

**THE BARRIERS AND FACILITATORS TO FOOD  
RESOURCES FOR IMMIGRANTS IN SOMERVILLE,  
MASSACHUSETTS**

An honors thesis for the Program of Community Health

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## EXECUTIVE SUMMARY

This project investigates the barriers and facilitators to food resources for immigrants in Somerville, Massachusetts. For the purposes of this study, a food resource is defined as any such program or characteristic of a program that aids immigrants in obtaining adequate food or in maintaining food security. An immigrant is defined as any such individual who emigrated from another country and currently resides in the United States.

I conducted a literature review to better understand the historical context of food resources in the United States with a special emphasis on the evolution of the Supplemental Nutrition Assistance Program, the Women, Infants and Children's Program, food security research, and the history of immigration in Somerville. The history of food resources in the United States plays an important role in the development of the present-day infrastructure of these particular resources and how immigrants are affected as a result. The literature reveals that immigrants face a wide variety of barriers with obtaining adequate food resources and some of this is directly related to the historical stigma and policy changes that have occurred over the years. Somerville is a city that is very diverse and also has a history of racism, which also affects food resource access for immigrants.

I conducted six key informants of who work with immigrants in Somerville on food and health issues. These interviews revealed that the organizations in Somerville are collaborative, aware of the barriers immigrants face, have high language capacities, and are willing to accommodate the special needs of immigrants. However, there is a detachment between the resources available and immigrant use of these programs, as a result of several barriers identified in the interviews. These barriers include the complexity of the programs and application

processes, especially with regards to SNAP; cultural safety nets and language barriers; and fear of the government, ICE, and deportation instilled by the negative environment and events that have occurred in Somerville; and finally, an imported fear, which results from the violent governments that some immigrants emigrated from.

Through use of the socio-ecological model as my theoretical framework, I identified where the gaps lie in accessing immigrants. Immigrants rely heavily on their social networks as a structure for knowledge, trust, and individual behavior. The WIC program in Somerville has been successful in reaching immigrants, because they have built a positive reputation in the immigrant community through building social networks with the community health centers and primary care physicians of immigrants. Other food resources in Somerville, including SNAP, have not been as effective at reaching immigrants and this is mainly because they have not established relationships and trust within the immigrant community. As a result, I recommend increasing culturally sensitive outreach, through forming connections within the immigrant community, particular churches, as a method for increasing food resource access among immigrants.

# INTRODUCTION

As a Community Health student at Tufts University, I have had the opportunity to engage in public health projects for the communities in the Boston area, including public health nutrition projects. I was deeply affected by the barriers I saw immigrants facing with regards to obtaining food resources. As a result, I decided to write a senior honors thesis investigating these barriers.

I embarked on this journey when I interned at the Grow Clinic at Boston Medical Center, a public health nutrition intervention for malnourished children in Boston. Despite the quality of this program and the resulting improvements in children's health, I witnessed that immigrant families faced particular obstacles that other families did not face. They faced language barriers, economic hardship, lack of knowledge about the health care system, lack of food resources, stress, and a lack of a support system, as many had few family members in the United States. As a result, I wanted to learn more about the relationship between nutrition and immigrant health, and what could be done to improve access to and the quality of food resources for immigrants.

From my internship at the Grow Clinic, I became interested in pursuing my own research on immigrant food security. In the United States today, approximately 14.5% of all Americans are food insecure, about 48.8 million people (USDA, 2010). As my observations led me to believe, food insecurity does indeed impact immigrant families more than US-born families (USDA, 2010; Chilton, et. all, 2009).

Immigrant families who have lived in the United States 5 years or less are 145 times more likely to be food insecure than US-born families (Chilton, 2009). Immigrant households are at a higher risk for food insecurity, with newly arrived immigrants being 2.45 times more likely to be food insecure than US-born households. (Chilton et. all, 2009). Children of recent

immigrants are at a higher risk for poor health and food insecurity compared to children of US-born parents, with this risk being about 1.26 (Chilton et. all, 2009).

Since 26.1% of Somerville residents are foreign-born, it became a rich site for research on food resources access for immigrants. Immigrants in Somerville most commonly come from Brazil, Portugal, El Salvador, Haiti and China (Curatone, 2009). Approximately 10.6% of the population in Somerville is Hispanic, 6.4% black or African American, 8.7% Asian, and 2.2% multiracial (The Somerville Community Health Agenda, 2011). In Somerville's public schools, the diversity is even higher, where 38% of the students are Hispanic, 13.5% are black and 9.6% are Asian (The Somerville Community Health Agenda, 2011). Somerville has a wide variety of spoken languages and non-English speakers. Half of the students in Somerville public schools have a first language other than English and 16.8% are LEP—Limited English Proficiency. Somerville not only has a lot of diversity, it is also a transitory city. Thirty-eight percent of the residents in Somerville have been here less than 5 years. (The Somerville Community Health Agenda, 2011). These demographics made for an excellent place for my research.

In Somerville, I sought to uncover the barriers and facilitators to food resources for immigrants. I looked at their ability to access the federal nutrition programs, including the Supplemental Nutrition Assistance Program and the Women, Infants, and Children program; food pantries; and other food resources in Somerville. I was lucky to have had the guidance of Dr. Kevin Irwin, a community based participatory researcher with experience working on food and hunger projects in Somerville and the involvement of community organizations in Somerville like the Welcome Project, the Somerville Homeless Coalition, and the Community Action Agency of Somerville, among others. I was also lucky to have my classmates, who joined me in this effort, through the Community Health Education Seminar on Homelessness and



Health, taught by Kevin Irwin. Ultimately our collective goal was to aid immigrants and make recommendations to Somerville about how to help them better access and use food resources, and overall, have better nutrition and health.

In order to begin to examine the barriers that immigrants may face, I will discuss the evolution of food programs in the United States and how the current situation in the United States, and in particular, Somerville, came to be, with regards to immigrant access to food resources. This literature review will also give an overview of what is currently known about the barriers that immigrants face in obtaining food resources.

# **CHAPTER 1: FROM FOOD STAMPS TO SUPPLEMENTAL ASSISTANCE 1920-2012**

## **FUNCTION OF THE LITERATURE REVIEW**

This chapter serves as a review of the history of food resources and in the United States, emphasizing the history of two main federal food resources, the Supplemental Nutrition Assistance Program and The Women, Infants and Children's Program and how immigration has played a role in each of these programs. This literature review discusses what research has found to be the barriers that immigrants face in obtaining these resources, as well. The purpose of this chapter is to give a historical context of food resources in the United States in order to better understand the current barriers that immigrants face. Food resources in the United States co-evolved alongside several political wars throughout the 20<sup>th</sup> century.

## **THE WAR ON DOMESTIC AGRICULTURE**

The Supplemental Nutrition Assistance program, as stated in the Food Stamps Act of 1977, intends to “alleviate hunger and malnutrition...by increasing food purchasing power for all eligible households who apply for participation” (Food Resource and Access Center, 2010). The Supplemental Nutrition Assistance Program (SNAP)—still commonly referred to as food stamps—is a federally funded nutrition assistance program that provides monthly benefits to low-income families for purchasing food. It was not original structured this way, however. Its original aim was to improve the consumption of purchasing domestic agricultural products.

The SNAP program did not begin as a program to feed hungry people. Before the Great Depression, in 1919, Europe became an exporter of agricultural products, causing United States farmers to face competition (Cunfer, 2010). Production was so high with the competition from international imports, that prices began to drop, hitting an all time low in 1931, after the stock

market crash in 1929. Because farmers grew more cotton, wheat and corn than Americans could buy or consume, farmers had very little market power. In general, unemployment was high and people had little money to buy food (Cunfer, 2010). As a result, in 1935, the U.S. government formed the Food Surplus Commodities Corporation as a way to dispense commodities in an affordable way by focusing on domestic consumption of items in surplus (USDA, 2011). The Food Stamps program began on May 16<sup>th</sup>, 1939 and the program used a set of vouchers. People bought orange stamps to pay for food and received fifty cents worth of blue stamps as a bonus. The orange stamps could be used for anything, while the blue stamps could only be used for items in surplus. It functioned well to aid farmers in selling their surplus goods. Within 4 years of its inception, 20 million people had enrolled in the program (USDA, 2011).

In the spring of 1943, however, the program ended because of many reasons. Firstly, Congress never authorized the program. Secondly, widespread unemployment, unstable economic conditions, and unmarketable food surpluses no longer existed. There was actually scarcity in the surplus commodities, as a result of the Dust Bowl, which occurred when drought conditions in the Midwest took acres out of production (Social Security Bulletin, 2002; USDA, 2011).

Eighteen years passed without the Food Stamps program. During that time, Congress evaluated a variety of legislative proposals and reports on the program. On September 21<sup>st</sup>, 1959, Congress authorized a new food stamps program administered by the Secretary of Agriculture, to increase purchasing of surplus commodities once again, on a pilot basis, until 1962. The Eisenhower administration did not implement the program beyond this pilot basis (Social Security Bulletin, 2002).

## **THE WAR ON POVERTY: CHANGES IN FOOD STAMPS AND THE DEVELOPMENT OF WIC**

In the 1960's and the 1970's, from President Kennedy to President Johnson to President Nixon, there was an increase in the awareness of poverty. This political ideology provoked the instatement of the Food Stamps program, as well as the development of the Women, Infants, and Children Program. On February 2<sup>nd</sup>, 1961, President John F. Kennedy's first Executive Order was to expand food distribution and announced the food stamp pilot program. The first act included 22 states, 43 projects, and 350,000 people (Social Security Bulletin, 2002). What makes Kennedy's order unique from the original program is that he didn't require that the items included in the program be for surplus commodities, changing the dynamic and purpose of the program from serving farmers to serving low-income people (USDA, 2011).

On January 31<sup>st</sup>, 1964, President Lyndon B. Johnson passed the Food Stamps Act of 1964 to make it a permanent program. This was a part of President Johnson's War on Poverty, as he focused on improving access to food for low-income citizens (USDA, 2011). This decision almost completely derailed the original purpose of the program—it was now focusing on providing food to the poor. However, it did still have a focus on American agriculture, as alcoholic beverages and imported foods were not a part of the program. The purpose of the act was to “strengthen the agricultural economy by providing improved levels of nutrition among low-income households” (Social Security Bulletin, 2002). By 1965, nearly a half of a million people were participating in the program and by 1974 this number rose to 15 million (Social Security Bulletin, 2002). Through combining the original idea of agricultural purchasing power with low-income purchasing power, this program began to bloom.

In 1969, the White House held a conference on Food, Nutrition, and Health (Economic Research Service, USDA, 2002). This conference focused on the problem of malnutrition and

hunger due to poverty – however, special attention was given to the nutritional needs of low-income pregnant women and children. As a result of public concern, the USDA created the Commodity Supplemental Food Program in 1969 to provide food to low-income pregnant women, infants and children up to 6 years of age. The program grew and developed with the help of scientific and anecdotal evidence from doctors and scientists. Congress authorized the Women, Infants and Children Program (WIC) by an amendment to the Child Nutrition Act of 1972, as a 2-year pilot program. In 1975, Congress established WIC as a permanent program with a main function to supplement the Food Stamps program. From the very beginning, the WIC program had clear goals: to improve access to knowledge about nutrition and access to foods containing nutrients (including protein, iron, calcium, vitamin A, and vitamin C) for low-income mothers and their children (Economic Research Service, USDA, 2002).

The early 1970's were a time for rapid growth of the Food Stamps program. With that growth also came major legislative changes. On January 11, 1971, the government amended the Food Stamps Act to improve the quality and quantity of the program. The amendments included setting national eligibility standards and uniform benefit levels; establishing work requirements for adult members; making benefits limited to 30% of a family's income; and expanding program to Guam, Puerto Rico, and the Virgin Islands (Social Security Bulletin, 2002).

In 1973, the Agriculture and Consumer Protection Act broadened the categories of persons eligible to participate, including drug addicts and alcoholics in treatment centers and victims of disasters. Other changes included adding seeds and plants as a part of the program, so that participants could grow their own food (Social Security Bulletin, 2002).

In 1977, the new Democratic Administration focused on increasing access, streamlining the application process, and decreasing abuse of the program. There were many amendments that

focused on these goals, including establishing income eligibility based on the poverty line and restricting eligibility for students and immigrants. In addition, the program improved the application process. Participants thereafter could apply using mail, telephone or home visits for certification; bilingual personnel, outreach, nutrition education materials and other materials were created as well (Social Security Bulletin, 2002).

## **THE WAR ON IMMIGRATION IN SOMERVILLE**

In the early 1980's, Ronald Reagan's administration made several cuts to the Food Stamps program. It was also during this time that there was a large influx of immigrants into Somerville, changing the dynamic of the city and instigating many racial conflicts (Kahn, 1991). The Mayor's Office of Human Services estimates that between 1978 and 1988, 10,000 to 15,000 new immigrants arrived in Somerville, from South and Central America, Haiti, and Southeast Asia (Kahn, 1991). In addition, between 1980 and 1990, Somerville's minority population increased from 5.7% to 17.5% (Kahn, 1991). In 1991, a reporter wrote, " though many in town welcomed the recent immigrants with open arms, others greeted them with shivs in the back" (Kahn, 1991). Racially fueled conflicts increased through the 1980's (Kahn, 1991). The Mayor's Office of Human Services found that 87.5% of Somerville's social service said that discrimination and harassment were the most prevalent problems that immigrants were facing (Kahn, 1991).

The situation in Somerville continued to worsen with regards to racism. Various gangs developed, including the Cross Street Raiders, the Lincoln Parkers, Notre Dame, and UNLV all divided by race/ethnicity (Kahn, 1991). In 1987, Massachusetts mandated the racial integration of the Mystic Public Housing Development. It was during this year that the Welcome Project, a community based organization, developed to help the new immigrant residents at the Mystic feel

comfortable and safe (The Welcome Project, 2012). That same year, the Somerville Board of Alderman declared that Somerville was a “Sanctuary City”, as the population had diversified (Kahn, 1991). By 1991, the population was 56% white, 25.9% Haitian, 9.5% Hispanic, 8% Asian and 0.5% African American (Kahn, 1991). In that same year, there were racial clashes that occurred in Somerville High School, including fights, brawls, and threats among whites, blacks, Hispanics and Haitians (Kahn, 1991).

In 1996, Somerville Conversations developed, a group that aimed to “build bridges between Somerville’s residents—people from different ethnic, religious and racial backgrounds; people from different economic and cultural backgrounds; and people with differing political views” (Somerville Conversations, 2002). This group produced a report in 2002, “Facing the Challenge of Racism in Somerville.”

## **THE WAR ON HUNGER AND FOOD INSECURITY**

Shortly following the cutbacks of the Ronald Reagan Era, the government recognized the growing domestic hunger problem, causing another transition in the Food Stamps goals. This transition included the development of nutrition education in the Food Stamps Program as an optional component in each state. States could apply to receive matching funds from the federal government to provide nutrition education to Food Stamps eligible participants (SNAP to Health, 2012).

The Hunger Prevention Act of 1988 and the Mickey Leland Memorial Domestic Hunger Relief Act of 1990 both fueled changes in the food stamps program to focus more on reducing hunger than any of the other original goals. The Hunger Prevention Act of 1988 piloted the Electronic Benefits Transfer (EBT), to see if electronic benefit delivery systems could improve the efficiency and effectiveness of the program for both administration and participants. On

August 10<sup>th</sup>, 1993, a plan was established to implement an EBT system before October 1, 2002.

The Electronic Benefits Transfer is an electronic system that allows recipients to authorize transfer of their government benefits to a federal account. Applicants are able to use a debit card to use their funds each month—which eliminates the possibility of losing paper coupons or having them stolen or sold, and decreases fraud and breaking of the rules, since a record is then kept on the debit card. As of July 2004, all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands and Guam have the EBT system (Social Security Bulletin, 2002). The early 1990’s also saw the development of the Food Security Measure.

In 1992, a federal interagency group called the Food Security Measurement Project developed The Food Security Scale. It was developed for use in national surveys and also for research institutions wanting to accurately measure food security as a part of their studies, since hunger and food security had become a growing political issue. The United States Department of Agriculture defines food insecurity as “uncertain or limited access to enough food for all household members to lead a healthy and active life” (Children’s Health Watch, 2011). Access to low quality, calorie dense food may provide sufficient calories, but not quality vitamins and minerals, for example. Food insecurity has varying levels as displayed in Table 1 (USDA, 2010).

Table 1: Types of Food Insecurity

Types of Food Insecurity	USDA Definition
Food Insecure with Without Hunger	Concerns about amount of food available and quality of food; no limits on food consumption
Food Insecure with Moderate Hunger	Includes all of he above, plus adult members experience hunger



Food Insecure with Severe Hunger	Includes all of the above, plus children experience hunger
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The food security questionnaire consists of a core module and 6 subsets. The core module assesses several key components of food insecurity, including the anxiety the participant may feel about having too little money for proper food; experiences of running out of food; perceptions that the food eaten by household members was inadequate in quality or quantity; use of cheaper food; reduced food consumption. Based on participant responses, the USDA assesses food insecurity by a household food security scale, ranging from 1-10, where 0 to 2.2 is food secure, 2.4 to 4.4 is food insecure without hunger, 4.7 to 6.4 is food insecure with moderate hunger, and 6.6 to 10 is food insecure with severe hunger (USDA, 2010). The development of this measure has been crucial in nutrition research and hunger research since 1992.

Food insecurity leads to increased stress, poorer mental health outcomes and, in some cases, obesity (Siefert, 2004; Lohman, 2009; Adams, et. all, 2002; Heflin, 2008). This is a result of nutritional deficiency and inadequate vitamin intake, which causes the body to have decreased mental performance and can cause depression and irritability (Heflin, 2008). When maternal stressors are added alongside food insecurity, there is an increase in the likelihood of obesity (Lohman, 2009). Food insecure individuals are twice as likely to be obese as food-secure individuals, at 31% and 16.2% respectively (Adams, et. all, 2002). Food insecurity with hunger is associated with increased obesity for Asians, Blacks, and Hispanics, with an odds ratio of 2.81, but not for non-Hispanic whites (Lohman, 2009). However, before the research on food security took off, in 1996, new legislation arrested the forward motion of the Food Stamps program.

## **THE GRAVE IMPACT OF A 1996 POLICY CHANGE & THE PRESENT DAY BARRIERS IMMIGRANTS FACE**

In 1996, two pieces of legislation--the Personal Responsibility and Work Opportunity Reconciliation Act and the Illegal Immigration Reform and Immigrant Responsibility Act—limited access to social services for immigrants. Legal immigrants became ineligible for food stamps; however, they still remained eligible for WIC. As a result of this policy change, between 1995 and 1999, enrollment by non-citizen households with children dropped 38%, compared to 28% of citizen-headed households (Fix and Passel, 2002). In May of 2002, the Food Security and Rural Investment Act (The Farm Bill) restored eligibility of food stamps to legal immigrants who have been in the US for at least 5 years and children of immigrants, no matter how long their residence. This act also restored eligibility for immigrants receiving certain disability payments (Social Security Bulletin, 2002).

This reform had a major and lasting impact on the health and well being of immigrant families, even after the restoration of their benefits in 2002. Many families had a difficult time regaining benefits after the restoration for a variety of reasons (Hagan, 2003; Fix and Passel, 2002; Fomby, 2004). Some felt it would be a barrier to obtaining citizenship (Hagan, 2003). Some were unable to obtain the documentation requested, and others were daunted to reapply due to the large amounts of paperwork required (Hagan, 2003). Widespread confusion about eligibility requirements resulted (Hagan, 2003); between 2002 and 2004, only 59% of immigrants thought that their children were eligible for SNAP, compared to 79% of US born participants (Kaiser, 2007). Immigrants were less likely to be enrolled in SNAP than other groups during this time period (Kaiser, 2007). Reasons for this gap include a lack of awareness and knowledge; stigma associated with participation in food stamps program; and fear/avoidance of government programs (Kaiser, 2007).

While children of immigrant parents are eligible, immigrant parents still often do not apply on behalf of their children. This keeps immigrant children from gaining benefits of social services like SNAP, Medicaid, and TANF. In 2001, they redesigned the generic application for TANF, SNAP and Medicaid to collect social security numbers for only those actually applying for benefits—hoping to improve access to children (Kaiser, 2007).

Even today, immigrants continue to face a variety of barriers with regards to obtaining food resources and SNAP (Daponte, 1999; Kaplan, 2004; Dhokarh, 2011). Though nearly twenty years have passed since the 1996 policy change, many noncitizen parents who are unqualified or perceive themselves as unqualified still do not apply for services on behalf of their children (Fomby, 2004). Immigrants may be less likely to enroll in social services due to a lack of knowledge and confusion about eligibility (Daponte, 1999; Fomby, 2004), concern about jeopardizing gaining/maintaining LPR status, and fears of drawing attention to households with undocumented members (Fomby, 2004). In addition, the language barrier is also a major issue. Limited English proficiency contributes to families not gaining access to social services, like SNAP (Lessard, 2003). Low levels of acculturation, lack of social networks, and poor food stamps management skills are associated with food insecurity for immigrant families (Dhokarh, 2011). The complexity of the process leads to individuals not wanting to enroll as well (Daponte, 1999).

## **2008: THE TRANSITION FROM FOOD STAMPS TO SUPPLEMENTAL ASSISTANCE**

The Food, Conservation, and Energy Act of 2008 changed the name of Food Stamps program to the Supplemental Nutrition Assistance Program, due the stigma associated with the Food Stamps name. By August 2008, participation reached an all-time high of 29 million people.

Other changes were made to the food stamps policies including improvements in administration, nutrition education, and attempts to improve access (FRAC, 2010). Some changes included the first ever increase in the minimum monthly benefit (from \$10 to \$14) and an increase in the standard deduction for households less than 3 persons (FRAC, 2010). In addition, retirement and education savings are no longer counted against SNAP eligibility (FRAC, 2010). In 2009, the Economic Recovery act increased SNAP benefits by 19% (FRAC, 2010) because the government provided states with extra funding and increased eligibility for jobless less adults without children (FRAC, 2010). This Act changed the dynamics of food stamps completely—no longer an agricultural program, nor a poverty program, nor a hunger program. It became a supplemental nutritional assistance program, focusing on improving access to quality nutrition.

In 2008, the Food Conservation and Energy Act also renamed the education component of Food Stamps to SNAP-Ed. Funding and participation of the SNAP education component has skyrocketed since its inception in 1981. It has expanded from 7 states to all 50 states, 2 territories and the District of Columbia. The way the program now works is that the food stamps offices subcontract with a Food Stamps Nutrition Education implementing agency, which can include health departments, public organizations, or the cooperative extensions service of the state. There is a lot of variety between states and agencies in what the nutrition education actually includes. Some activities include cooking demonstrations, nutrition classes for adults, nutrition education in schools, public service announcements, and others. The USDA does require, however, that the education be focused on improving individual behavior—that is, making healthier and more economical food choices (Guthrie, 2007).

For Massachusetts, the Nutrition Education Program is run through the UMass Extension program. There are three main programs that Massachusetts has implemented as a part of the

Nutrition Education Program: the Expanded Food and Nutrition Education Program, the Family Nutrition Program, and the Food Safety Education Program (UMass Extension, 2011).

Somerville participates in the Nutrition Education Program, which provides nutrition education to adults and youth who receive or are eligible for SNAP, to schools, and to community centers. This program includes workshops, displays, print materials and newsletters. The program has had an impact. Over 78% of the adults attending a workshop on feeding toddlers changed the way they fed their children including not forcing their children to eat, serving snacks, exercising more, and serving more fruits and vegetables. Over 78% of adults attending a workshop on fitness planned to make changes to their eating habits and physical activity practices including eating more vegetables, drinking less soda, eating breakfast, and reading calorie labels (Umass Extension, 2011). Participants attend, on average, 5 workshops. While workshops for families are not offered in Somerville currently, the Somerville Public Schools offer nutrition education workshops in elementary schools. Nutrition educators will teach in elementary classrooms for four to six weeks during the fall. These workshops are currently being held in the Healy School, the Argenziano, East Somerville, West Somerville, the Kennedy, the Capuano, and Winter Hill (UMass Extension, 2011).

## **CHANGES IN THE WIC PROGRAM: 2009**

In 2009, the Nutrition Division, Bureau of Family Health and Nutrition in the Department of Public Health in Massachusetts revised the WIC food package standards that were established in 1974. The food packages clearly needed to be updated. Since 1974, nutrition knowledge and the dietary guidelines have changed; the number of available foods has increased significantly; there has been an increase in obesity in the US; and the number of participants in the WIC program has also increased significantly (Nutrition Division, 2009). In addition, the federal

government had identified, nutritional deficiencies and excesses in the WIC populations. Table 2 shows these findings (Nutrition Division, 2009).

Table 2

6-11 Months (breastfed)	1-4 Years Old	Mothers
Lack: iron & zinc	Lack: vitamin E, fiber, potassium	Lack: Calcium, magnesium, vitamin E, potassium and fiber
	Excess: zinc, vitamin A, sodium, food energy, saturated fats	Excess: sodium and saturated fat

The changes “should help prevent excessive or inadequate nutrition intake” (Nutrition Division, 2009) for mothers and their children under 5—that is, prevent obesity and malnutrition (Nutrition Division, 2009). One particular change that has been hotly debated is the new milk rule. If a child is 1 year or older, WIC will only provide 1% milk or skim milk due to the obesity epidemic (Nutrition Division, 2009).

The new food packages add new categories to the original packages and recipients have the option to substitute certain foods for others. These substitutions were created to better meet the needs of the diverse WIC population. Now participants can choose between beans or peanut butter; a choice between whole-grain breads, brown rice, and whole wheat/corn tortillas; and the choice of tofu and a soy-based milk for participants with a milk allergy or a vegan diet. In addition, at least half of all the cereals in the new food packages are whole-grain. Infants over 6 months will be provided jarred fruits and vegetables in addition to cereal, and mothers of breastfed infants will also receive meat, fruit and vegetables in order to mitigate some of their vitamin deficiencies. Now, the program offers a fruit and vegetable check each month, ranging from \$6-\$10 depending on whether the individual is a child, mother who is breastfeeding, or a mother who is not breastfeeding. The participants have the options of buying canned, fresh, or

frozen fruits and vegetables, to accommodate seasonal variety, ethnic cooking, and storage. Infant juices were also eliminated, as they do not provide enough nutritional value for infants (Nutrition Division, 2009).

As of 2011, WIC participants now have a greater variety of choices for cereals, baby foods, and the option to buy string cheese. They can also receive soymilk and tofu without medical documentation of an allergy. In addition, participants can spend more than the value printed on their fruits and vegetables check and pay the difference at the register—whereas before they could not overspend on a particular fruit or vegetable item (Nutrition Division, 2009).

## **THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM TODAY**

Today, the SNAP program serves 45.7 million Americans, increasing more than 4.9 million people since 2010 (Food Resource and Access Center, 2010). The Census Bureau reported that 3.9 million people were lifted above the federal poverty line in 2010 due to receiving SNAP benefits (Food Resource and Access Center, 2010). Despite all of the improvements to the program over the years, only 76% of persons eligible for SNAP are enrolled (FRAC, 2010). The next section will discuss the complexities of the program's application processes, functions, and infrastructure that might lead to this under enrollment.

Eligibility for SNAP is determined by a set of guidelines and restrictions that vary depending on the population to which a person belongs. In Massachusetts, SNAP eligibility is based on household eligibility. A SNAP household is defined as, a person living alone or a group of people who purchase and prepare meals together at home (Mass Resource Guide, 2011). There are some exceptions to this rule. For example, if you are living in subsidized, elderly housing, in a shelter, or a drug/alcohol treatment center, you still may be eligible for SNAP even

if you do not prepare your own meals. If you are a senior/SSI-recipient or unable to prepare your own meals, you may also be eligible for SNAP and another program, Meals on Wheels, a nonprofit home-delivery food service for the elderly. In addition to being apart of a food stamps household, you must be live in Massachusetts, have a social security number, and be a US citizen or eligible noncitizen. There are a variety of eligible non-citizens that are very specific. They are listed in Table 3 (Mass Resource Guide, 2011).

Table 3

Eligible Non-Citizens	
Refugees	Parolees
Asylees	Conditional entrants
Legal Permanent Residents with 40 credits of qualifying work	Battered noncitizens
Cuban/Haitian Entrants	Veterans
Amerasians from Vietnam	Legal Permanent Residents born before August 22 <sup>nd</sup> , 1931 who legally resided here on August 22 <sup>nd</sup> , 1996
Victims of Trafficking	Members of the Hmong or Laotian tribes that assisted the US during the Vietnam Era
American Indians born in Canada or Mexico	Iraqi or Afghan noncitizens with special immigration status

However, despite these categories of eligibility, the majority of legal immigrants who have lived here less than 5 years are not eligible for SNAP. Undocumented and illegal immigrants who do not fit in the above categories are also ineligible. Children are always eligible for SNAP, regardless of immigration status (Mass Resource Guide, 2011).

There are also income requirements and work requirements. For families with children, pregnant women, elderly or disabled people, one’s countable gross income (that is, your monthly income before taxes) must be at or below the 200% federal poverty line, which is \$4,362 for a family of four. For individuals 18-60 years of age, without children, their countable gross income



must be at or below the 130% federal poverty line, which is \$1,174 per month for an individual (Mass Resource Guide, 2011). One's countable gross income includes both earned income and unearned income, which includes cash assistance, cash benefits, foster care payments, child support, alimony, trusts, educational loans and scholarships. There are also work requirements. Persons ages 16-59 must register for the SNAP Food Stamp Employment and Training Program, search for a job, and accept any job offer given, provided the offer is appropriate. People exempt from this include, among others, women in the late stages of pregnancy, a person caring for a child under 6, a person receiving unemployment benefits, a person working at least 30 hours a week and receiving minimum wage, or at least a half-time student (Mass Resource Guide, 2011).

The Food Stamps monthly benefit is determined based on subtracting 30% of one's net countable income from the maximum monthly allotment. For a family of 4, the maximum monthly allotment is \$668. There are various deductions that are made as well (Mass Resource Guide, 2011). The SNAP allotment is placed on an Electronic Benefits Transfer (EBT) card, which is a debit card that can be used at food stores, supermarkets, convenient stores, and food co-ops. One can use his or her EBT card to buy any food products or ingredients, snack foods, candy, soda, ice, ethnic and health foods, cold prepared sandwiches, salads, or deli items, locally grown food at farmers markets, and seeds/plants for growing food. Non-food items like liquor, cigarettes, vitamins, or household products cannot be bought using the SNAP benefits (Mass Resource Guide, 2011).

Once eligibility is determined, there is an application process for SNAP. There are several ways that one can apply for SNAP in Somerville, Massachusetts. One can apply in person at the local Department of Transition Assistance (DTA) office, which is in Chelsea, for Somerville residents. Individuals can also apply at several organizations in Somerville including

the Community Action Agency of Somerville, LIFT, and the Project Bread Hotline. Individuals can also fill out an online application, or mail or fax a paper application, which they can get at the local DTA; online on the Massachusetts Resource website; or by calling the SNAP benefits hotline and having a copy mailed. SSI-families can file an application through the Local Social Security Office (Mass Resource Guide, 2011).

Once the application has been sent in, a local DTA worker should contact the individual to schedule an interview, usually by phone but it also can be done in person. The applying individual must provide proof of eligibility, including identification of the head of household, proof of earned income, proof of unearned income, proof of address, proof of immigration status, social security numbers, proof of self-employment, and proof of assets (if necessary). If all of these proofs are confirmed, the individual will receive an EBT card in the mail and begin receiving benefits (Mass Resource Guide, 2011). Not surprisingly, individuals transitioning into the SNAP program have been shown to have three times more stress than food insecure individuals not on SNAP benefits (Heflin, 2008).

The Supplemental Nutrition Assistance Program benefits do not necessarily ensure a high quality diet or sufficient funds to provide food security (Kimbrow, 2010; Dinour, 2007). SNAP participation has been linked to obesity, especially childhood obesity (Kimbrow, 2010). This is a result of the cyclic nature of the monthly allotment system, called the Food Stamps Cycle (Dinour, 2007). Obesity may result from episodic food insecurity, as a result of the monthly allotment process. Families will eat plentifully for the first three weeks of the month before they run out of the food they bought with their benefits allotted to them at the beginning of the month. Then, for the last week of the month, there is a period of involuntary food restriction (Dinour, 2007). This period of involuntary hunger causes an increase in body fat, decrease in lean muscle,

and a quicker weight gain when re-feeding begins. Food insecurity, obesity, and food stamps use are all intertwined. Some policy suggestions to mitigate this cycle include switching to biweekly allotments instead of monthly allotments. In addition, an improved nutrition education program as a requirement of every state that includes education how best to use your SNAP benefits, how to budget, and how to construct an adequately nutritious diet could be helpful (Dinour, 2007).

Beyond the Food Stamps cycle, the SNAP benefit provides very little purchasing power to individuals in cities where the cost of food is very high (Kimbrow, 2010). It is cheaper to buy low-cost, calorie dense food than high quality foods that provide optimal nutrition—and the high cost of living in cities exacerbates this problem. With such small budgets, it is hard to construct a food secure diet without aid and individuals are not guided as to how to use their SNAP benefits. For example, one can buy soda and candy using their SNAP benefits (FRAC, 2010). Policy recommendations include food stamps subsidies for healthy food like fruits, vegetables and whole grains, and improving the nutrition education program to teach people about what to buy (Dinour, 2007). However, further evaluation of the SNAP program with regard to food insecurity, food purchasing, and consumption patterns is necessary to see how people use their SNAP benefits. Including SNAP questions on the Food Security Questionnaire, administered by the USDA, could be one way to evaluate the program (Dinour, 2007). Continued research must be done on how to improve the effectiveness of SNAP and then how to implement and disseminate policy changes that allow the program to actually eliminate food insecurity.

## **THE WOMEN INFANTS AND CHILDREN PROGRAM TODAY**

Since its inception, the goal of the Women, Infants, and Children program has been to keep pregnant and breastfeeding women and children under 5 years of age healthy. The WIC program has been shown to improve the nutritional status and health of children and their

mothers (Yen, 2010). One particular study found that the WIC program increased the intakes of 3 of 4 important nutrients for children (iron, potassium, and fiber) whereas exclusive SNAP participation (when there is no WIC participation) had a small negative effect on fiber intake and no other nutritional improvements (Yen, 2010). In addition, WIC participation has shown to cause participants to buy healthier food with their food budget and spend less money out of the home on food than families not on WIC, suggesting that WIC participation increases healthy food consumption and better management of the food budget (Arcia, 1990). In addition, children of noncitizens are less likely to receive food stamps than children of citizens, due to the stigma and past SNAP policies. Children of immigrants are actually equally likely or more likely to receive WIC than children of citizen parents (Fomby, 2004).

The WIC program provides a wide variety of services that address the nutritional, health, social, and economic well being of families and children. Firstly, WIC provides checks to buy food. Unlike SNAP, however, each check is for particular kinds of healthy foods that the nutritionist and participant choose together. WIC also provides individualized nutrition consultations with multilingual dieticians, referrals for medical and dental care, health insurance, childcare, housing and fuel assistance, and other services. Beyond this, WIC offers breastfeeding classes, one-on-one breastfeeding support, multilingual breastfeeding peer counselors who are available 24 hours/day, immunization screenings and referrals, and nutrition education. They also offer tips on eating healthy and discussion groups on food and nutrition (Massachusetts WIC, 2011).

The WIC program is structured so that the participant goes in once every three months to pick up her checks, meet with the dietician and check in. High-risk participants like institutionalized women or women in drug and alcohol rehabilitation, will often have

appointments once a month instead of once every three. Each participant receives several different checks, each of which is for a different food that will last them the three months (except for fruits and vegetables which they receive each month). The checks are constructed to meet the dietary needs of each of the populations that WIC serves—children ages 1-4, pregnant women, breastfeeding women and babies, non-breastfed babies and their mothers. A set of checks may include one for grains, one for fruits/vegetables, one of dairy and one for protein. In addition, participants can now receive Farmers Market coupons. The structure of the WIC program precludes participants from buying unhealthy food that will not provide their families with a balanced diet (Massachusetts WIC, 2011). An example of what the WIC package contains are listed in tables 4 and 5 below (Massachusetts WIC, 2011).

Table 4: Fully Breast Feeding Mother WIC Package

Grains	Fruits and Vegetables	Dairy	Protein
1 pound of whole wheat bread, brown rice, or corn/wheat tortillas	\$10 for fresh fruit/vegetables	6 gallons of skim milk or 1% milk	30 ounces of canned fish
			18 ounces of peanut butter
36 ounces of iron-fortified cereal	3 cans of frozen fruit or 2 large bottles of fruit juice	1 pound of cheese	2 dozen eggs
			1 pound of dried or canned beans/peas

Table 5: WIC Package for Infants

Grains	Vegetables/ Fruits	Protein
24 ounces of iron-fortified cereal	64 jars of baby fruits and vegetables	31 jars of baby meats

Like SNAP, there are eligibility requirements and you have to apply to become enrolled in WIC. WIC, though, has fewer steps in the application process. You can sign up through your

medical doctor or at the WIC office. In terms of eligibility for Somerville's WIC, you must be a Massachusetts resident, have a nutritional need (which the WIC staff can determine), be a child under 5, a pregnant or breast feeding woman, and have a family income of less than the WIC guidelines, which is \$41,348 for a family of 4 yearly, or \$3,446 monthly (Massachusetts WIC, 2011). Compared to the SNAP program, the income eligibility guidelines are about the same, with SNAP being slightly higher, which is \$4,362 for a family of four (Massachusetts WIC, 2011). However, SNAP has several different types of complex deductions, whereas, WIC does not (Massachusetts WIC, 2011).

## **CONCLUSION**

The history of government involvement in food, hunger, malnutrition, and food insecurity dates back to the 1920s and has grown and evolved alongside the changing political environment of the US. The Supplemental Nutrition Assistance Program was originally a program focused on increasing agricultural economic power and the welfare of farmers during the Great Depression. The War on Poverty provoked the development of the WIC program and re-instatement of food stamps as a program to alleviate some of the effects of poverty. While the WIC program has maintained consistency since its establishment, the food stamps program has continued to change. With increasing awareness of hunger and the development of food insecurity measures, as well as nutrition research, the food stamps program continued to evolve and access improved. In 1996, however, the food stamps program took one giant leap backwards in terms of immigrant access. While access has since been partially re-instated, the loss of access to food stamps benefits for immigrants in 1996 still has residual effects. Immigrants face a wide variety of barriers to obtaining adequate nutrition and some of this is directly related to the historical

stigma and policy changes that have occurred over the years. Somerville is a very diverse city and also has a history of racism, which also affects food resource access.

With this backdrop, my research will attempt to identify the specific barriers and facilitators to acquiring food resources for immigrant families in Somerville. Ultimately, I aim to offer recommendations to eradicate the barriers immigrants face with regards to accessing food resources and maintaining food security in Somerville.

## **CHAPTER 2: METHODS OF DATA COLLECTION AND ANALYSIS**

As a result of my literature review, I learned that immigrants face a variety of barriers with regards to obtaining food resources in the United States. The purpose of this research is to identify the barriers and facilitators to acquiring food resources that are specific to immigrants in Somerville. I examined several food resources in Somerville including the Supplemental Nutrition Assistance Program, the Women, Infants, and Children's Program, and food pantries in Somerville. My ultimate goal is to identify ways to help immigrant families in Somerville, of all years of residency, reach food resources that will aid them in planning, maintaining, and eating an adequately nutritious diet. Through a comparative analysis of the WIC program with other food resources in Somerville, I identified where and why there are gaps in access.

### **RESEARCH DESIGN**

This study uses the research method of qualitative interviews. These interviews aimed to identify the barriers and facilitators to food resource access for immigrants. For the purposes of this study, I defined a food resource as any organization or program that provides food directly or indirectly to individuals. I also described a facilitator as any such characteristic of an organization that helps improve or aid immigrants in access to food resources. A barrier, on the other hand, I defined as any such characteristic of an organization that makes difficult or impedes access to immigrants. I conducted six interviews with key informants—individuals who work directly with immigrants on food and hunger related issues, including Nancy Powers, the outreach worker for the Somerville WIC program; Mark Alston-Follansbee, the executive director of the Somerville Homeless Coalition; Alex Pirie, the director of the Immigrant Service Providers Group; Nina Siciliano, the director of Project Soup, a food pantry in Somerville; Maria



Infante, the manager of Project Bread, an nutrition organization that deals primarily with SNAP outreach; and Rachel Plitch, the manager of Shape up Somerville, a nutrition and physical activity organization in Somerville. These interviews utilized the questionnaire contained in Table 4. These interviews revealed many of the barriers and facilitators that immigrants face with obtaining food resources in Somerville. In addition, I visited five immigrant organizations in Somerville including the Welcome Project, the Haitian Coalition, the Immigrant Service Providers Group, the Brazilian Women’s Group, Live Well and the Immigrant Service Providers Group and discussed their programs with them. The results of the interviews are contained in Chapter 3 and 4.

Table 4

Question 1: Could you please introduce yourself, your organization, and describe how you interact with the immigrant community and with nutrition resources?
Question 2: What are some of the challenges you see that immigrants face with regards to food and nutrition upon arrival to the United States (specifically Somerville)?
Question 3: Do you see that these challenges change, improve, or worsen over the length of residency? How does SNAP play a role in this?
Question 3: What are some of the barriers you see that immigrants face with obtaining adequate nutrition in Somerville? How can these be improved?
Question 4: What are some of the facilitators you see that promote healthy eating and adequate nutrition for immigrants in Somerville?
Question 5: Do you see the SNAP program as a barrier or facilitator to healthy eating and adequate nutrition for immigrants in Somerville?
Question 5a: What are the strengths of the SNAP program in Somerville?
Question 5b: What are the weaknesses of the SNAP program in Somerville? How do you think these weaknesses can be improved?

## ANALYSIS

I recorded the interviews using Garage Band for Macintosh. I also took detailed field notes where I transcribed exact quotes during the interviews. After re-visiting my field notes, I listened to each of the recorded interviews for answers to each of the five questions I asked the

key informants. I transcribed direct quotes during this review, pertaining to each of the five questions.

## CHAPTER 3: RESULTS OF THE INTERVIEWS

### INTRODUCTION

Immigrants face a variety of barriers with to obtaining food resources in the United States, including language barriers, low levels of acculturation, fear, confusion about eligibility, and complexity of the application process. Fear and confusion instigated by the 1996 reforms that removed immigrants from eligibility status for most social services are still having effects. National studies identified these barriers. I designed my study to see if these barriers and present in Somerville.

The barriers that immigrants face in Somerville do encompass some of these barriers including fear, language barriers, confusion about eligibility, and low levels of acculturation. However, there are barriers and facilitators to food resources that are particular to Somerville's immigrants. What is unique about Somerville is the wide variety of resources available to immigrants in Somerville who are not eligible for SNAP that could have the potential to facilitate their food security. There is, however, a detachment between what is available and what is accessed. From my interviews, I found that the barriers that immigrants face in maintaining food security lie mainly in a lack of access or use of the resources currently available. This lack of utilization of resources results from a fear of the government, ICE, and deportation; a lack of knowledge; complexity of applications; low-levels of acculturation; language barriers; and ultimately, a lack of the right kinds of outreach to immigrants in Somerville.

The socio-ecological model serves as useful framework for identifying the right kinds of outreach needed for immigrants in Somerville. Diagram 1 provides the socio-ecological framework. This framework examines how individual knowledge, interpersonal relationships,

organizations, community, and public policy all influence individual behavior. My research unveiled how each of these levels of interaction effect immigrant food resource access and use. The first chapter of this thesis examined how public policy has affected immigrant eligibility for and use of food resources. The following chapter will unveil the interplay between interpersonal relationships, organizations, and the community, and how each of these can influence immigrant use of food resources in Somerville.



Diagram 1: The Socio-Ecological Model (Ecosystem Weight Management, 2012)

## THE COMMUNITY: RELATIONSHIPS AMONG ORGANIZATIONS

*“Beginnings of relationships are being woven together to help the immigrant community.”*  
*–Alex Pirie, The Immigrant Service Providers Group*

Below public policy, community is the next socio-ecological level that affects individual behavior change. A community is composed of organizations that work with one another. In Somerville, several organizations collaborate with each other and generate ideas together about how to aid immigrants on food and nutrition issues. The Immigrant Service Providers Group, the Live Well Project, and the Community Action Board all are collaborative organizations that help shape and improve the community for immigrants in Somerville.

## THE IMMIGRANT SERVICE PROVIDERS GROUP

Alex Pirie, who has been involved in the Somerville community for over 30 years, runs the Immigrant Service Providers Group. Alex has developed strong relationships not only with organizations in Somerville, but also immigrant leaders. According to Alex, both immigrant leaders and nonprofit organizations that work with immigrants come to him with problems in the community and he looks for solutions. For example, two years ago an immigrant church pastor called him, deeply concerned about the presence of the Immigration and Customs Enforcement at Sullivan Station. Immigrant children were missing school and immigrants weren't taking public transportation to work. "People were terrified," Alex said. After making several phone calls, Alex learned that this was not an ICE raid, but rather the transit police working on bomb detection techniques. Now, the transit police wear vests to distinguish them from ICE. He quelled the fear that erupted in the immigrant community as a result of this occasion. This is just one example of how the Immigrant Service Provider Group functions as a liaison for immigrants in the Somerville community.

## THE LIVE WELL PROJECT

This past summer, I worked for the Live Well project and I actually saw how effective collaboration was in increasing awareness of immigrant issues. The Live Well project, funded through Tufts University, is a study, with aims of decreasing obesity in immigrant women and children through increased physical activity and nutrition knowledge. This study was held over three years, examining the nutritional statuses of women and children from three immigrant groups who had been here less than 10 years—Haitian, Portuguese and Spanish. It began as a two-year preventative intervention, to reduce weight gain in immigrant mothers and children in

Somerville, MA. 435 mother-child pairs participated in this study. The Live Well Project partnered with five other organizations—the Brazilian Women’s Group, the Haitian Coalition, the Community Action Agency of Somerville, the Welcome Project, and the Immigrant Service Providers Group---in order to discuss the issues that immigrants face with regards to food. I attended several meetings with all of these organizations and listened to them work through issues they felt immigrants faced. The level of collaboration present within Somerville’s organizations facilitates the improvement of conditions for immigrants and increases access to food resources.

#### SOMERVILLE COMMUNITY HEALTH AGENDA

The Somerville Community Health Agenda (SHCA) is a partnership between the Cambridge Health Alliance, Somerville Health Department, and the Somerville community that works collaboratively to improve the health of Somerville residents. The organization focuses on improving the social determinants of health and decreasing health disparities, using a collaborative approach to problem solving within the diverse community. The Somerville Community Health Agenda produces the Well-Being of Somerville Report. The SCHA focuses on a variety of factors, which affect health, including access to healthy foods, nutrition and physical activity promotion. The SCHA also collaborates with the Women, Infants, and Children Program in Somerville. The director of the SCHA, Lisa Brukilacchio, has collaborated with Tufts University and Professor Kevin Irwin’s class, to produce a Nutrition Resource Guide for the Somerville community in multiple languages. This organization is very aware of the diverse community of Somerville and helps facilitate collaborative discussion about immigrant health and nutrition. Clearly, there is a lot of awareness of health disparities in Somerville. A program like SCHA serves as a facilitator to food resource access for immigrants because it helps create

collaboration and awareness of these kinds of issues among organizations and policymakers in Somerville.

## **ORGANIZATIONS: PROGRAMMING IN SOMERVILLE**

*“We are lucky in Somerville...Somerville is exciting.”  
–Mark Alston-Follansbee, the Somerville Homeless Coalition*

Organizations and social institutions are the next level of the socio-ecological model.

There are several organizations in Somerville of who work with immigrants and food resources including the Somerville WIC program, the SNAP program, Project Soup, the Welcome Project, and Shape Up Somerville. Each of these programs has a different structure, which contributes to the success and/or downfall in accessing the immigrant population.

### THE SOMERVILLE WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM

The overall structure and implementation of the WIC program in Somerville has made it successful at reaching the immigrant population. In terms of the application procedure, the Somerville WIC outreach worker, Nancy Powers, said, “we really don’t have an application process”. As the outreach worker, she goes to hospitals, clinics, and community health centers and distributes information about WIC to primary care providers, obstetricians, pediatricians, and other health care providers, who refer their patients to the WIC program. This is a main difference between WIC and SNAP—participants are informed of the program through their medical care. Because immigrants are being informed of this program through their local community health center or primary care physician, they are more willing to trust WIC and apply for it. This component of the WIC program is one of the main reasons why it is so successful at reaching the immigrant population.

There are six WIC programs in the Cambridge/Somerville area, making it easy for applicants to apply and gain access to the program. The WIC program in Somerville is open two nights each week, Monday until 7:30pm and Tuesday until 6:30pm, and it is open the first Saturday of every month. This allows applicants who work full time to apply and schedule their follow-up appointments, without having to take time out of work (Massachusetts WIC, 2011). WIC simply requires a screening for eligibility, which can be done over the phone or in person with an outreach worker. The WIC program in Somerville accepts walk-ins. Applicants only need to provide proof of address, proof of child/pregnancy, and proof of income.

Something that broadens access significantly to immigrants is that undocumented immigrants are accepted. Even undocumented workers who work for cash are allowed to apply. According to Powers, “we always accept undocumented immigrants. If they work for cash, we just ask that they write down how much they make a week...that’s proof enough.”

Finally, the WIC program is very multicultural, increasing access to immigrants. The program in Somerville also offers services in multiple languages—Portuguese, Spanish, and Haitian Creole. Powers described how immigrants who do not speak English often fear not being able to connect and explain themselves well to the WIC program. The availability of nutritionists and peer counselors who speak their language make them more comfortable. Peer counselors are an imperative component of this program because it helps WIC gain access to immigrant social networks. The immigrant community endorses the WIC program as a result of the connections to the community.

Unfortunately, there has been a recent budget cut for WIC in Somerville, making it harder for the WIC program to function at its best. Powers has also noticed a decline in WIC participation over the past few years that she attributes to the economic crisis and high rent in



Somerville. “It is unfortunate to see such a successful program receive budget cuts and declines in participation,” said Powers.

Despite budget cuts and the economic recession, it is clear that the WIC program’s eligibility procedures, language capacity, outreach and cultural humility all make it an effective organization at reaching immigrants in Somerville. Their outreach practices in particular help them infiltrate the social networks of immigrant communities and as a result, they receive endorsement from the immigrant community.

## THE WELCOME PROJECT

The Welcome Project deals directly with improving the well being of immigrants. It began in 1987 in order to promote peaceful integration of the Mystic housing development, which was mandated by the state government. Over time, its mission expanded to promote civic engagement among the immigrant community. As the director of the Welcome Project, Warren Goldstein-Gelb works to produce civically engaged, informed immigrant leaders who can advocate for and organize around issues that affect them. There are several programs at the Welcome Project including English classes, the Liaison Interpreters Program of Somerville (LIPS), the Community Garden, and YUM. Some of the current programs at the Welcome Project also deal directly with nutrition-related issues for immigrants, including a garden plot for immigrant families to grow their favorite plants and produce in the Mystic Housing Development. Nina, from Project SOUP, commented on this Community Garden, saying, “it is a positive thing, it’s what they did in their home country.” In addition, the Welcome Project sponsors a program called YUM, which promotes immigrant-run restaurants in Somerville.

The Liaison Interpreters Program of Somerville, or the LIPS program, is a tool for immigrant empowerment. This program provides training to bilingual high school students to

learn interpretation skills and the opportunity to practice these skills at community meetings. This program partners with Cross Cultural Community Systems Inc., of Woburn, which provides forty hours of interpretation training, followed by twenty weeks of leadership training for the teens involved in the program. Once the teens are trained, they assist with interpretation at community meetings (health meetings, school committee meetings, local government meetings etc.). The result is well-informed youth who can inform and build their community. Warren called them, “ambassadors in their community.”

The Welcome Project provides a variety of resources to immigrants in Somerville. Because of its presence in the Mystic Housing development for several decades, it has developed a positive reputation within the immigrant community and as a result, immigrants are willing to use its resources.

## SHAPE UP SOMERVILLE

*“Mayor Curatone has taken on Shape Up Somerville as his own agenda.”  
–Mark Alston-Follansbee, The Somerville Homeless Coalition*

Shape Up Somerville, a program now run through the Mayor’s Office, originally started as a research study run through Tufts University. Mayor Curatone has expanded it to be a government campaign to improve physical activity and nutrition for Somerville’s residents. Rachel Plitch, the coordinator of Shape Up Somerville, is working to expand a program called the Mystic Market which is a bus that brings immigrant families at the Mystic and surrounding neighborhoods access to farmers market produce. Rachel Plitch, from Shape Up Somerville, commented on the Mobile Farmers Market, saying, “we really want it [the produce at the Mystic Market] to go to food insecure people.” A bus brings produce from the Enterprise Farm in Holyoke to the Mystic housing development. According to Warren, the idea for the market came from one of the LIPS teens. When discussing improving immigrant use of the Farmers Markets,

she brought up a tradition that existed in her home country. She said that someone used to drive a cart, delivering produce to the homes in her town. At a city meeting, she suggested this would be a better way to get produce to the immigrants than strategizing about how to get residents to travel to a farmer's market across the city. The "mobile produce model" as Rachel called it, is being expanded to four more locations in Somerville, all of which attempt to reach immigrants.

The Mystic Market is heavily subsidized, labeling all the produce with the lowest local produce prices. In addition, the Mystic Market accepts SNAP and WIC. Individuals can buy a pound of apples for 50 cents, a pound of squash for 25 cents, for example. Interpreters are present at the Mystic Market of who can translate Spanish, Portuguese, Haitian Creole and English.

Shape Up Somerville is also planning on creating a Winter Market, based on a Community Supported Agriculture (CSA) structure. That is, individuals can pay for their produce shares per month and receive a box of produce each week for that entire month. The boxes are heavily subsidized like the rest of the produce at the Mystic Market, at \$7 per box, compared to the \$25 that it would usually cost to buy a CSA box. A typical box will contain, for example, two tomatoes, two heads of broccoli, one bell pepper, four carrots, three sweet potatoes, one head of lettuce and four oranges. "This program could help mitigate the food stamps cycle," Rachel said. Because you can pay for your produce at the beginning of the month, individuals on SNAP benefits will be able to receive fresh produce weekly for the entire month, even after their benefits run out. The Mayor's office has four phone extensions, each of which leads to a different language, to help aid immigrants with signing up for the Winter Market CSA. Their Winter Market capacity is about 30-50 per week currently.

Shape Up Somerville is also involved with the YUM initiative at the Welcome Project. The Shape Up Somerville program developed a label called “Shape Up Approved,” where nutritionists analyze the menus at immigrant run restaurants. The nutritionists help the cooks at these restaurants make the menus healthier. Once a nutritionist approves the menu, it receives the “Shape Up Approved” label.

Overall, it is clear the Shape Up Somerville is working hard to increase access to healthy foods and improve food resources for immigrants in Somerville. Rachel said, in reference to immigrants accessing food resources, “no city officials want people to be afraid.” The city government and local programming are on board for helping immigrants access food resources. The Mystic Market and the Winter CSA model both are programs that provide resources to immigrants. However, Plitch noted that very few immigrants actually are willing to utilize these resources.

Rachel finds it really hard to disseminate information. Even though she puts up flyers in multiple languages around the development and there are translators present at the market, immigrants will rarely come to the market unless they know someone who has been there or they come in a large group. “It’s really hard to disseminate information in the housing development. Info-sharing is only based on word-of-mouth,” she said. Immigrants prefer to hear the market endorsed by their family and friends; flyers are not enough, according to Plitch.

Immigrants also prefer familiar foods and are often disappointed with the selection of produce present at the Mystic Market, since most of the produce is locally grown. This produce is often different from the produce they had in their home country and what they can get at Market Basket, a local grocery store with the lowest prices in Somerville. Plitch said, “people will come in large groups, looking for ethnic foods. People often will look for things like okra

and bananas, but we don't have them." Plitch tries to mitigate this through offering multilingual flyers about the produce present and how they can use the produce in recipes; however, it has been relatively unsuccessful.

The programming at Shape Up Somerville deals mainly with individual behavior change and does not attempt to infiltrate social networks, like WIC. Because of this, immigrants do not yet trust this program and will not utilize it, despite Rachel's efforts.

## THE SOMERVILLE HOMELESS COALITION AND PROJECT SOUP

Mark Alston-Follansbee, the executive director of the Somerville Homeless Coalition (SHC), said, "there has been a lot of improvement in the recognition of food resources in Somerville over the past 10 years. Though it has moved at a glacial pace at SHC, we are now beginning to address these issues." The Somerville Homeless Coalition is a nonprofit organization that functions mainly to provide food and shelter to homeless individuals in the Somerville area.

Project Soup is the food pantry run out of the Somerville Homeless Coalition. Nina Siciliano, the director, explained that undocumented immigrants are allowed to use the food pantry there. She said, "all you need is a Mass ID to use the pantry. I can tell you I'm not turning people away. I won't let people go hungry." The Cambridge Health Alliance has partnered with the organization to send individuals, including immigrants, to the food pantry to get food when they need it. Nina described how the resources for Project Soup are available in multiple languages and now there are healthier options available, including healthier snacks, brown rice in addition to white rice, and bagged beans instead of canned beans. By having resources in multiple languages, Project Soup has made efforts to become more accessible to immigrants. Despite these efforts, however, Nina mentions that there are still many immigrants who she can't

reach. She said, “I believe we need street outreach workers for illegal immigrants to help fill the gaps.”

## THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) IN SOMERVILLE

*“The tendency is to not use resources because it becomes so complicated. Access is really difficult.” –Alex Pirie, the Immigrant Service Providers Group*

One important barrier that keeps immigrants from applying for and obtaining SNAP, even after 5 years of residency, is the complexity and confusion that comes with applying. Complexity was cited as a barrier in 4 of the 6 interviews (Infante, Pirie, Alston-Follansbee, and Powers). SNAP eligibility requirements and application procedures are complex. Even Maria, the outreach worker for Project Bread, didn’t have memorized all of the categories for SNAP eligibility. She said, “It’s kind of complicated.” Many individuals may not even be aware of being eligible, like Amerasians from Vietnam or drug/alcohol patients in drug treatment centers. Alex Pirie, the director of the immigrant service providers group, said, “there are so many peculiar regulations and time tables that you need a PhD to navigate them.”

Maria described how a wide variety of proofs are required and the application procedure is a difficult, multistep process. For those uninformed about the process, it can be very complicated to navigate. Unfortunately, however, we are not able to change the federal regulations and complexities of the SNAP program here in Somerville.

In addition, Somerville residents must apply for SNAP at the Department of Transitional Assistance (DTA), which is located in Chelsea. For Somerville residents, this office is not easily accessible via public transportation. If an individual were to start in Davis Square—which is unlikely that someone would live that close—it would take him or her between close to an hour to get to the Department of Transitional Assistance, with three subway transfers, from the red line, to the orange line, to a bus (MBTA, 2011). If someone were to live in East Somerville, they

would have to include the bus ride to Davis Square, which could add even more time to their trip. Since the DTA is only open normal working hours, from 7am to 5pm Monday through Friday (Cambridge Health Alliance, 2010), finding the time to go to the DTA and apply is nearly impossible for the working individual unless they take a day off from work.

In Somerville, several other organizations offer ways in which to start an application for SNAP benefits. At some point, however, all Somerville residents applying for SNAP must make the trip to Chelsea. The Community Action Agency of Somerville, located in Union Square, hosts a SNAP outreach worker every Thursday. Somerville residents can make appointments with Sara Barrientos, the outreach worker, in order to apply for SNAP. Sara can speak Spanish and English fluently. LIFT has an office in Somerville on Somerville Avenue, in the Family Center. LIFT works with individuals to find jobs, safe housing and apply for public benefits like SNAP. By calling ahead, immigrants can make an appointment to see a LIFT advocate. They have advocates who speak English, French, and Spanish—and interpretation is available in Haitian Creole and Portuguese.

One of the most comprehensive sources of food resources for immigrants in Somerville is the Project Bread Hotline. This hotline has over 160 languages available. It is an information and referral service for members of the Boston community. This hotline can screen an individual for SNAP eligibility and start an application over the phone. In addition, this hotline can refer individuals to emergency food pantries and meal programs. This hotline could facilitate access to food resources for immigrants in Somerville due to its comprehensive language capacity and ease of use (there is no transportation involved).

While the organizations in Somerville have implemented several outreach methods for SNAP, complexity of application processes and public policy regulations still keep immigrants from accessing this resource.

## CONCLUSION

All of the organizations mentioned have developed programming to help improve food resource access for immigrants. Through high language capacity, awareness of the issues immigrants face, and the hard work on the part of individuals at these organizations, these organizations do aim to increase immigrant food resource access. In reference to Somerville, Nina from Project SOUP said, “it’s progress, we are moving forward.”

Despite the hard working, collaborative individuals and organizations who focus on improving conditions in Somerville for immigrants, immigrants nevertheless face a variety of barriers with regards to obtaining food resources in Somerville. These barriers lie mainly in a lack of connection between the resources that are available and the immigrants who could be accessing them, but do not. Immigrant access to the programming available in Somerville is dependent upon public policy restrictions, the complexity of the application processes, and the reputations of these organizations within the immigrant communities. The following section will describe how interpersonal relationships affect the use of food resources among immigrants.

## **INTERPERSONAL RELATIONSHIPS: FAMILY, FRIENDS, AND SOCIAL NETWORKS**

Interpersonal relationships affect behavior, according to the socio-ecological framework. In this section, I will describe how important cultural safety nets and churches are for the socio-ecological framework of immigrant families and the implications of these relationships for food resource access.



## CULTURAL SAFETY NETS

*“It’s really hard to disseminate information in the housing development. Info-sharing is only based on word-of-mouth.” –Rachel Plitch, Shape Up Somerville*

Both Rachel Plitch, from Shape Up Somerville, and Alex Pirie, from the Immigrant Service Providers Group, referred to a phenomenon called the “cultural safety net”. Rachel Plitch said, “a lot of people come here because their cousin is here.” Immigrants in Somerville generally do not immigrate alone; they usually come because family members or friends are already here. According to Alex Pirie, “there are always anchor people who have been here longer.” As a result of the family or friends who are already here, a lot of immigrant families do not need to immerse themselves in US culture, as a safety net has already been developed.

Rachel, the coordinator of Shape Up Somerville, described a Brazilian man she met at the Mystic Market. He had been in the United States for over 50 years. He had never learned English because he didn’t need to speak it to live a fulfilling life. He has worked for the same painting company boss, who speaks English and Portuguese. He speaks Portuguese with his family and goes to a Brazilian church. When she asked why he had not learned English, he responded, “Why would I?”

The cultural safety net that many immigrants have upon arrival in the US makes length of residency an insignificant factor in accessing food resources in Somerville. Plitch said, “there are usually people here to help them get settled.” Some immigrants will choose to continue to remain engrossed in their cultural circle, because they have enough resources available within it, like the Brazilian painter.

While maintaining cultural ties is often a good thing, it can lead to a lack of access to resources. Alex said, “they [immigrants] are going to work and going straight home.” Because they are not being exposed to resources outside of their cultural circle, they often lack knowledge

or have incorrect knowledge about the food resources available to them. Providing resources in multiple languages does help improve access in terms of the language barrier, but if immigrants still do not trust the organization, resource, or program, they will not likely access it.

## CHURCHES

*“Immigrant churches are huge and full [in Somerville]. It’s a source of information for them, too.” Alex Pirie, The Immigrant Service Providers Group*

Churches are a major resource for immigrants in Somerville, according to Alex Pirie from the Immigrant Services Providers Group and Nina Siciliano from Project Soup. Immigrant churches are a source of community for new, recent, and long-term immigrant families because they provide an environment of safety and trust. Priests and pastors often act as the anchor and the trusted person for immigrants. According to Alex, the pastor at Vida Real, a Brazilian church in Somerville, recently called him, inquiring about housing options for some of the families at his church. “It is a form of social protection. Churches act in this capacity,” said Alex. A lot of churches in Somerville also have food resources, like food pantries and soup kitchens, according to Nina from Project Soup.

## **INDIVIDUAL BEHAVIOR: KNOWLEDGE, ATTITUDES AND SKILLS**

There are a variety of individual behaviors, knowledge, attitudes and skills that both facilitate and impede use of food resources among immigrants in Somerville. Fear was the most commonly cited individual barrier among key informants.

## FEAR

*“People sometimes know programs are available. If they do, they are reluctant to apply because they are afraid.” –Maria Infante, Project Bread*

All six of my key informants mentioned fear as a major barrier to food resource access for immigrants. While it seems that outreach for the food resources available in Somerville is actually quite comprehensive, immigrants still fear the government, Immigrant and Customs Enforcement (ICE), and deportation. As Alex Pirie said, “there are a lot of people who could be using it [food pantries] but don’t because they are afraid.” Plitch agreed, commenting, “there is a general baseline fear they feel everyday. People live in hiding quite a bit.” This fear and desire to hide is a major barrier with regards to immigrants accessing food resources in Somerville. Many immigrants go straight from work to home, trying to avoid any sort of dangerous situations. Alex Pirie said, “a lot of immigrants are funneled toward fast food for protection.” Going to the grocery store can be a scary situation for illegal immigrants, Alex explained. The drive through is a safe and cheap way to avoid dangerous situations.

## FEAR OF THE GOVERNMENT, ICE, AND DEPORTATION

Undocumented immigrants are afraid of being caught and deported in Somerville. As Alex said, “there is pressure to search out and deport undocumented. It’s a national pressure.” Mark also commented, “People are afraid of ICE. The climate for immigrants in Somerville is negative.” This fear of the Immigration and Customs Enforcement manifested as a result of several ICE raids in Somerville and several events that appeared, in the eyes of immigrants, as ICE raids.

In 2008, Operation Community Shield permitted major US Immigration and Customs Enforcement officials to raid various locations throughout Somerville and the Boston area. This

operation targeted illegal immigrants who were members of gangs. In the four-day operation in Somerville, 80 illegal immigrants with criminal records were arrested, and of those 80 immigrants, 52 were gang members (Nash, 2008). ICE agents were stopping people at the MBTA station at Sullivan Square and the Dunkin Donuts on Broadway in Somerville (Nash, 2008). In 2010, the ICE entered an East Somerville apartment, without a warrant, looking for someone who was no longer a resident of that building (Metzger, 2010). According to the report, ICE agents went door-to-door asking and questioning people. Although no arrests were made, people were afraid. Alex commented on these ICE raids, saying, “when you have armed people crashing into your living space, it’s scary.”

In addition to these ICE raids, several events occurred that immigrants perceived as Immigration and Customs Enforcement, but were really other situations entirely. Immigrants feared that a state police Driving Under the Influence crackdown was actually deportation occurring on Route 16 and Route 60 in Somerville. Uniformed officers were stopping cars, which scared a lot of immigrants, causing them to avoid these roadways, and some even skipped work. Another similar situation occurred at the Sullivan Square Station. Because an ICE raid had recently occurred there, immigrants perceived the Transit police as ICE agents. Immigrants, again, skipped work and students missed school, in order to avoid Sullivan Station. Now, the transit police officers wear vests that indicate their role in the MBTA, and not ICE. While these events were not actual ICE raids, they still instilled a rippling fear in the immigrant community. “Every rumor contributes to this fear,” said Alex.

Beyond the ICE raids, the environment in Somerville is not entirely friendly for immigrants. Alex said, “there’s a clash between the working Irish class and new immigrants. They aren’t immigrant friendly.” With all of the stress that comes from these different situations,

immigrants are indeed afraid of the government, ICE, and deportation. As Alex put so eloquently, “it’s the perfect storm of a risky situation.”

## IMPORTED FEAR

Cultural history serves as a major reason for fear of the government and serves as a barrier for accessing food resources for immigrants. Alex Pirie said, “if you don’t understand the system here, it is hard. Many immigrants come from a heavily violent situation. You don’t feel comfortable around armed, uniformed men.” Maria Infante told me a story about a woman who was afraid to accept a SNAP information handout because she feared the government would take away her children. Maria explained, “she said to me that she was afraid her children would be recruited and put on the frontlines if she accepted the handout (SNAP handout). They think their children will be sent to war.” Alex Pirie added, “they’re bringing their own predisposed access to violence. It’s an imported fear.” A lot of immigrants are afraid of the government because they had to be afraid in their home countries. They fear using any sort of resources provided by the US government because of the violent situations to which they were accustomed.

## CONCLUSION

The layers of the socio-ecological framework provide a backdrop for understanding the barriers which immigrants face in obtaining resources and the barriers organizations face in accessing immigrants. Public policy, as explained in the first chapter, plays a role in the eligibility standards and the stigma attached to applying for and obtaining food resources. Public policy benefits WIC, because both documented and undocumented immigrants have never been ineligible for WIC benefits. Public policy has damaged the perception of SNAP in the immigrant community, as a result of the 1996 policy change that eliminated immigrants from SNAP use entirely; the five year residency minimum for eligibility; and the complexity of the application

process. The organizations in Somerville are aware of the barriers that immigrants face with obtaining food resources and as a result, have implemented outreach and increased their language capacity over the years. Despite this effort, only the Women, Infants and Children (WIC) Program has been successful at reaching the immigrant populations.

Because immigrants fear the government, ICE and deportation, they are not willing to trust the organizations and community of Somerville. They are instead deeply engrossed in their cultural safety nets and churches where they trust other members of their immigrant community. As a result, their social networks control their individual behaviors more than policy, community or organizational influences. Immigrants will only access food resources that their family members, friends, or members of their cultural safety net have endorsed as safe and effective. With the power of social networks in mind, the following chapter will reveal my recommendations for Somerville within the context of the interview results and the socio-ecological model.

## **CHAPTER 4: RECOMMENDATIONS FOR SOMERVILLE**

### **INTRODUCTION**

While Somerville may be a negative environment for immigrants, the reality is that the individuals who run the food pantries, nonprofits, and collaborative organizations in Somerville are not out to deport immigrants. As Maria Infante from Project Bread said, “applying can get scary for them. They need to know that the DTA will not go after them.” Nina Siciliano from Project SOUP also said, “for people who are illegal, we need to reassure them that we are trying to better them, not deport them.” While these organizations do have outreach efforts, most of them have been unsuccessful at reaching immigrants.

The best way to increase access and use of food resources in Somerville is to build social networks within the immigrant communities in order to decrease fear and mistrust, like WIC has done in Somerville and Project Bread has done in Chelsea and Worcester. These programs are models for success and will be discussed in the next two sections.

### **WIC AS A MODEL FOR SUCCESS**

One of main reasons that the WIC program is successful in Somerville is because it has a good reputation in Somerville within the immigrant community and this has come from excellent outreach through distribution of information through clinicians and community health centers. They have built relationships within the immigrant community. By forming connections with the social networks of the immigrant communities, WIC is better able to reach the immigrant community than the other organizations. As I mentioned in the previous chapter, social networks appeared to be the strongest predictor of immigrant behavior. WIC serves as a success model because of its outreach methods. The way to improve access to food resources for other

organizations and programs, like SNAP, is to build social networks within the immigrant communities in order to decrease fear and mistrust, like WIC has done.

## **PROJECT BREAD AS A MODEL FOR SUCCESS**

Maria Infante, the manager of community initiatives for Project Bread, described the success of a community outreach initiative for SNAP in Worcester and Chelsea. In September of 2011, the United States Department of Agriculture funded a pilot study in Massachusetts, as well as 9 other states. The program hires SNAP outreach workers to be placed in churches, health centers, and cultural centers, like Centro Latino in Chelsea, Massachusetts. The program aims to reach Latino immigrants in places where they would feel comfortable and where there would be no stigma attached to applying for SNAP. In addition to outreach in churches, health centers, and cultural centers, Project Bread is also working with employers, to reduce stigma and fear associated with receiving government assistance. According to Infante, over 1500 SNAP applications have been completed through this project.

As a part of this USDA project, Infante is in charge of training agency staff in SNAP application processes, called the “SNAP Trainer”. It involves a 6 hour training curriculum, available both in person and online, in both English and Spanish. This helps provide agencies with the resources needed to provide immigrants with proper information and outreach on SNAP, without the presence of Project Bread’s outreach workers. Infante said, “we want it to be sustainable.”

Project Bread works beyond this initiative. Staff in health centers throughout Boston and Worcester work with immigrants doing SNAP applications. In Boston, she said the Project Bread outreach workers work mostly with Latino, Haitian, and Asian immigrants. Over 40 health centers in Massachusetts have food vouchers and resources for applying to SNAP in multiple



languages as a result of Project Bread. As mentioned earlier, Project Bread also has a food resource hotline with over 150 languages available, which includes how to start a SNAP application. Maria Infante is also in charge of providing social media outreach, including disseminating information to newspapers and radios about how to apply for and receive SNAP benefits, and advancing the SNAP website to make it more user-friendly for immigrants. The SNAP website is “GettingSnap.Org” and there now is a link for immigrant-specific information on applying for and gaining SNAP benefits. In addition, there is also an Online Screening Tool that can be accessed 24-hours a day. The Department of Transitional Assistance is also collaborating with Project Bread and the USDA initiative, so that they are aware of what is occurring. The initiatives of Project Bread to increase outreach about SNAP and food resources have been very successful in Chelsea, Worcester, and Boston. Maria Infante regretted to inform me that her projects are not in Somerville.

The types of outreach completed by Project Bread and WIC should serve as evidence that Somerville needs to conduct outreach about food resources that actually reaches the cultural safety nets of immigrants in order to decrease stigma, fear, and mistrust. By forming relationships within the immigrant community, the reputation of the food resource improves and via word of mouth endorsement, use also increases.

## **CHURCHES AS AN ENTRY POINT**

I recommend churches as an excellent entry point to accessing the social networks of the immigrant populations in Somerville. Churches are a major component of immigrant life in Somerville for the major immigrant groups, including Brazilians, Haitians, and Hispanic immigrants. As Alex Pirie said, “immigrant churches are huge and full [in Somerville]. It’s a source of information for them, too.” Churches could serve as a communicator between

immigrants and the food resources present in Somerville. Because immigrants feel safe in their churches and trust their church leaders, these church leaders could be an excellent resource for helping reach immigrants who otherwise would not be reached. Church leaders eliminate the language barrier that immigrants face; are trusted by their members, and are a part of the cultural safety net. By forming relationships with immigrant churches, information could be disseminated to immigrants and programming could actually be used by the immigrants of who are currently afraid to use these programs. Fear is decreased if their church leaders recommend particular food programs to use. This is a potential entry point for outreach for SNAP and other food resources in Somerville.

## **CONCLUSION**

I recommend, given the data, that outreach through social networks on food resources be implemented in Somerville, particularly for SNAP. The successes of the outreach methods of the WIC program and Project Bread demonstrate the ability of cultural endorsement and culturally appropriate outreach to improve access. By training immigrants in Somerville to act as outreach workers for these food resources and advocate on behalf of their communities, the sustainability of outreach increases and the barriers that many immigrants face decrease simultaneously. Churches are an excellent entry point for training outreach workers and building a social network within immigrant communities. Overall, the implementation of culturally sensitive outreach will increase immigrant access to food resources in Somerville.

## CONCLUDING REMARKS

The interviews I conducted revealed that forming relationships within the immigrant community is the best method for improving access to food resources for immigrants in Somerville. Through the perspective of the socio-ecological framework, policy, community, organizations and social networks all govern individual behavior. For the immigrant community, social networks play a huge role in their use of food resources. In Somerville today, there is a divide between the programs that are available and the immigrants who are accessing them. While there are invested and collaborative organizations present in Somerville, there are many immigrants who are not being reached.

There are several barriers that keep immigrants from accessing these food resources. The complexity of the programs and application processes, especially with regards to SNAP, make access very difficult for immigrants. The five-year minimum residency also eliminates many, but not all, immigrants from SNAP use. The eligibility guidelines are complex and confusing, and several particular groups of immigrants are waived from this minimum residency rule, of who are often not aware of their eligibility.

Cultural safety nets and language barriers make reaching immigrant communities a challenge on the part of the food programs in Somerville. Fear of the government, ICE, and deportation and low levels of trust are also linked to this divide. Because immigrants are afraid, they are not willing to trust forms of outreach or information they receive about government-issued benefits or community resources. This unfortunate fear that immigrants face is long-standing, resulting from a variety of sources, including policy changes in the government, specifically in 1996 that eliminated immigrants from all social welfare programs; the perceived and real Immigration and Customs Enforcement raids that have occurred in Somerville over the

past few years; Somerville's conflictive history between new immigrants and US-born citizens; a general negative environment for immigrants; and finally, an imported fear, which results from the violent governments that some immigrants emigrated from. In order to eradicate the gap between immigrants and the food resources available, outreach must be improved. The best way to reach immigrant populations who are afraid is to provide an outreach worker of whom they trust and understand to fill the divide. Because immigrants in Somerville are so involved in their own cultural safety nets, I propose training immigrants themselves to conduct the outreach they see as most effective. This will ultimately decrease the stigma, fear, language barriers, and lack of trust immigrant communities face and increase their utilization of food resources.

## **LIMITATIONS OF THE RESEARCH**

There are several limitations to this work. The qualitative research that I conducted was on a very small scale, making it not applicable to larger populations beyond Somerville. I only conducted six interviews with key informants and while all were extremely informative, they do not provide a complete picture of the barriers that immigrants face, as they are merely observational perspectives, and not experiential perspectives from the immigrants themselves. While there are limitations to this work, I do feel that the recommendation to improve outreach methods will help facilitate an increased use of food resources among immigrants in Somerville.

## **CONCLUSION**

My work with the Seminar on Homelessness and Health, Professor Irwin and the key informants has enriched my knowledge of the barriers and facilitators that immigrants face with obtaining food resources. Through the research I conducted, the lens of socio-ecological model, and the drawing of my own conclusions, I recommend accessing the third level of the socio-ecological model—social networks—as the best way to reach the immigrant population. Through

creating social networks and training immigrants themselves as outreach workers, Somerville can increase immigrant food resource access and use, and in due course, improve the health and well being of immigrants in Somerville.

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