pandemic levels, it might add children with needs. Senior is significantly underrepresented in the group and may provide the largest single groups whose food security needs must be addressed. This number, approximately 1600, provides an estimate of potential clients. Surprisingly, many service organizations often serve less than their “demand population.” One consideration is that it is likely that a good number of this these 1600 may not need a significant number of services or food, or many need certain kinds of food and support from the pantry. Some may need help to obtain certain foods that they may not be able to afford but may need dietary considerations such as being either a diabetic or having a cardiac condition. A fair number of them may be people who have been in this category for years. As some agencies indicated, many people in and out of this category temporarily lack food security. It might also be that they may not be food insecure for much of the month, but given how they earned a living, they may have periods during the month that they are food insecure.

Potential Directions

Meeting Client Needs: Factors in Consuming Food: Accessibility, Amount, Preferences; Health Condition Related Dietary Needs

The interviews revealed several conditions related to people seeking food and the agency's perception of food security. These conditions revolved around several notions: accessibility, amount, personal preferences, and health condition-related dietary needs.

Accessibility

Accessibility of foods related to the extent to which resources like PHP, grocery stores, farmers' markets, or other places to obtain food were accessible for all clients. The accessible range could refer to driving distance, walking distance, or convenience to public transportation routes, depending on the abilities and transportation options available to the client. Most believed that low-income children had ready access to food because of school programs, but they were unsure of seniors and the disabled. Groceries were typically more accessible to seniors when one or more options were within an accessible range. Fortunately, Burlington does not have any food deserts. Clients could have someone such as a relative shop for them. Seniors and the disabled could be restricted in accessing the foods they prefer, which are better for their health or fit within their

budget, by a lack of affordable options within their accessible range. Seniors may also be more restricted than other adults regarding what they can carry if walking distance or public transportation routes determine their accessible content. The accessibility of grocery venues had implications for clients' ability to plan meals and budget effectively and how much value they could obtain from their SNAP benefits, or how close the pantry was. Accessibility does not seem to be an issue with low-income clients or children but more so with people who lack access to a car, a relative or friend, or who may have isolated themselves because of their condition. The issue becomes how both recognize and identify clients who had problems accessing food regularly. It became acute during the pandemic, although many grocery stores stepped up their delivery system to address pandemic needs.

Preferences

Personal preferences were important considerations in engagement and satisfaction with food. Several commented that many that they know with issues related to food felt that preferences were limited, and many did not like what was offered. Most felt that clients, especially seniors across sites, preferred fresh produce and protein over canned items but had difficulty consistently accessing and affording these items. (Accessibility interacts with preference because they would access the food and obtain it if it was not limited to certain things, especially canned and packaged items.) In studies, seniors have expressed an overwhelming preference for fresh items over canned or other non-perishable

items. However, they emphasized the important role non-perishables play in helping them stretch their food throughout the month.

Knowledge helps to shape clients' consumption patterns. Many agencies felt that eating healthily (i.e., eating plenty of fresh foods) was important, particularly how they ate while growing up and working to feed their own families. Many across agencies felt that those who coped with low fixed incomes and food insecurity did so by using knowledge on budgeting, meal planning, and preparation they had gained over their lifetimes or from their parents or grandparents. They felt some of this generational wiring was missing and needed agencies' support. There is an element among those temporarily in need to, as it were, tough it out and not ask for help. It is a kind of resilience regarding questions about food security; some would not self-identify as food-insecure despite constraints in income, mobility, or access to transportation. They felt they knew how to make do and stretch their resources despite feeling hungry or not having the right food.

Affordability and Amount

If the client felt that food was affordable, they would not seek food in pantries. They exercised options to stretch what they have even if they must forgo preferences and wait until the item is affordable. Instead of seeking the terms at food pantries, they prefer to strengthen what they have.

Affordability represented an important constraint on the types of foods people could consume. For some, the priority when purchasing food was that it was on

sale, what they could buy in bulk and help them stretch it further. They tended to buy meat (the most expensive item) on sale and in size, which they would freeze and portion out. The nutritional value (or perceptions of such) and personal preferences had lower priority for many in choosing which foods to purchase. The irony is that while they prefer certain foods, they will settle for lesser foods if they are affordable – price and amount. The most common issue was that protein and fresh produce, particularly fruit, were too expensive to afford regularly. These items are also perishable, making them more challenging to stretch and usually require at least some preparation, which can be a limitation for many. Many may also lack the capacity to store fresh and even frozen foods.

Health condition-related dietary needs

There is little doubt that there is a connection between food and health. Diet has become a significant aspect of any concerted health-related program that addresses the whole person. Diabetes is the most reported health condition related to food with the need to avoid juice, refined carbohydrates, and sodium. Doctors advise those with diabetes to lose weight to improve diabetes or other conditions. Hypertension was also relatively common, and several were on low-sodium diets. Diabetes presents additional considerations around affordability and dietary needs. Many living with diabetes need to consume more produce and lean proteins to manage their health but cannot afford these items. The issue was the type of food and the need to access food consistent with their health care needs.

Programming Issues – Full Service, specialized foods, and location

PHP potentially has a role in helping address unmet needs through its programming, advocacy, and coordination to encourage and support others to contribute. PHP's food-assistance programming occurs in a complex landscape of multiple forms of assistance to clients, reflecting the diverse needs for social connectedness, medical care, transportation, instrumental assistance service and caregiving at home, information, monitoring, etc. PHP validated this situation through its survey.

There are programming decisions that need considerations

- First, what extent should food-assistance programs address a given individual's full need for food versus a partial requirement?
- Second, regarding the extent, when should food-assistance programs address the need for food in the population in a location?

The first issue is whether the pantry addresses the full need of its clients by providing much of their food or does it look to develop specific packages of service to particular groups in the community, assuming many clients access SNAP benefits as encouraged by PHP. Does it devise a program for people with diabetes or cardiac conditions to ensure that their diet contains the necessary elements and provides only these features? The question for PHP assistants is how and how they should articulate this and offer it alongside others.

Draft

Programming, whether the Council of Aging or healthcare providers in the same area or community. Given how closely food is tied to seniors' physical and mental wellbeing, how much should PHP broaden its network's programming from strictly food assistance to assistance that addresses a broader set of health and social needs, including reducing social isolation?

This concern raises whether it should extend its services outside Burlington. PHP has been traditionally a Burlington-based program since the need does not necessarily fit within defined zip codes. Some raised that it may consider people who work in Burlington, especially in service industries, and those who pay minimum wage. Each program selects its coverage area based on its resources and needs.

Financial Eligibility as A Barrier

What financial factors would prevent people from accessing food services and becoming food secure? Many agencies express concerns that income guidelines are a barrier to people accessing pantries, even if they are expansive. Many of the pantries that we contacted are not stringent about financial eligibility. Some said that if a person is seeking food, who are we to question whether they are hungry? There is a possibility that requiring people to make financial disclosures may increase the stigma of seeking sustenance. Some pantries will designate USDA foods on the shelf as income-eligible but do not take any steps to enforce it. Many agencies believe that any income test places a barrier between people

seeking food. It might also be that people who are temporarily in need of food may well not qualify, given their past income or financial situation. PHP may want one to consider whether financial eligibility is a barrier and whether so much eliminating it but not enforcing it may lessen the barrier two accessing food. Interestingly, some agencies were very strong in their belief that any type of income test betrayed the mission and purpose of the pantry. Since most foods were not USDA, they did not present a significant problem to most pantries. It's also interesting that many agencies expressed surprise that there was any income eligibility for food. Some said they were surprised because who would seek food unless needed? Given the stigma associated with not having enough food and ending up being able to fight for your family, they believe that anyone seeking food would need it.

Ending of School Food Programs and Coordination of Services –School

When the school's current program to provide free lunches returns to pre-pandemic levels, the number receiving may return to pre-pandemic levels. It is expected that the number will be lower. Interestingly, the number of students who accessed the free lunch program ballooned during the pandemic when lunch was made free. One informant indicated that before the pandemic, they often had to provide funds to families so that children could pay off their lunchroom debt. By providing free lunch and having everyone access it, some people who could

legitimately afford whatever that means lunch may get a free lunch. It did be that anyone who needed lunch did not have any barrier, such as having to pay for it or admit that they couldn't pay for it to receive lunch. If the school site is not free, some students forgo lunch because they can't afford it or are too embarrassed to seek or submit the needed information to obtain a free lunch. It's pretty clear that when you divide students into those who pay and those who do not pay, the school is setting up a clear demarcation in stigmatizing the process, While schools may not be willing to provide free lunches in the same way as they did during the pandemic come, PHP may want to set up a system whereby a child could attain voucher for a free lunch without having to be embarrassed to admit they their families could not afford to pay for the lunch. As we indicated, the number of children who couldn't legitimately afford lunch might not be the 700 during the pandemic when lunch was free, but it may not also be the 300 who were on the program before the pandemic. The issue is whether we allow some who could potentially afford lunch together free so that we can provide lunch to those who legitimately care to afford it.

Stigma – Overcoming

In less than a month, COVID-19 shifted the economic stability of millions of people in America through health emergencies, job loss, restaurant sector disruptions, and school closures. The federal government’s expansions to the Supplemental Nutrition Assistance Program (SNAP), child nutrition programs,

and other federal safety net programs, such as Child Tax Credits and Unemployment Insurance boost, prevented a catastrophic increase in hunger and poverty. We cannot underestimate the concern many agencies have about the notion of stigma, especially in seeking food. In the interviews, several informants spoke to the issue of stigma, particularly related to food and how it operated during the pandemic.

Several informants felt that the widespread exposure to hardship during the COVID-19 crisis also had made a dent in the negative judgments and stigma between who is “deserving” and “undeserving” of government aid.

According to research and many agencies, messaging is key to combating stigma. Many people respond positively, for example, when they feel the food they are receiving is an outcome of paying taxes over the years, their being in the community, or part of a health benefit. Further, people need to know that accepting “free” food is not taking them away from someone else who needs them.

Stigmatizing individuals with low incomes perpetuates poverty and hunger through misguided policies and practices, like eligibility restrictions in nutrition programs; work rules in some public benefit programs; unequal access to fair wages, affordable housing, and other root causes of hunger. Stigma also ignores the broad reaches of poverty and hunger. Sixty percent of American adults will live below the poverty level for at least a year at some time in their lives. The main causes of poverty are universal experiences, like the birth of a child or the loss of a job, or a significant life change. Many employed people experience

poverty too often because they can only find low-wage jobs and part-time hours. People often face multiple types of stigma and discrimination. In addition to the stigma associated with poverty, other types of stigma and discrimination can lead to hunger, including stigmatization based on race or ethnicity, sexual orientation, disability, or weight.

Stigma is not limited to interactions between people. Widespread, structural" stigma" refers to societal norms and institutions that constrain the opportunities, resources, and well-being of the people who are stigmatized. Stigmatizing cultural narratives also jeopardize the ability to achieve a robust and equitable recovery from COVID-19, as we have seen with judgments about people wanting to re-enter the workforce, misguided blame for supply chain issues, and efforts to undercut expansions to the social safety net. Structural and institutionalized stigma contributes to unequal access to healthy food, social programs, employment, fair wages, health care, education, and housing. Economic instability, hunger, and poor health are inextricably linked to a vicious cycle.

Stigma prevents eligible people from accessing food pantries out of fear that community members will know they live in poverty and judge them for it. This comes from interactions with others as well as internalized shame. Stigma can come from staff responsible for enrolling individuals in programs, cashiers at the grocery store, "lunch shaming" at school, or friends and family. Stigma also can be internalized, where individuals experiencing poverty or hunger blame themselves for their circumstances and feel shame. When households need to

"pass as normal" and hide their experiences of food insecurity and poverty, it becomes harder to provide them with the support they need and deserve if they do not access social programs. It also becomes harder to raise awareness of the systemic underpinnings of hunger and poverty, perpetuating the myth of individual failings.

Innovations in the programs provide powerful examples of how to address and reduce stigma. Providing electronic benefit transfer cards has reduced the stigma for participants in SNAP and the Special Supplemental Nutrition Program for Women, Infants, and Children, which has increased enrollment. Universal meals and breakfast after the bell have reduced the stigma of participating in school meals.

Action is necessary to reduce the stigma in food programs. Offering healthy school meals to all students eliminates the stigma associated with school meals. Access to PHP can be improved by removing stigmatizing eligibility restrictions, including unemployed and underemployed people, college students, and formerly incarcerated individuals. Also, to eliminate policies that restrict customer food choice increasing program access. Due to life circumstances, nobody should be made to feel "other" or "less than."

Transportation

Few clients of PHP in the PHP survey did have transportation concerns. Some had reliable friends or family who could provide transportation regularly or as needed. However, transportation is generally an issue, especially for seniors and

the disabled who do not have consistent access to accessible transportation through their social networks. Obtaining rides on public transportation and even by taxis is a persistent challenge. Limited access to transportation impacted seniors and disabled abilities to get food.

If they could not consistently obtain a ride to the grocery store and pantry, they could run out of food, have food go “bad,” and be unable to get more. If they lived in an area where walking or public transportation was an option or an alternative to obtaining a ride from friends or family, they were limited in purchasing what they could carry. For some seniors, this challenge was compounded by mobility issues. The lack of transportation or limited access to transportation also restricted disabled and seniors’ ability to choose where they shopped, which could pose significant challenges to their budgeting. For example, shopping at discount or bulk stores enabled several disabled seniors to more easily budget, stretch, and use their SNAP benefits. However, without transportation options, some seniors were restricted to shopping at nearby stores that were more expensive.

Summary

Program accessibility depends on the person’s abilities in one or more of three categories: personal mobility, consuming foods, and access and use of transportation. Recognizing the heterogeneity of needs (largely based on abilities) within this population and distinguishing between types of market and degrees of abilities can aid in targeting, designing programs, and achieving program impact.

Draft

Older Adults, SNAP, and Meals on Wheels

One of the most fruitful possibilities for PHP is to explore a relationship with Meal on Wheels. When the COVID-19 pandemic hit in 2020, many older adults couldn't gain access to food or were “food insecure.” This resulted from income loss, fear of leaving the house, and lack of help with grocery shopping and transportation.

PHP works with the SNAP program maximizing the benefit and supplementing it. While the seniors have access to the use, one barrier may be that they may not have access to the grocery stores. The participation of 0lder adults in SNAP is staggeringly low.

About 4.8 million older adults (aged 60+) are enrolled in SNAP. Yet this figure represents less than half of the eligible population; approximately three out of five seniors who qualify to receive SNAP are missing out on benefits—an estimated 5 million people. The average SNAP benefit for older adults is $104/month. While there is a pervasive myth that older adults who qualify for SNAP only receive $16/month in benefits, this is largely untrue. The $16 figure is the minimum monthly benefit a senior can receive—80% of elderly SNAP participants receive more than the minimum. The average monthly use for a senior living alone in FY19 (the most recent year that data are available) was $104/month. Many older adults may be able to take advantage of deductions for other expenses that can increase their monthly SNAP allotment. Seniors who spend more than $35 a month on out-of-pocket medical costs may be able to deduct that from their gross

income when applying for SNAP, thus increasing their monthly benefit amount. Currently, only 16% of older adults utilize the medical expense deduction, but it is estimated that many more SNAP-eligible seniors would qualify to use it.

Isolation is a key factor in the lives of many older adult SNAP participants. Roughly 83% of older adults who receive SNAP benefits live alone. More than half of these isolated seniors have little to no income—depending entirely on general assistance, Supplemental Security Income (SSI), or other benefits for their subsistence. For these individuals, the $1,248 in average annual SNAP benefits can mean the difference between having food and going without. Access to food from pantries and SNAP is associated with reduced health care costs. NCOs found that many older adults with debt make trade-offs potentially dangerous to their health, such as skipping meals and cutting pills in half. Access to food and benefits that help pay for food and health care reduces food insecurity and increases medication adherence.

Seniors already have a built-in delivery system to provide food. Meals on wheels provides and delivery a limited delivery system for many seniors. While PHP intends not to substitute for Meals on Wheels, it may look for avenues for building on the present system. Meals on Wheels provides ready access to many seniors who may not be pantry clients.

Program Accessibility: Targeting Disabled, Seniors, and Those with Health Conditions

Much of what we indicate here applies to seniors as well. Program accessibility to PHP by clients depends on their abilities in one or more of these categories.

Draft

Personal mobility refers to

- the ability to lift or carry items (e.g., physical strength)
- ability to prepare food
- ability to walk or stand
- self-efficacy to leave the house and run errands
- health status.

Food consumption refers to preferences, accessibility, affordability, chronic disease, and dietary needs. Access and use of transportation refer to relying on own means of transportation, friends or family, and public or private services. PHP is currently positioned to balance reach (breath) against specificity (i.e., reaching more clients instead of clients with more specific needs) as resource availability and cost-effectiveness. Programs that achieved significant drag typically relied on food items donated by the US Department of Agriculture and Food Banks. However, this was limited by the food bank's ability to customize food assistance to clients' specific needs. On the other hand, programs that prioritized specific programs sacrificed reach to provide customized food mixes to sub-groups of people with conditions like diabetes. Some programs invested resources in implementing mobile pantries or recruiting volunteers to overcome transportation constraints, which could limit a program’s reach.

Program modifications include

- distributing products and additional donated items.’
- conducting senior and disabled-only distributions

- updating food to reflect preferences or dietary needs
- facilitating more home deliveries (via new partnerships or mobilizing more volunteers).

These programs tailored food offerings, grocery items, nutrition education, and healthcare-based services.

Specifically targeting the disabled, seniors, and those with health-related conditions enable them to budget, save, and stretch their food more easily throughout the month when finances, transportation, or both limit accessibility and affordability of food. Providing fresh produce may enable many disabled, seniors, and other groups to consume more fresh produce than they would otherwise be able to afford. One item is the weight or maneuverability of food boxes. Going to the panty may entail for those who are senior and disabled longer waits, difficulty standing or carrying food, and accessing transportation. The mix and proportions of juice, pasta, and dairy provided by many direct food-assistance programs may not be responsive to chronic health conditions, including diabetes. Depending on the program, they presented challenges in obtaining their boxes or bags, which weighed between 20 and 50 lbs. Seniors have challenges maneuvering the boxes or putting away items at home. Some seniors and disabled may rely on family or caregivers to assist them. Seniors and disabled without assistance typically must make multiple trips to their vehicles or put items away one at a time.

The societal benefit of providing food- assistance is that it helps prevent frailty in disabled, seniors, and health-related conditions (i.e., poor diet and nutrition and low physical function), thereby reducing the likelihood of disability and consequent nursing home stays, hospitalizations, high associated costs. The literature on frailty and food insecurity in seniors and people with chronic conditions and the central role of nutrition in deficiency supports that this kind of programming should be, targeted to people] who are food-insecure even if not experiencing overt physical hunger.

Serving seniors, the disabled, and those with health-related issues (reach) and doing more for the most vulnerable should not be a trade-off. Specific needs should not compromise reach. A pressing question among service providers is how to reach more of the most vulnerable seniors, the disabled, and those with health-related issues. Addressing this question about space and specificity in the design and implementation of focused programming necessitates a nuanced understanding of the needs and abilities common among the seniors, disabled, and those with health-related issues being served. PHP could create a mix of programs or programmatic features based on their resources that can best respond to their needs. Benefits are generated when seniors, the disabled, and those with health-related issues seek help and take up offered services. Intended benefits are immediate (e.g., improved diets and nutrition, reduced stress related to food insecurity), intermediate (e.g., reduced frailty and disability), and long-term (e.g., reduced nursing home and hospital stays and saving costs).

Draft

Recognizing the heterogeneity of needs largely based on abilities rather than age alone within the senior population and distinguishing between types of conditions and degrees of abilities can aid in targeting, designing programs, and achieving program impact. The question that shapes considerations of program design, uptake, and benefits from the perspective of PHP are similar to the question that shapes it from the perspective of seniors, the disabled, and those with health-related issues. What programming is possible and most warranted regarding feasibility, logistics, resources, partners, implementation processes, targeting indicators, reach, achievable impact, and sustainability?

Physical strength

Most seniors, the disabled, and those with health-related issues participating in direct food-assistance programs (i.e., those who provided boxes or food bags) had difficulty lifting and carrying heavy boxes or bags. Some required assistance in their homes to unpack and put away groceries.

Ability to prepare food

Many seniors, disabled, and those with health-related issues were reported to be limited in their ability to cook or unable to cook. Common causes of cooking limitations were:

- weakness and fatigue,
- vertigo or dizziness,
- chronic pain that made standing or sitting for periods difficult,
- arthritis or numbness in the hands that made tasks like lifting pots or pans or chopping difficult

- inability to withstand exposure to heat for a length of time,
- and occasionally memory.

Although most seniors, the disabled, and those with health-related issues prefer fresh produce, choosing foods that were easy to prepare (cereal, sandwiches, or canned soups) was the practical consequence of limitations on limiting their cooking abilities. Given limitations, many seniors, the disabled, and those with health-related issues preferred foods they could microwave. Some reported that they prepared large amounts of food at one time and froze portions they could easily microwave, or they consumed leftovers for several days. Others sought canned soups or stews or frozen meals. However, easy-to-prepare fresh foods, such as salads and fruit, were strongly preferred when available.

Although many know how to cook, changes over time required new knowledge or skills they did not necessarily possess. For example, some seniors, disabled, and those with health-related issues did not know how to cook for one person or were disinclined. They noted that their appetites, physical abilities, and dietary needs also changed over time, requiring new ingredients and preparations they may not be familiar with. Agencies suggested that food-assistance programs aim to provide simple, responsive, and easy-to-prepare recipes to help them better use the items delivered.

Health status

Seniors reported a wide range of conditions that impact mobility, both chronic and short-term. Diabetes was the most prevalent, followed by hypertension. Other conditions were cancer, chronic pain from previous injuries or inflammatory

conditions such as arthritis, rheumatoid arthritis or fibromyalgia, weakness or fatigue, vision problems, memory problems, damage resulting from falls or accidents, gastrointestinal diseases, stroke, cardiovascular disease, dental diseases, dizziness/vertigo, neuropathy, circulatory issues, respiratory diseases, and chronic obstructive pulmonary disease.

Programming – One Size Does Not Fit All

No one-size-fits-all model meets the needs of a diverse population served by PHP. PHP will have to make trade-offs. PHO must balance the breadth of their service against specific targeted groups when designing specific food-assistance programs. PHP may perceive a tradeoff between reach and specificity: achieving a balance will require tradeoffs. Reach is typically performed by targeting a broad swathe of people based on income or age and specific population achieved by including additional criteria or replacing or expanding upon the commonly- used age and income criteria with such conditions as the ability to cook, homebound or transportation-limited, health status, special dietary needs, and location (apartments versus single home, and living situation (e.g., congregate, subsidized, or owned), living alone or with others, etc. These program criteria can be aligned with the framework of needs identified population served. Income alone does not convey the diversity of needs. Rather, client needs are largely based on types and degrees of ability. There is a tradeoff between resource availability and cost. If PHP relies on USDA- donated food items and the food

bank, it may limit its ability to customize food assistance to the specific needs of Burlington. On the other hand, programs that prioritize populations and groups sacrifice reach and cheaper or more cost-effective strategies to procure food to provide customized food mixes to sub-groups of clients with specific needs, such as diabetes. Other considerations are putting more resources toward overcoming transportation constraints by conducting home deliveries, mobile pantries, or establishing and maintaining partnerships with social and health agencies, residences, and centers instead of requiring self-pickup.

PHP use of the USDA-donated items represents little to no cost to food banks to procure but limited control over inventory. On the other hand, purchasing food enables greater control but may push the limits of a food pantry's purchasing power. Specific programs can address more (or more specific) needs but reach fewer people.

Healthcare providers Partnerships

One of the most significant areas is working with healthcare providers. Food and nutrition services is a determinants of health. Access, availability, affordability, and operations ensure that staff or frontline workers consistently screen for needs and follow up with patients, which can take additional and potentially uncompensated time. PHP offers food- assistance to their patients to be essential to their physical and mental well-being within the limits of food available to them.

There are advantages to partnerships with healthcare providers. These partnerships are particularly good for reaching people with specific needs who may also be highly vulnerable, homebound, or disconnected due to health conditions and otherwise may not have been contacted by the emergency food system.

There is also the potential to work with these partners to collect more specific data on the use of food assistance related to health outcomes. In carrying out their healthcare roles, they can screen for food assistance. Given the size of the health care provider, there may be multiple levels of administration through which to navigate before engaging with frontline workers to screen for and potentially deliver services. For example, Cooley Dickenson in Northampton –a smaller community h health system, may be able to navigate directly to people than Lahey. These administrative concerns may create several points where communication, implementation, monitoring, and follow-up can falter.

Achieving positive outcomes requires clients' participation in programs that provide a meaningful benefit. The client needs require a framework that summarizes the conditions, abilities, and limitations commonly experienced by its clients.

Strengths of mobile food-assistance programs

PHP has sought to reach more homebound or transportation-limited seniors by providing or facilitating home deliveries through other means and attempting to provide whole grains, vegetables, fruits, dairy, and lean proteins.

PHP provides a large quantity of non-perishable and perishable raw materials on the basis that they are based on certain assumptions. As indicated, this approach assumes some mobility and self-efficacy among the person served, including:

- They are physically, cognitively, and functionally equipped to prepare food for themselves.
- They are physically strong enough and able to lift and maneuver boxes.
- Most have the self-efficacy and access to transportation needed to attend distributions (home deliveries only make up a subset of most program delivery methods).
- They have no significant health conditions impacting their mobility or dietary needs.

Aligning food-assistance programming to Need for Food from a Client Perspective

While consistent with preliminary information on how people conceptualize needs, the framework of needs developed in this assessment extends our understanding of different needs. The concept of need refers to a gap between an existing situation. The desired state PHP understands food and nutrition problems in terms of conditions that lead to changes in function, which have consequences for food use, affordability, accessibility, and stores. It guides not eating properly due to insufficient meal consumption, compromised meal quality, socially unacceptable meals, and difficulty following special diets.

Although lack of economic resources is the most common constraint, food insecurity can also be experienced when food is available and accessible but cannot be used because of physical or other limitations, such as limited physical functioning by older adults or those with disabilities. Some closely linked consequences can be part of the experience of food insecurity: physical hunger, worry and anxiety, feelings of alienation and deprivation, distress, and adverse changes in family and social interactions. Food insecurity has both nutritional and non-nutritional consequences. Furthermore, food insecurity is a marker of other adverse conditions for seniors and the disabled.

Frailty results in declines across multiple physiologic systems and causes vulnerability to adverse outcomes" Frailty results from a cycle of poor nutrient intake, loss of muscle mass, low muscle strength, reduced physical work capacity, poor physical performance, and reduced physical activity (Inadequate dietary intake and insufficient nutrient intake are important components of frailty. Therefore, one aim of food assistance to seniors and the disabled is to improve their nutrient intake early, before changes in body composition, biochemical markers, and consequences become clinically evident and hard to reverse. The societal benefit of providing food assistance is that it helps prevent frailty (i.e., poor diet and nutrition and low physical function), reducing the likelihood of disability and consequent nursing home stays.

PHO will succeed when it fully understands needs, target the l group who will benefit, and develop a mix of programs or programmatic features based on their resources that can best respond to the need. Benefits are generated when taking

up offered services. Intended benefits are immediate (e.g., improved diets and nutrition, reduced stress related to food insecurity), intermediate (e.g., reduced frailty and disability), and long-term (e.g., reduced nursing home and hospital stays and saving costs).

PHP can seek creative solutions to addressing food insecurity, from establishing specific types of partnerships with agencies to augmenting or adapting existing services to better meet targeted populations' needs. Programming frequently requires new or enhanced inputs to tailor content or education or facilitate home deliveries or mobile pantries with or through disabled and senior-serving organizations. PHP needs to become skilled at utilizing existing resources.

PHP should shape considerations of program design and keep in mind to what extent clients will be able to use and benefit from the program.

Under this overarching question are several more specific questions, such as:

• Can most of the clients in the program eat the food provided?

How much of it?

• How many clients will be able to prepare it if it requires preparation?

• Does it increase the quality of their diet?

• Can they receive the program services at a place and time and in a format that does not present a significant or prohibitive physical, logistical, or financial toll?

Given at least a tentative answer to this starting question, considerations can be made as to what programming is possible and most warranted in terms of feasibility, logistics, resources, partners, implementation processes, targeting

indicators, reach, achievable impact, and sustainability. Inherent to making decisions regarding these considerations are two further questions.

First, to what extent should PHP address a given individual's full need for food versus a partial requirement? It depends on where the individual falls in the other categories. An individual senior with diabetes will benefit from programming that assures that their full daily need for food is met because of the close relationship between food and managing these diseases. Others may benefit from being provided food for one substantial meal a day but may not benefit from more.

Second, regarding reach, how much does PHP fully address the need for food in the population of its clients in each location while attempting to account for needs? Documenting unmet needs in a population is challenging. Still, the experiences of providers working with people provide certainty that the prevalence of unmet demand for food is great because the existing patchwork of programming does not have sufficient resources to reach them. Some portions of the population may be difficult to achieve because of their location or reluctance to use assistance (e.g., inability to use the Internet).

Going Beyond the Focus on the Need for Food

Food-assistance programming for PHP occurs in a complex landscape of multiple forms of assistance to clients, reflecting their clients' diverse needs for

social connectedness, medical care, transportation, assistance in daily living and caregiving at home, etc. An important question for PHP in providing service is the extent to which and how they should articulate the programming they provide alongside other programming occurring in the same location and by their staff. In many ways, PHP has a formal relationship with another city organization, namely Children and Family Services. The connection is direct through board membership. PHP does provide financial assistance to clients of Children and Families on the recommendation of staff. Such aid includes rent subsidy, rent deposit, clothing allowance, and other assistance.

The second important question is, given how to relate food security to clients' physical and mental well-being, and to what extent does PHP broadens the programming it provides from strictly food-assistance to assistance that addresses a broader set of social needs, including reducing healthcare and social isolation.

Can PHP leverage its food-assistance programs or potential partnerships to support emotional wellbeing and mental health? Providers have cited the socio-emotional benefits of programs like Meals on Wheels. Local organizations, including Meals on Wheels, indicated that such gifts could be more explicit or tangible in other program models. These ideas demonstrate that service providers feel the potential of food-assistance and other food-assistance-oriented programs to act as an inflection point to improve clients' wellbeing, even if clear

mechanisms and paths to do so are not yet fully articulated or systematically documented. These possibilities were evident to local agencies and may represent an important new direction for senior food-assistance programming. = Another consideration is that the pantry's role is to help address unmet needs through its programming, advocacy, and coordination to encourage and support others to contribute.

Summary and Considerations

This assessment aimed to examine and assess current efforts through community stakeholders to determine how better PHP was achieving its objective and the extent to which it was not serving the needs of people with issues related to food insecurity. Its purpose was also to examine different ways to address these unmet needs within the community to advance the goal of food security. The following represents several recommendations and suggestions based upon the assessment of ways in which PHP could develop programming to address unmet needs. Consistent with the strategic plan developed in 2021, this assessment and recommendations were developed to suggest ways to implement Goal Four and Five of this strategic plan.

1. Full service versus partial; Would PHP consider specific populations to which they will target particular foods and services? Such specific foods could include packages of food geared towards people with diabetes or cardiac disease or others who may need to be on special diets which may not be food insecure but otherwise not be able to afford specific foods and have access to them that would benefit their health?
2. Does PHP continue to limit its service area to Burlington residents or allow other people who, for example, may work in Burlington or live close by to access its services? Does it, for instance, consider low-wage and income people who work in Burlington eligible for benefits by PHP since they contribute to the town's economic viability?
3. Does PHP want to consider modifying or eliminating financial qualifications or any means of testing to reduce the stigma which creates a barrier to accessing food?
4. With the termination of the free school lunch program, if the school does not pick it up and support free lunch, is there a role for PHP in ensuring that school children who are food insecure but do not declare themselves as such have access to free lunch by some other mechanism? Is there a way PHP can help sustain a free lunch program to ensure that all schoolchildren who may be food insecure see proper nutrition?
5. How will PHP deliver food to persons who lack access to transportation, and how will it identify those who do not have a vehicle? PHP does provide delivery. It’s unclear whether the delivery system addresses the

needs of people with issues related to food insecurity. PHP also has resources and physical assets to address transportation needs. The problem seems to be identifying people needing a specific amount and type of food.

6. The role of stigma is a significant barrier to people seeking access to food. It might be that many potential clients do not seek food out of fear or concern about what people may think of them or even how they think of themselves. Would PHP evaluate a potential promotions, marketing, or public relations campaign to offset the stigma of seeking food?
7. Preferences often signify choice. Preferences may result from inclinations and conditioning, but if they like and choose their foods within certain parameters, they're more likely to consume them. By giving clients choices, PHP affirms their dignity and reduces some of the stigma attached to seeking food. It gives them some modicum of control over their lives. Some preferences, such as fresh over canned, may provide some agency to clients that give them some control over their lives.
8. Would PHP examine its programs and gear them towards building specific needs? Some clients may have sufficient income and benefits to purchase basic foods but may not have enough for vegetables, fruits, etc. They may only need certain foods. Young couples may help only with baby formula and pampers; some seniors may only need pet food.
9. One area of partnership that is proving fruitful in terms of identifying people with issues related to food security is in working with health care

providers, whether insurance companies, health plans hospitals, and systems such as Lahey clinic, who may assess patients coming into their system to evaluate whether they had issues related to food security. While they may ask questions relative to nutrition, they may not be asking questions about whether they and their family have enough to eat. In this regard, a facility in western Massachusetts, Cooley Dickinson Hospital, has an interesting approach to food security. Any of its clients coming into its health systems are asked about their level of food security. Suppose an issue is detected from the screening, whether for people who don't have enough to eat or do not have access to the right foods to address their health concerns, a referral is made to a caseworker. The caseworker refers to a food pantry. In this way, some of the stigmas would be removed as it is considered part of a standard healthcare assessment. By viewing it as a health concern, people may be more willing to consider obtaining food in the same way as medicine. They could go to a food pantry to secure food that would promote their health and well-being by shopping at a pharmacy to procure their insulin.

10. Another area relates to senior care organizations, particularly Meals on Wheels. We were surprised when speaking to Meals on Wheels programs that they did not have a formal relationship or partnership with food pantries. Both provide food to seniors, one in terms of prepared meals, the other in terms of groceries. However, since both serve the same client, Meals on Wheels (MOW) may provide a vehicle or mechanism by

which food can be delivered from food pantries such as PHP beyond a single meal. PHP and MOW would need to work out the exact relationship and delivery system.

11. Some people are limited by their ability to carry food and prepare it. For those people, some alternative food programs may be indicated. Some programs have gone towards preparing meals that they distribute to a certain clientele with difficulty preparing meals. For these clients, they may have to be a defined delivery system since if they're unable to prepare, they are probably not capable of carrying it or procuring it directly. PHP may want to consider a packaged food program geared to those who cannot handle heavy packages.

Interviews and Resources Utilized in Report: Agencies

AARP

Acton Food Pantry

Arlington Eats

BAYADA Homecare

Burlington Council on Aging

Burlington Department of Health

Burlington School Department

Burlington Youth and Families

Center for Public Representation

Communitas Burlington

Community Action Home – Holland Michigan

Competent Care

Connected Home Care

Connecticut Foodshare

Connecticut Foodshare Institute For Hunger

Cooley Dickenson Hospital ACO

Cooley Dickerson – Community Affairs

Council on Aging

Dedham Food Pantry

Draft

Department of Children and Families – Cambridge

Dignity Alliance of Massachusetts

Disability law Center

Disability Policy Consortium

Eden Home Care

Eliot Community Human Services

Eliot Community Services Homeless Program

Eliot Community Services Mental Health Services

Elm Brook Place

Elm Brooke House

Empowering For Success

Feeding America

Foster parent – Feed Children

Franklin Pantry

Greater Boston Food Bank

Heartbeat Pregnancy

Home Care Advocates

Interfaith Social Services

Kindle Behavior Consultants

Lahey Community Needs Office

Lahey Hospital ACO

Lahey Needs Assessment and Community Benefit 2020

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Little Johnny Care Service

Massachusetts Good Neighbor Fund

Massachusetts Healthy Agency Coalition

Massachusetts Home care

Massachusetts Senior Action Council

Minuteman Agency on Aging – Case Management

Minuteman Agency on Aging – Meals on Wheels

Mystic Valley Elder Services

National Council on Aging

North Suburban YMCA

Open Table

PHP Board Members

PHP Pantry Volunteers

Riverside Family Support Center

Safety Home Care Agency

Saheli

Salvation Army – Cambridge Corp

SEIU – Personal Care Attendants

SHINE

Sunrise of Burlington

Thom Mystic Valley Early Intervention

US census 2020 - Zip Codes 01830 01850 02420

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Western Massachusetts Food Bank