Community Convening Lynn, Essex County, Massachusetts
July, 2022

Hosted by: the Lynn Health Task Force, My Brother’s Table and the New Lynn Coalition

- Input was gathered from one-on-one interviews of households in Lynn, Massachusetts with lived experience of hunger who were seeking food assistance from either a soup-kitchen or food pantry delivery program. Interviews were conducted in English and Spanish.
- Additionally, a Zoom convening of Lynn providers was held. Participants in the Zoom convening included the aforementioned host groups, as well as representatives from local health care providers, the City, senior services, the local CAP agency and food pantries.

The following is a compilation of the issues and ideas identified by the participants and the providers. All comments in italics are direct quotes from people in Lynn who use food pantries and/or the soup-kitchen.

**Hunger and its impact in Lynn**

“(Hunger) stresses me out. It makes me feel like I can't even help my own self.”

“Sometimes I have to choose between food and bills.”

“I have been impacted dramatically. I'm a single mother of 4 and sometimes struggle to feed us all.”

Participants and providers alike noted the relationship between hunger and income/expenses.

**Participants living in market-rate housing discussed the high cost of housing which leaves them with little to nothing for food and other bills.** Providers also noted the strain on the budgets of people who are on fixed incomes or low income. All noted the high cost of food and how SNAP is inadequate.

**Exchanging personal information for food**

“There are people who don’t have enough food but they’re embarrassed about that and don’t want to fill out a bunch of paperwork and give away all their personal info just for some cans of food.”

Participants also noted a reluctance to use public benefits and/or social service agencies because they were worried about having to “give away all their personal information” to get help. **This was particularly difficult for immigrants worried about jeopardizing their immigration status, and people who had previous negative experiences with bureaucracy, for example people who had been institutionalized at some point in their lives.**

**Income issues**

“Right now we’re sort of ok. We make it through the first couple of weeks with me working part time and food stamps. It’s the last couple of weeks where we run out. Especially on months with 5 Fridays where we have to pay rent 5 times instead of 4. We go to the (soup kitchen) almost every day during the end of the month.”
Participants on fixed incomes like SSI and SSDI noted their static incomes were not enough to keep up with the increase in food costs. Providers noted increased usage of their programs as the month wears on, with the busiest days at the end of the month when money runs out. For people renting week to week, additional strain on their budgets occurs in 5 rent-payment months.

Hunger-related health impacts
“I have high blood pressure and cannot eat foods high in salt.”
“I have liver problems. So I try to eat more herbs, veggies, and fruits.”
“My weight has been up and down, depending on if I have a little work and make enough to eat. The food I can afford isn’t great. It fills me up but I don’t think it’s the best. I don’t take vitamins or anything but probably should.”

Participants and providers alike discussed the need for specific foods to assist people with their health problems. High blood pressure and diabetes were frequently identified and liver disease, kidney disease and high/low weight issues emerged as well. The costs of some of the recommended foods is higher than their less-healthy counterparts and some of the local stores do not carry the needed items, for example, adequate low sodium options.

Issues related to hunger beyond cost of food

Storage of food
“My apartment does not have enough space for my family and we struggle with rats and bugs. The apartment lacks space to store food. I want to move.”
“I have to throw away a lot of food because of rats in my home. I worry the food might be contaminated or bad and do not want to feed bad food to my children.”
“My refrigerator is not very big and is not in good condition. I asked my landlord to replace my fridge and they did not do it.”

Providers and participants discussed issues Lynn residents have with storing food in their homes. Some participants lived in homes without kitchens, others lived in shared living situations where they had no cooking privileges. Almost all participants mentioned difficulties storing food due to rodent or insect infestations. Problems with storing food makes it difficult for participants to take advantage of bulk prices or food programs that provide larger quantities of food once a month.

Lack of adequate prepping/cooking facilities
“I mostly microwave. My stove and oven are gas and I’m shut off sometimes when I don’t have the money. I pay my electric first.”
“I’m not too good at cooking. I have arthritis in my hands from working and I can’t really do a lot in the kitchen.”
“There’s a kitchen in our building but it’s dirty and the oven doesn’t work right. We microwave stuff in our room. The kitchen has bugs, it’s nasty. We used to have a hot-plate, but the landlord told us we had to get rid of it or move out.”
“My kitchen is not sanitary to prepare the food for my family. I buy plastic cups and plates and keep them in a large bag, tied to keep rodents away and have clean dishes for my family.”
Participants and providers both noted limitations in the physical capacity for individuals to cook. Many living situations did not provide complete kitchens, other people had physical limitations on their ability to stand, chop, or otherwise prepare foods. Caregiving was also noted as a hindrance to preparing food. Participants caring for young children and participants caring for elders noted caregiving demands as making it difficult to prepare meals. These issues seriously limited the variety of foods people could consume, with many people eating only microwavable prepared foods due to their limitations.

Problems shopping for food

“I don't have a car. I walk more than 30 minutes to the nearest supermarket. I rely heavily on what I receive from (SNAP) and the food pantry.”

“It’s hard to walk, take the bus, and go to the store then come back. I can’t lift a lot and the bags are heavy. We don’t have a car and a taxi costs too much.”

“I do not have a vehicle, (SNAP) canceled my benefits which I am working on. I do receive retirement money. I have someone who takes me to the supermarket, but right now they're unavailable. I haven't been able to go to the supermarket in over a month.”

Participants and providers both noted difficulties in travel to and from stores. Some participants lived far from a grocery store and relied heavily on more expensive small local bodegas. Geographic features of Lynn were also noted, with the elevated Highlands being a challenging neighborhood to shop from. Other participants noted the difficulty of using busses to carry more than a few bags/items and the expense of taxis or alternative transportation.

Problems eating/consuming foods/special diets

“We need dentures but can’t pay for them so we eat ramen, and Mac and cheese, soup stuff like that.”

“Mom is intolerant to several things, gluten, acids. She and I are lactose intolerant (common among non-Whites).”

“My wife has dementia and she can't eat without someone helping her or she'll choke. Neither of us can eat hard foods, like apples or salad, we both have bad teeth. We mostly eat soft things like pasta, oatmeal, soups, and things like that.”

“My son is allergic to Peanut butter, milk, and eggs. He needs to drink soy milk. I need to find alternative foods to feed him.”

Overwhelmingly, participants mentioned dental issues as impeding their ability to consume fresh fruits and vegetables. Providers also noted at least 42% of low income adults as having missing or painful teeth which make chewing difficult. Participants also noted allergies and intolerances as limiting their food choices and requiring substitute foods which are more expensive. Others mentioned religious restrictions on consuming certain foods, which makes using food pantries difficult.

Discussion on what can help

Local interventions
“There should be more free food places, and people like me who are taking care of someone could use help with shopping and making meals. People don’t realize how much time it takes to take care of someone with dementia. I used to forget to eat myself because I was so busy taking care of my wife.”
“There needs to be more places to live that people can afford. And SNAP should be more, especially for people who don’t have real kitchens, microwave food is expensive. There should be a (soup kitchen) for breakfast.”
“Create more opportunities for food banks that are appropriate for sensitive, allergenic and custom wise.”
“Let people use food pantries more often. Have more free places to eat. Deliver food to people who can’t get to the store or are broke.”

Participants cited making free food services more frequent, accessible, and abundant. They also sought a wider variety of foods to address allergies and other issues which require avoiding specific foods. Participants also suggested supports with caregiving and housing affordability would ease some of the difficulties leading to hunger.

Government (state and federal) interventions
“Provide more funding for the people who are struggling, more housing.”
“(SNAP) should be more. Food costs too much now. They should let you use it to buy cheap restaurant food like pizza. I can get it cheaper in the place near me than the frozen ones at the store.”
“Expand the (SNAP) program to allow for working families to get assistance. I am single working educated mom and it is still an issue.”

Participants and providers alike noted assistance levels are inadequate. Providers also noted inadequate dental aid resulted in poor diets, causing chronic health problems which are life-limiting and expensive. Income enhancements like jobs and the ability to work while still receiving significant support from programs like SNAP were suggested. Additionally, some participants suggested lifting the restrictions on using SNAP benefits for hot prepared foods, noting that some prepared foods are cheaper than groceries and noting the assistance with preparation and cooking would be helpful.

Concluding thoughts
Participants were also asked what Lynn would look like if they could personally solve hunger.

“I would share what I have with others. I believe no family should suffer from hunger. I would increase resources for families.”
“Everyone would have food to eat when they need it. And nobody would judge you for needing SNAP or going to a church or the (soup-kitchen) for food.”
“Everyone (would have) good hot meals when they need them.”
“I would cook and feed everyone I can.”

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