

GREATER SPRINGFIELD WOMEN'S ECONOMIC SECURITY HUB



**FINAL REPORT
2022 ESH SURVEY AND LISTENING SESSIONS**



JANUARY 2023

GREATER SPRINGFIELD WOMEN'S ECONOMIC SECURITY HUB SUPPORTERS

The Women's Fund of Western Massachusetts is a trusted and powerful convener with a history of effective partnership and inclusion.

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Submitted by

Lorraine Cordeiro, Director

Holly Laws, Director of Methodology

Nathan Huff, Methodology Consultant

Eleni Kapoulea, Methodology Consultant

Marielena Barbieri, Methodology Consultant

Center for Research on Families

University of Massachusetts Amherst

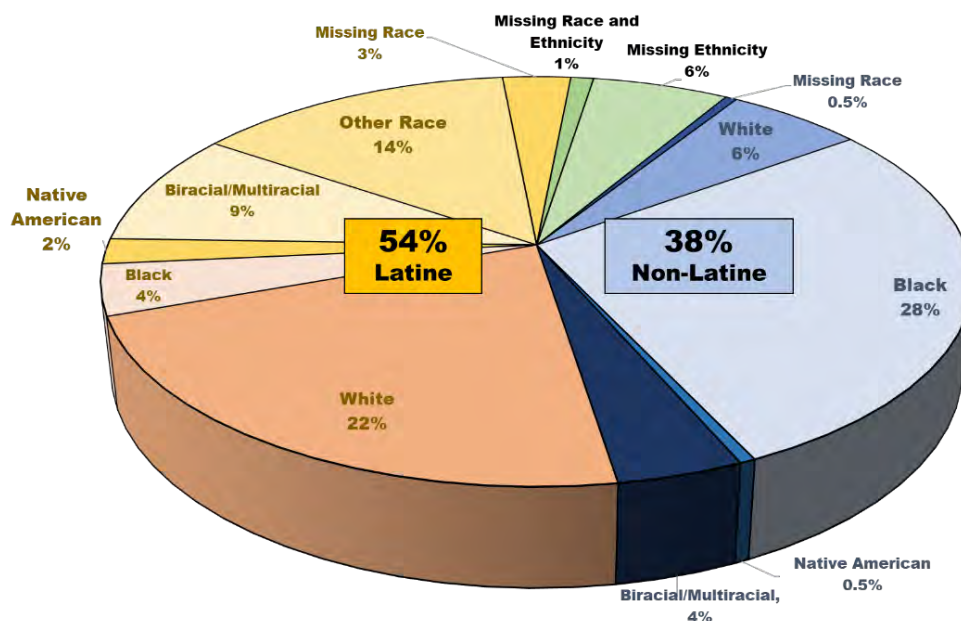
January 2023

Executive Summary

The Center for Research on Families (CRF) was commissioned by the Women’s Fund of Western Massachusetts in 2022 to conduct surveys and listening sessions with low-income women (self-identified/binary) as part of an assessment for the **Greater Springfield Economic Security Hub**. The predominant language used in data collection was English, followed by 12% of survey conducted in Spanish. Survey data was collected from 195 individuals and we conducted listening sessions with 22 individuals. The majority of participants (90%) lived in Springfield, MA. Most (95.4%) identified as women/female; two identified as non-binary, one selected both the woman and man options, while two indicated “I don’t know” on gender.

Highlights (Survey Research)

- **Age** - 100% were over 18 years ($M = 42, SD = 16$)
 - 36% were between 18-34 years
 - 51% between 35-64 years
 - 11% over 65 years
 - 2% no response
- **Racial Demographics**
54% identified as Latine and 38% identified as non-Latine:
 - 6% Non-Latine White
 - 28% Black only (non-Latine)
 - 4% Bi/Multi-racial only
 - 0.5% Native American only
 - 8% no response



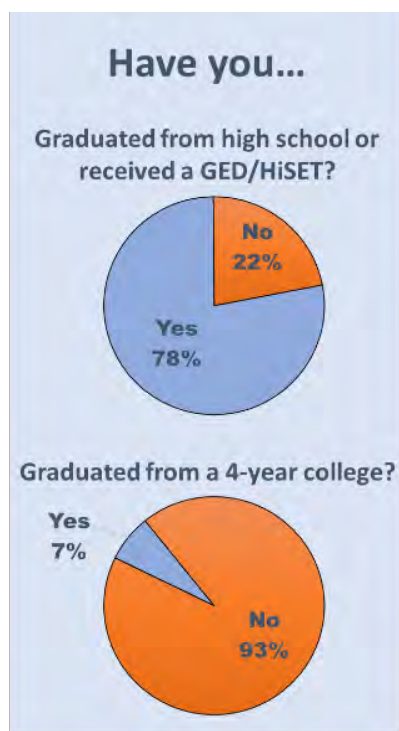
[Note. The percentages in bullets are points of interest, and may not add up to 100% All Figures/Graphs highlight demographic breakdowns that DO add up to 100%]

- **Marital Status**

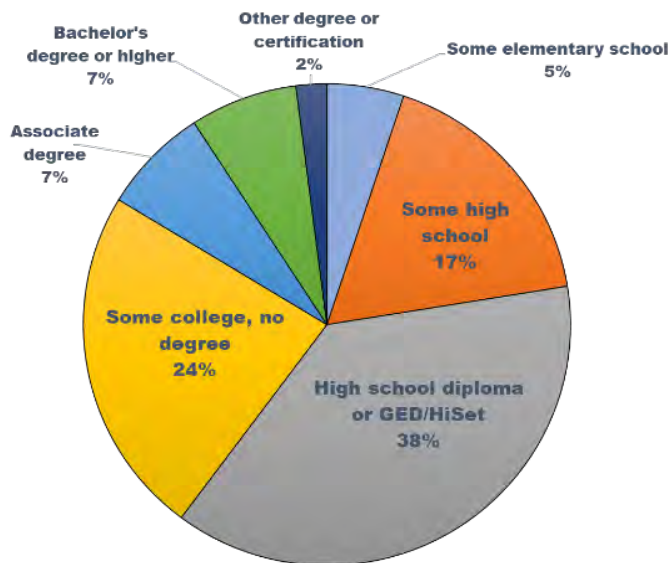
- 61% never married and currently single
- 12% were married
- 14% were divorced
- 7% were widowed
- 4% were separated
- 2% no response

- **Educational attainment**

- 22% had not completed high school
- 38% had obtained a GED or high school diploma as their highest level of education
- 24% had some college, no degree
- 16% had a certification, Associate, Bachelor's or other higher degree

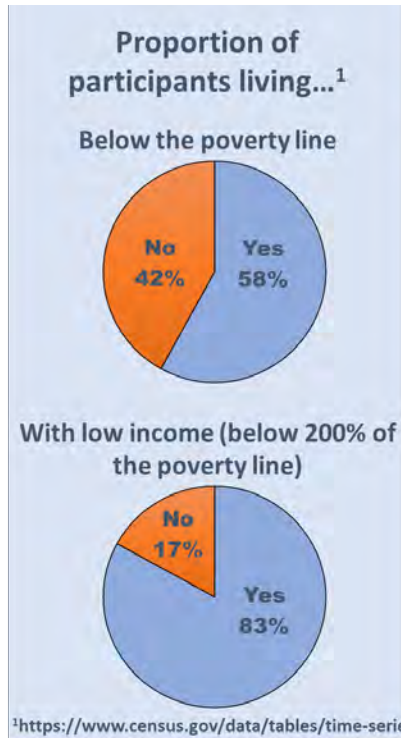


What is the highest level of education you have received?

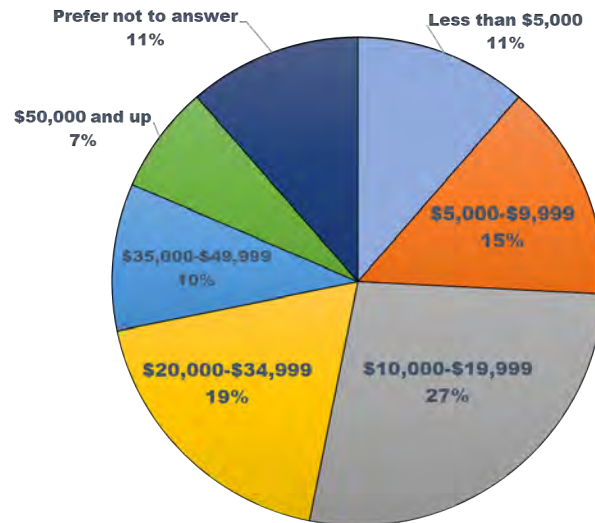


- **Income and livelihoods**

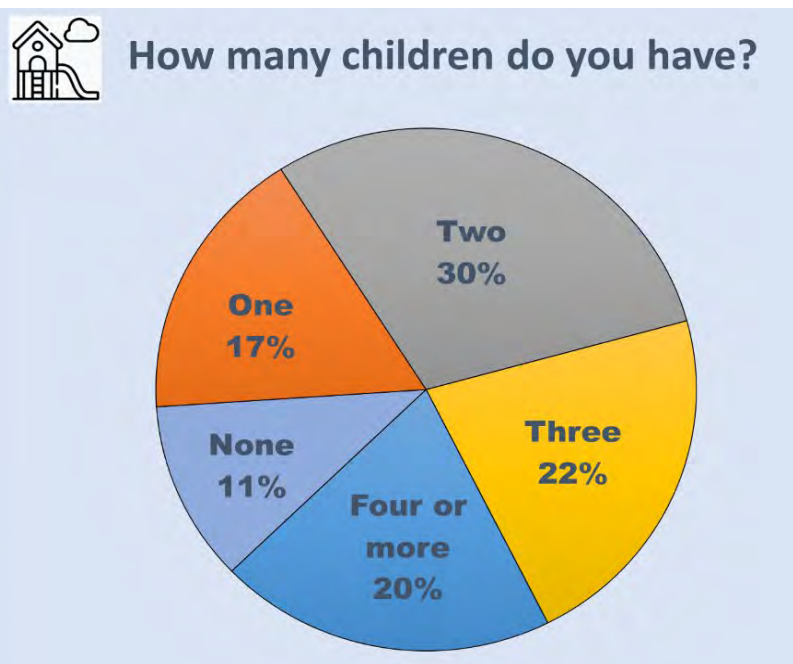
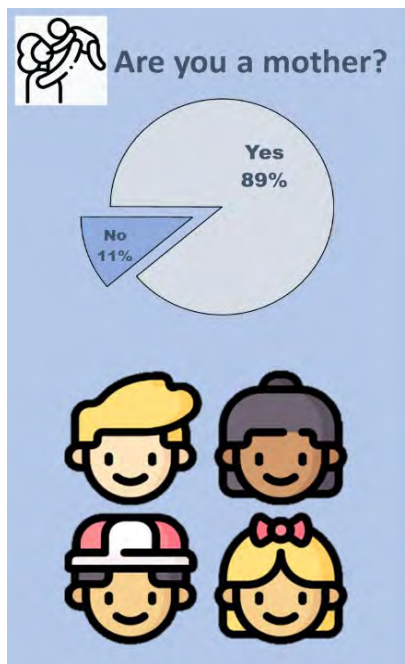
- Median annual household income: \$15,000 (Average \$22,674)
- 58% reported household income levels below the poverty line
- 83% reported household incomes below 200% of the poverty line
- 50% reported that the total of their income and public assistance financial supports was insufficient to meet their needs



What is the total annual income received by you and other members of your family?



- **Child Status** - 89% reported at least one child



- **Housing, household size and composition**

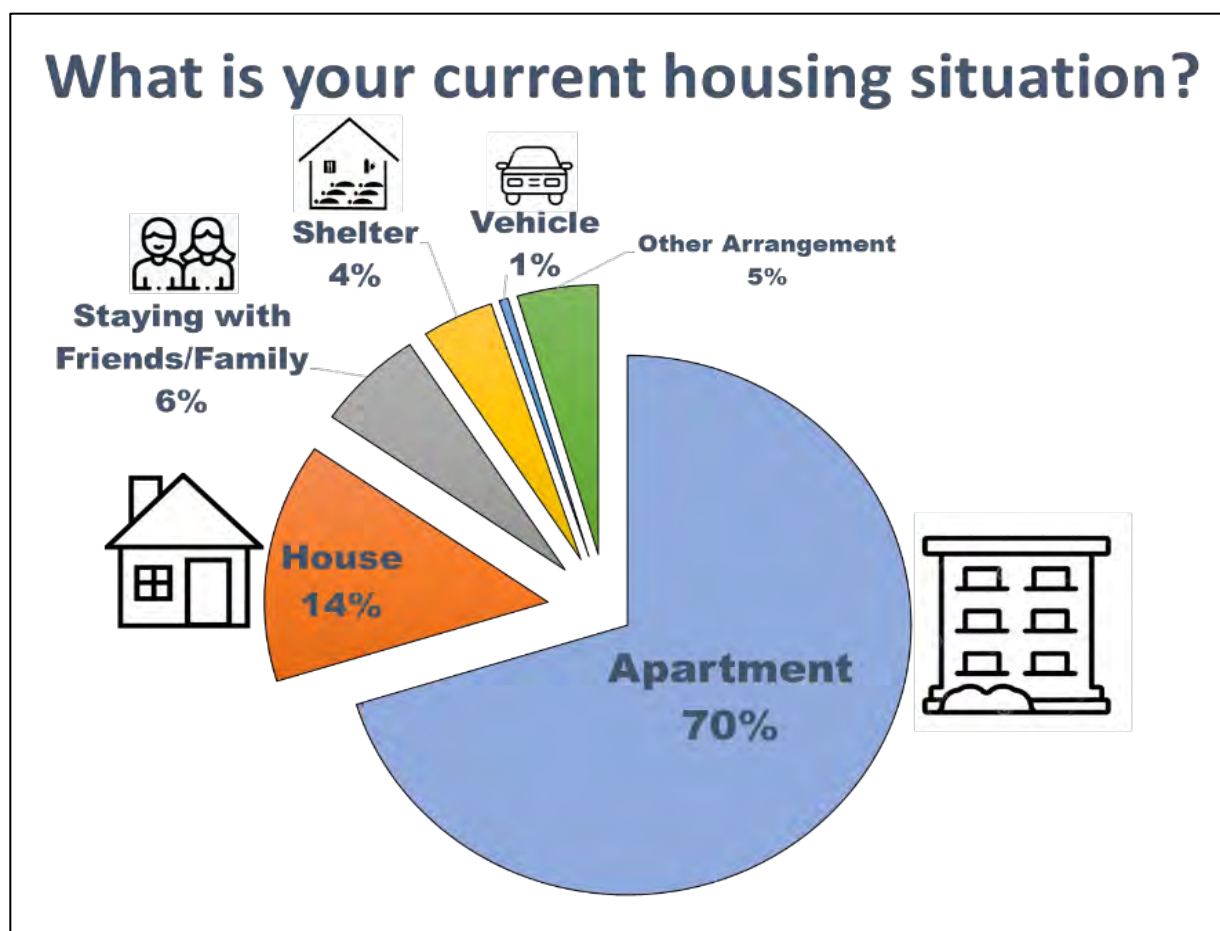
45% identified housing as one of their three most urgent service needs

Housing Composition

- Household size ranged from 1 to 12 people, with a median household size of 3
- 56% of participant households had children under 18 years
- 19% of participant households had a person aged 65 or older

Housing situation

- 70% lived in apartments
- 14% lived in houses
- 89% of those living in apartments or houses were renters
- 59% (98/165) of participants received subsidized housing



- **Caregiving**

- 56% of those with children of care age were not able to afford childcare over past 12 months
- For those with children in need of paid care, 47% reported no access to reliable childcare
- 32% undertook unpaid caregiving

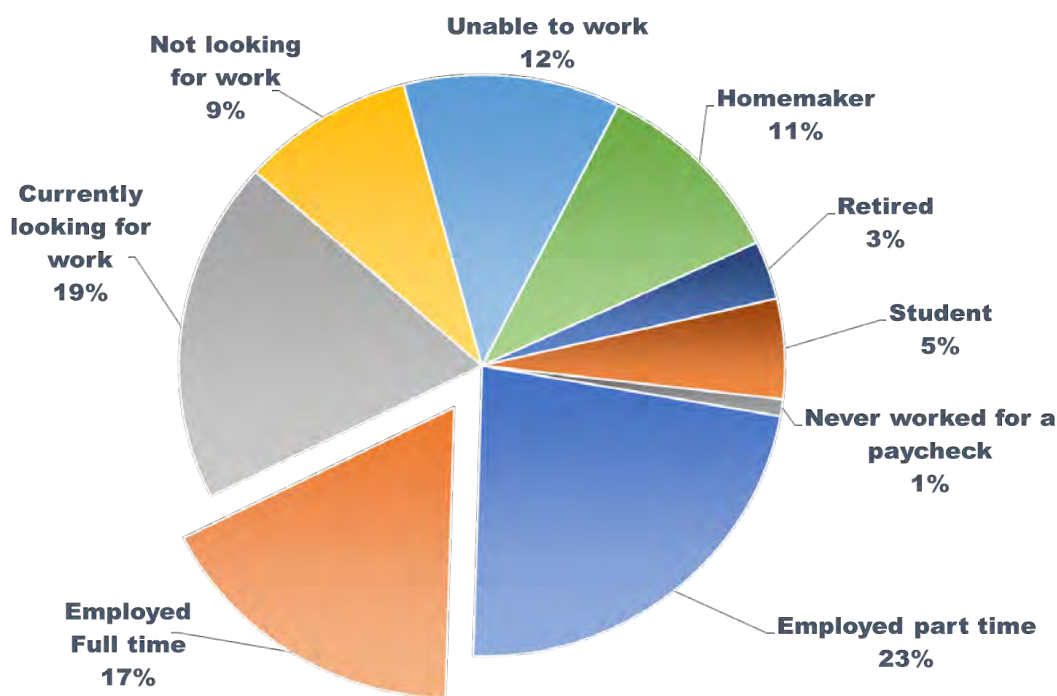
- **Employment, Job training/further education**

- 25% reported “Job training or further education” among their top three urgent needs
- 23% indicated “A new or better job” among their top three urgent service needs

Paid Employment

- 60% were not currently working for pay
- 40% reported some form of paid work
- 40% reported that a medical condition or disability impacted their ability to work

What is your employment status?



- **Food and Nutrition, Public Assistance**

- “More food or healthy food” was listed as the fourth urgent service need

Use of Food Pantries

- 54% reported going to the food pantry at least once per month
- 35% reported going to the food pantry at least twice per month

SNAP Benefits

- 80% reported receiving EBT, food stamps, or SNAP
- 74% of SNAP recipients used this food assistance for a year or more

Other Public Benefits/Safety Net Programs

- 31% received SSI benefits
- 23% received TANF
- 15% received WIC

• **Transportation**

- 15% listed transportation among their top three urgent service needs
- Of the 30 people who listed transportation as one of their top three priorities, 80% ($n=24$) reported they did not know any resources to support this need

• **Internet access**

- Listed among the top three urgent needs by 13% of participant
- 88% had reliable internet service where they lived

Access to electronics such as smartphones, computers, tablets

- 94% had access to a working smartphone
- 60% had access to a working computer
- 52% had access to a [computer] tablet where they lived

• **Discrimination**

- 61% reported being discriminated against because of [their] race, ethnicity, skin color, or language at some point in their lives
- 38% reported gender discrimination

• **Social Support**

- 80.5% indicated there were people in their lives they could count on for support or help
- 15.4% indicated no one in their lives that they could count on for support or help
- The average response for social support was 6.78 ($SD=3.75$) indicating both a fairly high level of feeling supported and fairly wide-ranging support ratings (1-10 range).

Summary of Top Six Urgent Service Needs

- Housing (45% of participants)
- Job training or further education (25% of participants)
- A new or better job (23% of participants)
- More food or healthy food (17% of participants)
- Transportation (15% of participants)
- Debt, loan, or credit counseling (15% of participants)

Background

In 2022, the UMass Center for Research on Families (CRF) was contracted by the Women’s Fund of Western Massachusetts (WFWM) to engage local organizations (Table 1) in Greater Springfield, MA in conducting surveys and listening sessions with community members on economic security and associated concerns.

Training: CRF trained community service providers at collaborating organizations (Table 1) and certified them for human subject research via the UMass CITI Training program or through an alternative process approved by UMass.

Data Collection: Surveys were administered by 21 trained interviewers from seven community-based organizations (Table 1), while listening sessions were facilitated through Springfield Works. Community-based interviewers collected data from 195 women in Greater Springfield, MA, and UMass completed four listening sessions with 22 participants. Listening sessions were facilitated by two trained CRF research team members and conducted via zoom (2) and in-person (2). CRF provided food, beverages, and childcare for the in-person listening sessions.

Table 1. Interviews conducted by seven community-based organizations in Greater Springfield (n=195).

Number of Interviews Conducted	<i>No. of Participants</i>	<i>%</i>
Arise for Social Justice	48	24.6
Parent Villages	44	22.6
Springfield Housing Authority	36	18.5
ROCA	20	10.3
New North Citizens Council	17	8.7
Dress for Success Western Massachusetts	15	7.7
Western MA Regional Women’s Correctional Centre	15	7.7
Total	195	100.0

Note. Interviews were conducted between July 6 2022 and September 27 2022.

This report summarizes the findings from surveys and listening sessions. To provide WFWM information about *who* the participants are, we first describe demographics and

characteristics of participants. To provide WFWM information about *what* and *how* these users think about their service needs and the services they receive, we describe the core findings of these interviews. This report is organized around the 12 determinants of the Greater Springfield Women’s Economic Security Hub (Figure 1) as described by WFWM.¹

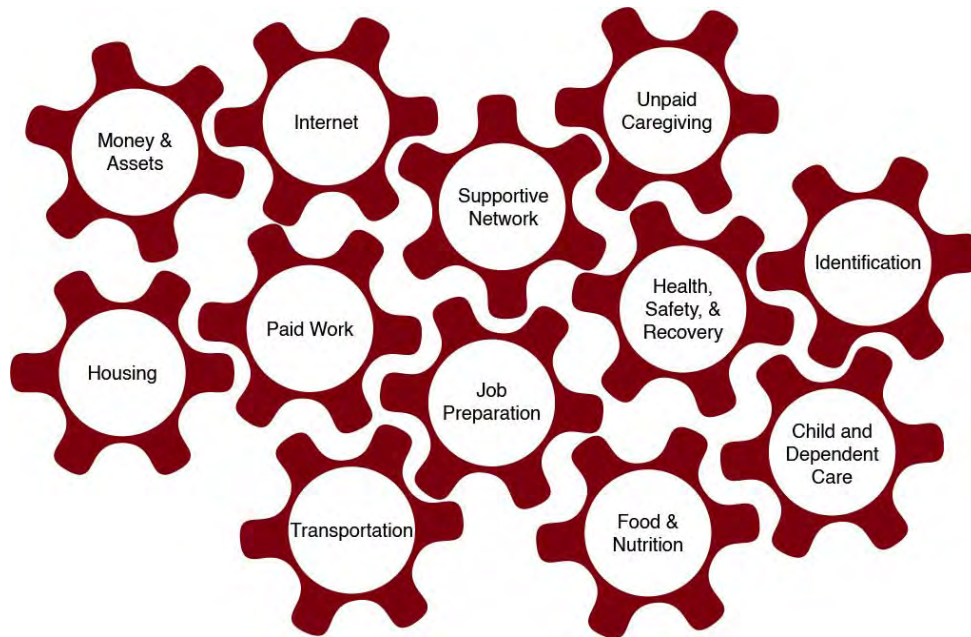


Figure 1. 12 determinants of the Greater Springfield Women’s Economic Security Hub¹

Participants: Who Did These Interviews Reach?

The collaborative academic-research team reached 195 women through survey interviews and an additional 22 women through listening sessions.

Geographic Location. Almost all of the participants in the individual interviews lived in Springfield (170/195; 89%). The remaining participants described their city of residence as West Springfield ($n = 9$), Chicopee ($n = 9$), Holyoke ($n = 6$), Northampton ($n = 1$), Ludlow ($n = 1$), or Longmeadow ($n = 1$). Three participants did not provide their city of residence.

Gender. WFWM’s interest in understanding economic security and associated services provided to low-income women in Greater Springfield served as the basis for participant

¹ <https://www.mywomensfund.org/economic-security-hub/>

recruitment. 95% (186/195) of the survey participants identified as woman/female; one identified as non-binary, one selected both the woman and man options, two indicated “I don’t know” when asked their gender, and five did not have gender information recorded. 96% of the listening sessions participants identified as women; one identified as non-binary.

Age. Survey participants were 18+ years of age, with an average age of 42 ($SD = 16$) years. Most (87%) of the participants were younger than 65 years; 35.8% of participants were between 18-34 years, 51.2% were 35-64 years, 10.8% were over 65, and 2.1% did not provide an age (Table 2).

Table 2. Participant Age.

	<i>N</i>	%
18-24 years old	35	17.9
25-34 years old	35	17.9
35-44 years old	41	21
45-54 years old	24	12.3
55-64 years old	35	17.9
65-74 years old	16	8.2
75 years or older	5	2.6
Participant left response blank	4	2.1

Language. Participants provided feedback about services in either English or Spanish, with 169 survey participants selecting English and 26 selecting Spanish. For the listening sessions, 21 chose English and one chose Spanish.

Race/Ethnicity. Participants were asked to self-identify their race and ethnicity. Categories listed for race were Black/African American, White, Asian, Native American or Indigenous, Biracial or Multiracial, or Other. Categories for ethnicity were Hispanic, Latino/a/x/e, or of Spanish origin [Yes, No], with further options to identify country or region of origin. As with all of the questions on the survey, participants could choose not to answer these questions, so there were some missing responses. These questions were presented to give a general sense of

participants’ self-identification for the purpose of understanding how our participants compared with those from the broader population of Springfield, but acknowledge any such categorization is imperfect and may obscure important information. We acknowledge the inherent difficulty and problems with such categorization of socially constructed groupings such as race and ethnicity, as well as the changing best practices and standards for names used to describe race and ethnicity definitions. For the purposes of the present report, we have elected to use the term “Latine” throughout to describe participants answering ‘Yes’ to the ethnicity question from the questionnaire.

Taken together, only 6% (12/195) of participants self-identified as White/Non-Latine, which contrasts with the 28.9% of Springfield residents that identify as White/Non-Latine on the most recent U.S. Census.² Most participants (183/195; 94%) identified with a minoritized racial or ethnic group. Participants from communities of color that were not of Latine heritage identified as follows: 28% Black, 7% Bi/Multi-racial, 1% Native American, and 1% did not report race. According to the U.S. Census, 20.8% of Springfield residents identify as Black, non-Latine.² (Table 3).

Table 3. Participant Race and Ethnicity.

Race	Ethnicity			Total
	Latine	Non-Latine	Not Reported	
- Black	8 (4%)	54 (28%)	7 (4%)	69 (35%)
- Native American/Indigenous	3 (2%)	1 (1%)	0 (0%)	4 (2%)
- Biracial/Multiracial	18 (9%)	7 (4%)	0 (0%)	25 (13%)
- Other Race	28 (14%)	0 (0%)	0 (0%)	28 (14%)
- White	43 (22%)	12 (6%)	5 (3%)	60 (31%)
-No Race Reported	6 (3%)	1 (1%)	2 (1%)	9 (5%)
Total	106 (54%)	75 (38%)	14 (7%)	195 (100%)

Note. Table presents *n* and (%).

² <https://www.census.gov/quickfacts/fact/table/springfieldcitymassachusetts/RHI425221#RHI425221>

Participant ethnicities were representative for Latine residents according to Springfield Census data.² Compared to 47.5% Latine heritage residents of Springfield reported by the census, 54% of our participants identified as Latine and 38% identified as non-Latine. Of these, the majority further self-identified as Puerto Rican (93/106; 88%), followed by Dominican (5/106; 5%), Mexican/Chicano (2/106; 2%), or another origin (6/106; 6%). Latine participants comprised the majority (82%) of ethnicities reported by the 39 participants who indicated "Other Race" either alone ($n = 28$), or in conjunction with another race option (who were counted as "Biracial/Multiracial"; $n = 11$). Of the remaining, two stated they were Somali and five did not specify.

Family Structure and Household Size. In general, survey participants were single mothers. Most survey participants described themselves as never married and currently single (119/195; 61%). Of the other 76 participants, 24 were married, 27 divorced, 14 widowed, eight separated, two gave a different circumstance, and one did not respond. Of the 195 participants, 188 reported on whether they had children or not (7 preferred not to answer the question). 167 (89%) reported they have at least one child, only 11% reported no children. Table 4 summarizes the number of children reported by this group. As is evident, the vast majority of participants were mothers of multiple children. Four women reported they were currently pregnant.

Table 4. Number of Children reported by participants.

Number of Children	Number of Participants	Percentage of Participants
0	21	11.2%
1	32	17.0%
2	56	29.8%
3	41	21.8%
4	20	10.6%
5	9	4.6%
6 or more (max was 9)	9	4.8%

Survey participants reported a wide range of living arrangements, and the majority (74%) were living with at least one other person. Over half (56%) of participants reported there were children under 18 living in their house more days than not, about half (49%) reported an adult 18-65 lived with them, and 19% reported that a person age 65 or older lived with them. Household size ranged from 1 to 12 people, with many different constellations of children, senior citizens, and other adults. The average household size was about 3 people ($M = 2.88$).

The Twelve Determinants of the Greater Springfield Economic Security Hub

Having provided some orientation about **who** these data represent, this report now systematically explores services users' responses to questions relevant to the 12 determinants of the Greater Springfield Economic Security Hub which are: Child and Dependent Care, Unpaid Caregiving, Food and Nutrition, Health, Safety, and Recovery, Housing, Job Preparation, Paid Work, Money and Assets, Supportive Network, Internet, Transportation, Identification.¹

Which Determinants of Economic Security are Most Important to Service Users? In addition to describing objective and subjective measures of the 12 determinant levels and access to services, it is important to consider what determinants service users identified as most pressing. Individual interviews captured this information by asking participants to select from a broad list of services “What service needs are your three most urgent today?” Table 5 contains responses to this question organized from most to least frequently mentioned as urgent.

Table 5. Priorities for Services (n = 195)

Of all the services offered, was _____ in a participant's top three most urgent services?	<i>N</i>	%
Safe and secure housing	88	45.1
Job training or further education	49	25.1
A new or better job	44	22.6
More food, or healthy food	34	17.4
Transportation	30	15.4
Debt, loan, or credit counselling	29	14.9
Computer, smartphone, or internet access	26	13.3
Childcare	12	6.2
Applying for benefits	10	5.1
Health and dental care	6	3.1
Special education services	4	2.1
Getting documents to prove benefit eligibility	2	1.0
Getting access to a bank account	2	1.0

Note: multiple responses from individual participants are recorded on this table.

Examining participant responses to this question reveals which of the 12 determinants are most often perceived as urgent by survey participants. Prominently, **housing was among the three most urgent service needs for nearly half of the 195 participants surveyed (45%)**. Additionally, many indicated that “Job training or further education” (25%) and “A new or better job” (23%) were among their top three most urgent needs, both of which capture multiple determinants, such as “Money and Assets”, “Paid Work”, and “Job Preparation”. The fourth most frequently referenced urgent need, “More food, or healthy food” captures the determinant for “Food and Nutrition”. Additionally, transportation was listed as urgent by a substantial portion of participants (15%), as was internet access (determinant #3; 13%).

While some services were rarely listed among the most urgent, it is important to exercise caution when interpreting these results. For example, only 6% of survey participants indicated “Childcare” as urgent, and 3% indicated “Health and dental care” as urgent. This could be treated as evidence that the related determinants (Health, Safety, and Recovery; Child and Dependent Care) are largely unimportant to participants. However, results from the listening sessions indicate this is not the case. Some participants use of services may be continuing and necessary, and as a result not perceived as urgent in relation to basic needs such as shelter, food, water, and clothing. Even so, it is useful to note that housing, employment, nutrition, transport, and internet access top the list of service categories viewed by participants as most urgently needed. We now summarize findings from this investigation separately for each of the 12 determinant areas.

Child and Dependent Care. About 56% of women with children of care age reported they had been unable to pay for childcare in the past 12 months. For those reporting having children in need of paid care, about half (47%) reported they did not have access to reliable childcare. For women affected by childcare issues, descriptions in their own words speak to the high level of stress and structural barriers to their own ability to engage with work and school.

<i>How does your childcare situation affect your ability to work or attend school or training?</i>
“If I don't have a sitter or childcare how can I go anywhere? I can't take her with me realistically; to school or work.”
“Because I do not have Family in Springfield that can help me. I am scared of leaving my daughter because I have trauma from things that happened to me when I was little but mostly because I do not have anybody to watch my kids.”
“Because of Covid I am scared to put my daughter in daycare.”
“Because of my children's illness sometimes the school calls and I don't have anyone to stay with them.”
“Because of schedules, program parameters, transportation, availability, special needs and cost.”
“Because of time scheduling of her in school and home where I need to attend to her. I need someone to attend between school and when I get home from work. I need support with afterschool programming for her. My 18 year old son can watch my 9 year old but he will be starting school in the Fall and I won't be able to rely on him.”
“Can't do both. If I don't have childcare then I cannot go to work.”
“Can't go anywhere unless children have a proper caregiver.”
“Cannot find full time employment, because I cannot afford childcare.”
“I can't get my GED because I don't have day care and I am afraid they are going to get sick if they attend day care.”
“I can't work as many hours due to not having anyone to watch my children.”
“I could not work because they closed the daycare where my son was going and I had to stop working.”
“I literally have to be available to bring her to childcare and pick her up at certain times. So my income isn't strong for requirement for full time childcare due to not finding full time job for full time childcare, also nothing in the area.”
“I went per diem at my job because, I don't have a sitter for after school hours to meet my employer's requirements.”
“My family and/or friends are not always available to watch my younger children formal childcare isn't available; then I would not be able to go to work.”
“Needing to be home to take care of my children, who were attending school virtually, hindered my availability to be at work at times.”
“No childcare available.”
“Nowhere to leave them, and don't have anyone else to leave them with.”

Participants in listening sessions voiced the same concerns:

“...not having child care or child care at the appropriate time or the amount of days that are necessary for the amount of hours, and sometimes you find yourself stranded into having to make a choice between being there for them while they're still here, or they're growing, or really finding a job, because the times that you will find to work doesn't match what you are available to do.”
So if I go and I try to seek employment, I lose all of the benefits within that I receive. So the more money you make, the harder it becomes. So right now, let's say, for instance, I have cash assistance. Whatever job I get, it impacts my cash assistance flow and ultimately, I get free trials right now, but if I I'll be struggling and I'll be paying just for childcare.

Unpaid Caregiving. One third (32%, $n=73$) of the participants answered “Yes” to the question *Are you an unpaid caregiver for any relatives, friends, or others?* Of these, 40 reported they provided unpaid caregiving for people who lived in their household (about half reported unpaid caregiving for children under 17 only, a quarter providing a combination of care to a child(ren) and an adult, and a quarter caring for only adults including those with a disability or who were over age 65). For those providing unpaid care to non-household members, they reported a range of care recipients including children and adults who were and were not family members.

About half (56%) of those providing unpaid caregiving reported no particular consequences to the role, while 44% reported some combination of reduction in job hours, job loss, or passing up promotion as a result of their caregiving role. For the small subset of participants with care aged children, or who provided caregiving to someone with a disability, finding childcare or providing unpaid caregiving was identified as a critical issue.

Food and Nutrition. Service users varied in their responses to food and nutrition related questions. Over half of participants (105/195; 54%) reported deficits in their access to *preferred* foods, indicating that in the last 12 months there was not always enough of the kinds of food they want to eat. A smaller, but still considerable number of participants (38/195; 19%) described deficits in access to food in general, agreeing that sometimes or oftentimes in the last year they did not have enough to eat. Strikingly, over half of the sample (106/195; 54%) reported going to the food pantry at least once per month and around one-third of the sample (69/195; 35%) reported going at least twice per month.

Many participants indicated some level of worry about access to food. As shown in Table 6, more than half of the full sample worried that they would run out of food (63%), that the food they bought would not last (56%), or that they could not afford to eat balanced meals (52%) over the last year.

Table 6. Food Worries Among Participants (n = 195).

In the last 12 months...	Often	Sometimes	Never	Blank
I worried whether my food would run out before I got money to buy more	37 (19%)	86 (44%)	62 (32%)	10 (5%)
The food that I bought just didn't last, and I didn't have money to get more	31 (16%)	78 (40%)	72 (37%)	10 (5%)
I couldn't afford to eat balanced meals	36 (19%)	65 (33%)	81 (42%)	10 (5%)

Note. Table presents *n* and (%).

A subset of the sample who demonstrated food insecurity by responding “often” or “sometimes” to the questions in Table 6 (*n* = 143) were asked more specific questions about their food and nutrition (Table 7). Among this subset, around half (47%) reported cutting the size of their own meals or skipping meals, one-third (32%) reported having been hungry but not eating due to a lack of money, and a minority of these participants (17%) reported losing weight because of a lack of money for food.

Table 7. Food Insecurity Among Individuals Experiencing Food Worries (n = 143).

In the last 12 months...	Yes	No	Blank
Did you or other adults in your household ever cut the size of your meals or skip meals because there was not enough money for food?	67 (47%)	71 (50%)	5 (3%)
Did you ever eat less than you felt you should because there was not enough money for food?	58 (41%)	76 (53%)	9 (6%)
Were you ever hungry but didn't eat because there wasn't enough money for food?	46 (32%)	90 (63%)	7 (5%)
Did you lose weight because there was not enough money for food?	25 (17%)	105 (73%)	13 (9%)
<i>If yes to any of these four questions (n = 80), did you or other adults in your household ever not eat for a whole day because there was not enough money for food?</i>	19 (13%)	60 (42%)	64 (45%)

Note. Table presents *n* and (%). Participants who were not displayed the final question (*n* = 63) were counted as blanks.

In this sample, food insecurity experienced by participants sometimes had downstream consequences on children living in their household. Among the half of the sample (*n* = 102) who

reported living with at least one child ages 0-18, some indicated that they sometimes or oftentimes relied on a few kinds of low-cost food to feed their child because they were running out of money (43/102; 42%), that they could not feed their child a balanced meal because they could not afford it (25/102; 25%), or that their child was not eating enough because they could not afford enough food (16/102; 16%). Participants who responded sometimes or often to at least one of these three questions ($n = 46$) responded to four additional questions probing their food insecurity with respect to their children. Among these food-insecure mothers, one-third (17/46; 37%) reported having cut the size of their child’s meal because there was not enough money, but a minority reported having their child skip meals (4/46; 9%), go hungry (7/46; 15%), or not eat for a whole day (1/46; 2%).

Health, Safety, and Recovery. Just six participants listed healthcare as one of their top three areas of concern, and a majority (64%, 124/195) rated their health as “Good” or better (Table 8).

Table 8. Self-reported Health Status

How is Your Health in General?	<i>n</i>	%
Poor	14	7.2
Fair	54	27.7
Good	71	36.4
Very Good	38	19.5
Excellent	15	7.7
Participant selected “I don’t know”	2	1.0
Participant left response blank	1	0.5

Yet about 39% of women surveyed (76/195) reported that a medical condition or disability impacts their ability to work, suggesting that an important subgroup of those surveyed are experiencing substantial difficulty with their physical and mental health and/or recovery. In addition, a majority of participants (59%, 115/195) reporting general sleep patterns of six hours or less per night. Listening sessions indicated a range of systemic barriers to quality care where

women described invalidation and/or insensitive care in clinical settings, as well as a lack of accessibility due to limited healthcare provider access, lack of diversity in the healthcare profession, and lack of personalized care. These experienced are described in their own words:

<p>It was hard because I was in the hospital. I was at the hospital, and I was dilated four centimeters, and I felt like I was gonna. I needed to push and things like that, and I was just being ignored on my contractions....It was just like nobody was hearing me that whole time....Um, working with these moms and things like that just really not being heard or feeling like they feel like you don't know much, or you're just another number, and you know it's not.</p>
<p>Not for me personally, but for like my mother, she has very specific needs. Like she said that I feel like a lot of Black people go through throughout life, especially older generation, um, a lot of traumas and stuff that have happened and whatnot, and they're very specific. Like she said, the black people, I feel like, and different cultures have their specific things that happen to them. And like you said, I feel like in the mental health community, just not enough representation at all. Like I know my mother would definitely benefit specifically from a Black woman that has been through her issues, but trying to find that here is basically little to none. So her and her mental health journey has been stumped because at the end of the day, she can't, relate, or her therapist can't really relate to her issues.</p>
<p>If you were a few minutes late, you would miss the appointment. I had to set another one. But when you come on time. You wait about an hour, so it would be very frustrating. But we had to just deal with the system. So when you have medical appointments, those clinics would be full, and you will pretty much have to take a day off for one appointment, and I would try to book everybody the same day, because I can't afford to take all those days off to go to medical appointments, and that would trigger pushing... them further. You're like, Well, I don't need to go, because they're going to tell me everything's fine. And we had that issue with my father when we pushed and pushed and pushed a lot of appointment, and when we went to the next he had cancer...All the time, but we kept pushing some appointments to kind of make them fit other people's schedule, and so we kind of suffered through that.</p>
<p>I used to work for a healthcare facility and I've seen a lot of a lot of things...the stories that I used to hear, um, like the stories that they would tell was crazy, because they would literally say that they would go to the doctors and the doctors. When the nurses, the medical system would literally treat them like crap, because they had like mental health issues, or some of them were drug addicts, and stuff like that, and they were just saying like I would go up there, and they wouldn't even look at like they wouldn't even talk to me. It would, they would say, like they felt like they were like disgusted...That just made me so sad, because I'm just like what like, what are you doing [to these people]?</p>

One listening session participant described a positive health experience due to a healthcare provider's approach to care, suggesting opportunities to improve quality of care in Springfield.

<p>Ah, my other visits with my other two! It was like no, this is it? But she really sat down with me, even with my spouse, sitting down with him, answering all these questions, and really making us feel like a human being, and they made us feel like we were special, and and they heard us, and it was safe. And it's funny because my kid's father was like "This is the first time that I've ever felt. I felt included, and not like an outsider looking in on the birth". No, they don't like pay attention to him, or answer his questions, and if they do, it's like an inconvenience to them. So it was just nice to be able to. He felt safe, and he's never felt safe in a health care [in] all of his thirty years of living</p>

Housing. Survey participants largely reported living in apartments (137/195; 70%) or houses (28/195; 14%), while a minority reported their current housing situation as staying with friends and family ($n = 12$), a shelter ($n = 8$), a car ($n = 1$), or some other housing arrangement ($n = 8$). Of those living in apartments or houses, most were renters (146/165; 89%), and over half received subsidized housing (98/165; 59%). Even so, respondents who lived in apartments or houses frequently reported spending a substantial percentage of their total household monthly income on rent or mortgage. Most (92/165; 56%) reported spending between 21% and 40%, while few reported spending less than 20% (14/165; 9%). Strikingly, around one in four participants with rent or mortgage payments (42/165; 25%) reported that these payments constituted more than 40% of their total household monthly income.

As noted above, housing services were among the three most immediate and urgent service needs reported by 45% of survey participants. However, only a minority of participants reported instability or insecurity in their current housing situation. Specifically, when asked “How do you feel about your current housing situation?” most participants (159/195; 82%) responded favorably, indicating they felt at least somewhat stable and secure. 17% of women indicated they felt fairly unstable and insecure ($n=22$) or very unstable and insecure ($n=11$). This suggests that there are a significant number of service users in the Springfield area that, while they do not necessarily report being insecure or unstable in their current housing, still perceive housing services as pressing and urgent. Listening session participants described financial and institutional barriers in the following ways:

I applied for housing, and I didn't make it because I made too much, but I don't make enough to cover my rent, so it's difficult to get affordable housing.
Yeah, I was going to say like affordable housing. I feel like with everything else, um, everything that has just gone up so much in price, including housing. Um, like you can't, basically afford to live anywhere practically now without two or more incomes, at least about three, pushing it four incomes, um, in the household. With the way most jobs are paying you and a lot of jobs don't like give full-time hours... So trying to do that and afford just simple housing is very hard.
You get on these lists and then they tell you, ‘Oh, we can't help you because you're on the waiting list.’ Because these waiting lists are like 10 years long...by the time they can even help

you, you already have to figure out something because you can't just sit there. So, a lot of these places that are supposed to be able to help you don't even really help you.

Internet. Most participants had access to a working smartphone (94%) and reliable internet service where they lived (88%). In addition, 60% had access to a working computer where they lived and 52% had access to a [computer] tablet. While the majority of participants had access to internet and technology services, it remains an urgent concern for roughly 13% of service users.

Paid Work. A majority (59%, 115/195) of women surveyed were not currently working for pay at the time of their response, and 38% (74 of 195) reported they had some form of paid work. Only 33 women (17% of total) were working full time, and 39 reported part time paid work.

Table 9 summarizes responses to the employment status question.

Table 9. Self-reported Employment Status (*n* = 195)

What is your employment status?	<i>n</i>	%
<i>Single category employments</i>		
Employed part time (up to 39 hr/week)	39	20.0
Employed full time (40 or more hr/week)	33	16.9
Unemployed and currently looking for work	37	19.0
Unemployed and not looking for work	17	8.7
Unable to work (please explain)	22	11.3
Homemaker	9	4.6
Retired	6	3.1
Student	5	2.6
Never worked for a paycheck	1	0.5
Prefer not to answer	2	1.0
Participant left response blank	2	1.0
<i>Blended categories</i>		
Other Employment combination (eg homemaker/student/paid work)	22	11.1

For women who reported they were unable to work (22 women, 11%), disability status or SSI requirements were listed as the primary barriers. About 32% (62/195) women reported no paid work of any kind in the past 12 months, and 39% (76/195) reported that a medical

condition or disability impacts their ability to work. A majority of women (60.5%, 118/195) reported they were not currently working in the field of their choice, and 59% (116/195) reported difficulties with employment related to the Covid-19 pandemic. Taken together, survey results indicated participants had low employment with a large portion of those coping with disability. Also, a vast majority reported not working in the field of their choosing.

Job Preparation and Education. There was a wide variety of education levels achieved by the survey participants (Table 10). The majority of participants (59%) reported no higher education experiences; 37% obtained a GED or high school diploma, and 22% did not complete high school. About 16% had completed a certification or Associate’s, Bachelor’s, or Master’s degree. The remaining 23% reported some engagement with higher education without a terminal degree. Given that job preparation and education was the second highest ranked in terms of priority and urgency, further access to education and job training appears to be a clear area of need among low-income women in Greater Springfield.

Table 10. Educational Attainment

Highest Level of Education Achieved	No.	%
Some elementary school (K-Gr. 8)	10	5.1
Some high school (no diploma)	33	16.9
High school diploma or GED/HiSet	72	36.9
Some college, no degree	44	22.6
Associate degree	14	7.2
Bachelor’s degree	12	6.2
Master’s degree (e.g., MA, MS, MEd)	2	1.0
Other degree or certification	3	1.5

Those who listed job training or education in the top three areas of priority were asked follow-up questions about resources that had advised them on how to find opportunities. In addition to advice from friends, family members, and mentors, multiple participants mentioned the following agencies as instrumental to linking them with resources and opportunities:

- MassHire
- ROCA

- AISS (All Inclusive Support Services, Hamden County-formerly incarcerated individuals)
- MassRehab
- Springfield Technical Community College (STCC)
- Talk/Read/Succeed
- YWCA
- Dress for Success Western Massachusetts
- Career center
- Advocate day program

Money and Assets

Household income. In terms of income, a large majority of ESH survey participants were categorized as having low or very low socioeconomic status. The median yearly household income was \$15,000 (Average \$22,674), and the median household size was 3 (Average 2.88). Reported household income levels were below the poverty line (58% of participants) or below the commonly used threshold of 200% the poverty line to indicate low income status (83% of participants).

Table 11. Household Income

What is your total annual household income received by you and other members of your family?	<i>n</i>	%
Less than \$5,000	22	11.3
\$5,000 to \$9,999	28	14.4
\$10,000 to \$19,999	53	27.2
\$20,000 to \$34,999	36	18.5
\$35,000 to \$49,999	19	9.7
\$50,000 to \$74,999	10	5.1
\$75,000 to \$99,999	3	1.5
Over \$100,000	1	0.5
Prefer not to answer	22	11.3
Participant left response blank	1	0.5

Debt, loan, or credit counseling. 15% of participants identified debt, loan, and credit counseling as an urgent service need indicating that more support for this is needed in Greater Springfield.

Public Assistance. A majority of women (80%, 156/195) reported receiving EBT, food stamps, or SNAP at the time of their response, and 116 (74%) of these 156 were reported using this food assistance for a year or more. SNAP was the most common type of public assistance reported, followed by 31% of women reporting SSI benefits, 23% use of TANF, and 15% use of WIC. Of those that received public assistance, about 40% reported it was sufficient to meet their needs, 40% reported it was not sufficient, and the remaining 20% reported they were unsure or preferred not to answer the question. It is notable that 65% of those using public assistance reported they were worried they would lose these benefits, with the most frequent concern associated with loss of SNAP/EBT/food stamp benefits. When combined with the results for the determinant on Food and Nutrition, it is apparent that household food insecurity is a chronic and concerning issue facing low-income families in Greater Springfield.

Considering all sources of financial support together. Half of all participants (50%) reported that the total of their income and public assistance financial supports was insufficient to meet their needs, while 40% said 'Yes' and 10% preferred not to respond or were unsure.

Transportation. Transportation was listed as the 5th most urgent service need. Of the 30 people who listed transportation as one of their top three priorities, 80% ($n=24$) reported they knew of no resources to support this need. For the six participants that did report knowing of supports, DTA Springfield Center Transitional Assistance Office, Medical transportation, ROCA, and YWCA were mentioned as providing transportation. In addition, 60% of participants answered "Yes" to the question, "Over the past 12 months, was there a time you were unable to pay for transportation costs - like bus fare, gas for a car, or car insurance?" indicating that transportation is a barrier to accessing services and other provisions.

As elaborated in the social support section below, transportation was by far the most frequent type of instrumental/material support that survey participants reported: 75% of those who stated they had instrumental social supports listed rides from family or friends as the

support received. Taken together, these results suggest that transportation is a relatively common concern, and that women are largely getting this need met not through infrastructure or public transit but from rides by counting on members of their social support network to provide transportation help.

Discrimination/Identification. 61% of survey participants reporting that they had “ever been discriminated against because of [their] race, ethnicity, skin color, or language?” and 38% reported gender discrimination.

Social Support. Participants were asked *How supported do you feel by the people in your life?* (On a scale of 1 to 10, with 1 being not at all supported and 10 being extremely supported).

The average participant response was 6.78 (SD = 3.75) indicating both a fairly high level of feeling supported but also fairly wide-ranging support ratings (1-10 range). In another question asking simply *Are there people in your life who you can count on for support or help?* 157 survey participants (80.5%) said Yes, 30 said “No” (15.4%) and 4 preferred not to answer the question (2.1%). Those who endorsed having supportive people in their lives were asked which kinds of support they had: 41 women (27%) reported emotional support only, 10 women (7.5%) reported material or instrumental support such as childcare or transportation help in the absence of emotional support, and 99 women (66%) reported a combination of emotional and material/instrumental support. Emotional support responses included mentions of counseling, prayer, non-judgmental stance toward recovery, and accountability in a participant’s recovery. Of the 109 participants who endorsed material/instrumental support, transportation help was the most commonly endorsed response (82 women, 75.2% of instrumental support responses), followed by help with bills, big purchases, or paying off debt (47 women, 43.1%), and childcare (43 women, 39.4%). Multiple selections were possible, and many respondents reported receiving multiple types of instrumental/material support. The vast majority of the support received was reported to be from family members.

Summary

Overall participants met the inclusion criteria for this project with all over 18 years of age, 95.4% of whom identified as women/female and two as non-binary, and 90% living in Springfield, MA, and others from the Greater Springfield area. The project largely captured low-income women from communities of color, with 28% Black only (i.e. non-Latine) and 54% identified as Latine. Most the participants were single women with children with a median income of \$15,000. Notably, 83% of participants reported annual household incomes below 200% of the poverty line and half reported that their income and public assistance, combined, insufficient to meet their needs. Of importance is the finding that 59% were not currently working for pay and 38% reported some form of paid work. Medical conditions or disability was noted as a factor that impacted their ability to work. Attaining well-paying jobs is further impacted by low educational attainment where only 37% of the participants had a high school or equivalent level of education. Of concern, 61% of participants reported being discriminated against because of their race, ethnicity, skin color, or language at some point in their lives and 38% reported gender discrimination.

More than two-thirds of the participants had children under 18 years and/or an elderly person living in their households. Home ownership in this population was uncommon, with 89% (146/165) of those living in apartments or houses reporting they rented and 59% (98/165) stating that they received subsidized housing. Childcare affordability and reliability were concerns for participants. Furthermore, 32% of the participants reported unpaid caregiving. Food insecurity is a pressing concern in Greater Springfield. While more than half of all participants reported going to the food pantry at least once per month, more than one-third reporting accessing food pantries at least twice per month. Safety net programs are instrumental and utilized sources of support for this population. Most participants (80%)

received SNAP benefits and/or SSI (31%), TANF (23%), and WIC (15%). Two-thirds of SNAP recipients indicating that they had been on SNAP for one or more years. However, 50% of participants reported that the total of their income and public assistance financial supports was insufficient to meet their needs. The shortfall in meeting financial needs could be due to rising costs, inflation rates, under- or unemployment, or other financial barriers. For example, transportation was listed as an urgent service need for 15% of the participants and 80% of these women reported they did not know any resources to support this need. A particular strength is the social support in this population with a high percentage (80.5%) indicating there were people in their lives they could count on for support or help. Additionally, access to the internet and technology was not identified as major issue for participants, with widespread access to a working smartphone, computer, and reliable internet service.

Finally, participants identified their top three urgent service needs as **housing** (45%), **job training or further education** (25%), **new or better jobs** (23%), **food access and healthy food** (17%), **transportation** (15%), and **debt, loan, or credit counseling** (15%).

Given these needs, the demographic, and concerns of service users interviewed for this project, we recommend a community-engaged and iterative process whereby this data is examined and discussed in small discussion groups with interviewers and participants. The Center for Research on Families aims to elicit contextual relationships between data categories and hopes that community-engagement in the interpretation of results will lead to a robust recommendation for programmatic and policy changes to improve the economic security and well-being of low-income women, non-binary, and transwomen in the Greater Springfield area.