



Hunger in Eastern Massachusetts 2014

Executive Summary

Introduction

The Greater Boston Food Bank (“GBFB”) in cooperation with Feeding America, the national network of 200 food banks, has recently participated in the most comprehensive survey of hunger ever undertaken in eastern Massachusetts, *Hunger in America 2014 (“HIA 2014”)*. This study provides critical data regarding the demographics of clients that receive assistance from GBFB and its network of member agencies and the capacity the network has to address issues concerning food insecurity.

Key Findings

- Food insecurity is a growing problem in eastern Massachusetts with 63.6% of agencies seeing an increase in the volume of clients compared to the previous year while only 4.2% saw a decrease
- Approximately 1 in 12 individuals living in eastern Massachusetts access food from GBFB and its member agencies annually
- As many as 1 in 3 clients served is a child under the age of 18 and as many as 1 in 5 clients served is 60 years old or older
- 87.8% of households receiving food assistance have at least one member that has graduated with a high school diploma or equivalency, 57% have at least one member with education beyond high school and 15.6% have at least one member that has a four-year college degree or higher
- 48.9% of households receiving food assistance earn a household income of \$1,000 or less monthly and 45.6% earn \$10,000 or less annually
- 61.2% of households receiving food assistance are living in poverty
- In households receiving food assistance where the main income earner is working, less than half (43.9%) are estimated to be working over 30 hours per week
- The main income earner in 67.1% of households receiving food assistance is not employed
- 80% of those out of work are not able to look for work because they are elderly and retired, are disabled or in poor health, or are taking care of someone who is disabled or in poor health
- In the past 12 months, most households had to choose between paying for food and paying for other expenses such as:
 - Medicine/Medical Care (60.3%)
 - Utilities (60.8%)
 - Housing (59.5%)
 - Transportation (51.9%)
 - Education (31.0%)
- 15.3% of households receiving food assistance have at least one member that is in poor health, 32.8% of households have at least one member with diabetes and 61% of households have at least one member with high blood pressure
- 29.4% of households receiving food assistance have medical bills that they have not been able to pay
- 68.5% of households receiving food assistance sometimes have to purchase inexpensive, unhealthy food due to their limited budgets and 44.7% have received help from family or friends
- 72.4% of households receiving food assistance need to use food pantries on a regular basis
- For 90.9% of food distribution programs, no longer being able to get food from GBFB would have a **Major Effect** for them and their ability to serve their clients

Methods

As with previous Hunger in America studies, conducted by Feeding America every four years since 1993, two surveys were implemented in HIA 2014 – an Agency Survey and a Client Survey. The Agency Survey, conducted from October 2012 to January 2013, was used to identify and analyze the number of programs administered by GBFB and its partner member agencies. The Client Survey was carried out from April 2013 through August 2013.

The Agency Survey yielded responses from 357 agencies (80%) and over 300 clients (51.1% of the 599 surveyed).

Beyond the basic structure of HIA 2014, there were many improvements made to the methods implemented in 2014 versus previous years' studies. As such, no direct comparisons can be made between HIA 2014 and prior studies; however, these improvements have produced estimates that are more accurate than previous studies. Some changes to note: HIA 2014 collected data from all food providing agencies of GBFB whereas all previous Hunger in America studies included only data collected at emergency pantries, kitchens and shelters. Additionally, final client count estimates were derived from more programs than ever before, thus a greater variety of clients and their households are likely included in Hunger in America 2014 than in any previous study. In addition to the items noted above, several other methodological changes were made that affect the comparability of this study to all previous Hunger in America studies. For more information on these changes, please refer to the Hunger in America 2014 National Report or the Technical Volume.

Because of these improvements, HIA 2014 should be seen as the current status of GBFB's network of member agencies and those that rely on its services.

Client Counts

It is estimated that about 8% or 1 in 12 individuals living in eastern Massachusetts access food from GBFB and its member agencies over the course of a year.

Table 1 on the following page shows the total estimated number of clients and households that access food from GBFB and its network of member agencies in the course of a week, a month, and a year. In HIA 2014, both unduplicated and duplicated counts were estimated. The “unduplicated” counts estimate the number of unique individuals or households who access food from GBFB and its network of member agencies during a given time. The “duplicated” count estimates the number of times individuals or households are reached through food distributions in eastern Massachusetts during a given time. For example, if a family of four accessed a food pantry once per month in 7 months of the year, the annual unduplicated count of clients would be 4 and the annual duplicated count of clients would be 28.

Table 1: Total Number of Clients and Households Served in Eastern Massachusetts

	Weekly		Monthly		Annually	
	Duplicated	Unduplicated	Duplicated	Unduplicated	Duplicated	Unduplicated
Clients	68,700	45,400	298,600	142,900	3,583,500	384,000
Households	35,800	18,600	155,700	53,200	1,868,900	141,700

In comparing the duplicated number of clients to the unduplicated number, it is evident that many of those in need of food assistance rely on GBFB and its network of member agencies throughout the year. Based on clients surveyed, it is estimated that 72.4% of households need to use food pantries on a regular basis to get the support that they need. Nearly 90% of households have experienced the food that they bought not lasting and not having enough money to get more.

Vulnerable Populations

Limitation of Data on Children

Because children were not eligible respondents for the Client Survey, HIA 2014 focuses on the services provided to adult clients and their household members. As children's programs were not included in the Hunger Study Client Survey, the number of children utilizing the services of GBFB and its network of member agencies may be underrepresented. In addition to the number of children served through grocery distribution programs (e.g. food pantries, mobile markets, school-based pantries, etc.) that are represented in this study, child-focused programs, separately from this study, reported serving an average of nearly 9,000 children each month in 2013 though it cannot be ascertained the impact this has on the number of unduplicated clients as some of these children may also benefit from the grocery distribution programs. However, based on the aforementioned agency reports not included in this study, there are likely more than 87,000 additional duplicated clients annually when factoring in all child-focused food programs of GBFB and its network of member agencies.

Client Age and Health Demographics

It is estimated that in eastern Massachusetts, as many as 1 in 3 clients served is a child under the age of 18 and as many as 1 in 5 clients served is 60 years old or older. This means that approximately half of the individuals receiving food assistance belong to a vulnerable age group where proper nutrition is vital. In addition to the food received through GBFB and its network of member agencies, an estimated 94.6% of households with children (aged 5-18) also participate in the free or reduced school lunch programs. Per the United States Department of Agriculture, *proper nutrition promotes the optimal growth and development of children. Healthy eating helps prevent high cholesterol and high blood pressure, helps reduce the risk of developing chronic diseases such as cardiovascular disease, cancer, and diabetes, helps reduce one's risk for developing obesity, osteoporosis, iron deficiency, and dental cavities, and is associated with reduced risk for many diseases, including several of the leading causes of death: heart disease, cancer, stroke, and diabetes.*¹

An estimated 15.3% of households have at least one member that is in poor health. Additionally, 32.8% of households have at least one member with diabetes and 61% of households have at least one member with high blood pressure.

The costs associated with health care weigh heavy on individuals in need of assistance. It is estimated that 29.4% of households have medical bills that they have not been able to pay. 60.3% of households have had to make the difficult choice between paying for food and paying for medicine/medical care.

¹ Dietary Guidelines Advisory Committee. Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans, 2010, to the Secretary of Agriculture and the Secretary of Health and Human Services. Washington, DC: U.S. Department of Agriculture; 2010.

Spending Tradeoffs and Coping Strategies

In addition to the burden of medical expenses, many households receiving food assistance also struggle with having to decide between buying food and paying for their utilities, housing, transportation, and education as shown in Table 2.

Table 2: Spending Tradeoffs

Choose between paying for food and paying for other expenses (ever in the past 12 months)	Estimate
Medicine/Medical Care	60.3%
Utilities	60.8%
Housing	59.5%
Transportation	51.9%
Education	31.0%

An estimated 63.5% of households engage in multiple coping strategies, including those listed in Table 3, to make ends meet. As well, 85.6% can't always afford to eat balanced meals and in 58.4% of households, adults have had to cut the size of their meals or even skip meals because there was not enough money for food.

Table 3: Coping Strategies

Types of household coping strategies used in the past 12 months	Estimate
Purchasing inexpensive, unhealthy food	68.5%
Receiving help from family or friends	44.7%
Watering down food or drinks	43.3%
Selling or pawning personal property	32.0%

Education, Income, and Poverty

Based on client surveys, 87.8% of households have at least one member that has graduated with a high school diploma or equivalency and 57% of households have at least one member with education beyond high school including 15.6% that have earned a degree from a four-year college or higher. But, despite this level of education achieved, 61.2% of households receiving food assistance are still living in poverty with nearly half of the households (48.9%) earning \$1,000 or less each month and 45.6% earn \$10,000 or less annually.

Employment

In an estimated 67.1% of households receiving food assistance, the main income earner is not employed and in 86.1% of those households, the main income earner has been out of work for more than one year. 80% of those out of work are not able to look for work because they are elderly and retired, are disabled or in poor health, or are taking care of someone who is disabled or in poor health. In households where the main income earner is working, less than half (43.9%) are estimated to be working over 30 hours per week.

Many Faces of Hunger

Beyond the level of education achieved and current employment, the clients served by GBFB and its network of member agencies are diverse in many aspects. The tables below illustrate this diversity.

Table 4: Client Race/Ethnicity

Characteristic	Estimate
White Non-Hispanic	52.7%
Black Non-Hispanic	19.0%
Hispanic	15.6%
Other	12.8%

Table 5: Primary language(s) spoken by adults at home

Characteristic	Estimate
English	87.7%
Spanish	12.4%
Other	8.9%

Table 6: Household Size

Characteristic	Estimate
1 Member	34.8%
2 to 3 Members	38.5%
4 to 6 Members	24.3%
More than 6 Members	2.4%

Table 7: Military Service

Characteristic	Estimate
Households with members that have served in the military	25.8%

Table 8: Housing Characteristics

Characteristic	Estimate
Temporary housing	6.6%
House, Townhouse, Apartment, Rented room	93.4%
Lived in at least two places in the past 12 months	12.4%
Started living with another person or family	14.7%
Experienced foreclosure or eviction in the past 5 years	10.7%

Client Needs and Agency Capacity

Although direct comparisons cannot be made to previous hunger studies, the number of individuals receiving food assistance is indeed growing. 63.6% of agencies saw an increase in the volume of clients compared to the previous year while only 4.2% saw a decrease. Agencies greatly rely on GBFB to meet this increased demand. If agencies were no longer able to get food from GBFB, this would have a **Major Effect** for 90.9% of agencies and their ability to serve their clients. Even with their partnership with GBFB, many agencies (22.2%) do not feel they are getting enough food to meet the needs of their clients; this is often due to insufficient space and equipment to safely store additional food (32.8% of agencies lack the ability to store/handle healthier foods), limited access to appropriate transportation (49.5% rely on personal vehicles to pick up food), and difficulty obtaining volunteers (42.2% of agencies) and/or retaining volunteers (31.2% of agencies).

This is particularly true when it comes to perishable items as the top three products clients desire but are not receiving from GBFB's member agencies are Fresh Fruits and Vegetables (52.5%), Dairy Products such as Milk, Cheese or Yogurt (42.5%), and Protein Food Items like Meats (42.0%).

Conclusion

Food insecurity is a growing problem in eastern Massachusetts. The clients served by GBFB and its network of member agencies come from various backgrounds and are truly unique, each with their own story of how they came to need food assistance and the issues they struggle with day to day trying to provide for themselves and their families. They have to make hard choices like deciding between buying food and paying medical expenses. They may be asking friends and family for help or have to sell their possessions, but it is still not enough. Children and those 60 years old and older make up approximately half of those requiring food assistance and it is critical that these vulnerable populations get the nutrition they need. GBFB is committed to working with its network of member agencies to meet the rising demand. In fiscal year 2013, GBFB distributed 48 million pounds of product, a 17% increase from the previous fiscal year. It is only with ongoing support from its donors and the community at large that GBFB can continue to grow. Together we can End Hunger Here.