



June 30, 2021

Food and Nutrition Service
U.S. Department of Agriculture
1400 Independence Avenue, SW
Washington, DC 20250
FNS.FoodPlans@usda.gov

To USDA Secretary Vilsack or Whom It May Concern,

On behalf of The Greater Boston Food Bank (GBFB), a member of the Feeding America nationwide network of food banks and the largest hunger relief organization in New England, we are writing in response to the USDA/FNS Thrifty Food Plan listening session. Thank you for allowing us to comment on the SNAP benefit adequacy and re-evaluation of the Thrifty Food Plan. We are grateful not only for USDA's leadership and actions during the COVID-19 pandemic, but also for your willingness to improve upon nutrition assistance programs moving forward.

GBFB serves approximately 75 percent of the food insecure population in Massachusetts, which is nearly 600,000 individuals, through our nearly 600 distribution partners across 190 cities and towns. Under its Nutrition Team and alongside two Registered Dietitians, GBFB is also a SNAP Outreach Partner with the Massachusetts Department of Transitional Assistance and works with about 1,000 households annually to access SNAP benefits.

From October 2020 to January 2021, GBFB surveyed over [3,000 Massachusetts adults](#) to obtain data on food access during the COVID-19 pandemic as part of the national effort through the National Food Access and COVID Research Team (NFACT). The survey found that nearly half of adults experiencing food insecurity were enrolled in SNAP during the pandemic. Eighty-nine percent of those using SNAP found it to be helpful. However, many reported that the benefits were insufficient.

Overall, GBFB's experience has been that the SNAP benefit is insufficient, and we recommend USDA replace the Thrifty Food Plan with the Low-Cost Food Plan as noted in the Alma Adams bill. SNAP is the only federal benefit currently using the Thrifty Food Plan, which historically was created to address short-term, emergency food needs. People depend on SNAP as part of their monthly food budget, and the Low-Cost Food Plan would better reflect the needs of low-income households today. In addition, we commend USDA for holding an inclusive listening session, and we hope that USDA will utilize an advisory committee in its validation and testing of whatever changes it makes to SNAP's benefit analysis.

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Utilizing these recent data insights and our experience as a SNAP Outreach Partner, the following are our further observations, recommendations, and reasoning as to why a higher-cost food plan should be used:

1. SNAP benefits based on the Thrifty Food Plan are insufficient to purchase an adequate diet.

- a. Before the pandemic, Massachusetts was the most expensive state in terms of the cost of a meal according to Feeding America's Map the Meal Gap report, and the current SNAP allotments do not sufficiently meet our state's high cost of living.
- b. Many households we serve report running out of benefits before the end of the month and simply do not have other resources to help them afford food. According to one client, "I try to cut costs as much as possible to make my SNAP benefits last, and even doing that I run out at least a week early. I use coupons, watch for sale and clearance items, anything I can to save money..."
- c. SNAP participants must regularly look to other sources, like food pantries or family, to make up the shortfall in their food budget. Fifty-four percent of SNAP participants in GBFB's survey reported having to seek additional food assistance, such as going to a food pantry. As a woman from Salem put it, "My SNAP feeds me one meal a day for about 2 weeks, give or take. I have to ask friends and family for food assistance because SNAP just doesn't give enough, EVER, to survive on... I just can't survive without the help of others." This has created a pattern of people utilizing emergency services as a long-term solution for filling this gap.
- d. **Recommendation:** Adopt the Low-Cost Food Plan to ensure SNAP benefits are adequate to lessen the dependence on emergency food services and reduce the time and energy SNAP participants put into getting enough food.

2. The Thrifty Food Plan's assumptions about people's cooking abilities, consumption patterns, dietary needs and access differ from what many households experience.

- a. The Thrifty Food Plan assumes that households can prepare meals largely from scratch. However, this is not realistic for many of the households that we work with. Some clients have physical limitations with food preparation, like older adults or people with disabilities, and others lack adequate access to full-service grocery stores or kitchens. These populations depend on more semi- or fully-processed foods to meet their dietary needs than the Thrifty Food Plan budget allows. Additionally, some who are managing chronic illness struggle to afford the variety and types of foods they need to support their health with current benefit amounts.
- b. For example, Kathy is a GBFB client who has a long-term disability and lives on a fixed income. Kathy suffers from Crohn's disease, a chronic illness that requires a specific diet to stay healthy and can leave her debilitated during episodes of pain. After paying for housing, health insurance, transportation, medical bills for prescriptions, and monthly hospital visits, she cannot afford to eat. She receives \$150 per month in SNAP benefits, but this is not enough for her to obtain a diet that adequately supports her health within her cooking constraints due to chronic illness, so she regularly worries about how she will get the food that she needs.

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- c. **Recommendation:** Revise the USDA Food Plan assumptions on cooking ability, consumption patterns, dietary needs and access to account for people’s actual experiences and unique challenges with obtaining enough, healthy food.
- 3. Transitioning to the Low-Cost Food Plan will better match people's needs and may lead to improved nutrition and lower health care costs.**
- a. Food insecurity increases the risk of adverse health outcomes and complicates one’s ability to manage or prevent illness.¹ Time and time again, SNAP has proven to be effective in reducing food insecurity and increasing nutrient intake.
 - b. When people lack sufficient food to support a healthy or medically necessary diet, they must make tough choices between paying for medicine and living expenses and paying for food. The most recent Hunger in America study found that 66 percent of pantry guests had to choose between medical care and food. Confirming these findings, a recent COVID-era survey in Connecticut found that 69 percent of pantry guests had to choose between paying for other bills and paying for food during the pandemic. With one in three households reporting a member with diabetes, we can assume these percentages are conservative estimates.
 - c. When people have enough means to shop for themselves, they can choose foods that are appropriate for their dietary needs and cultural preferences, which will further support improved health outcomes.
- 4. Other SNAP policies assume households have more income available for food than they do, and these policies do not adequately account for households’ real cost of living.**
- a. The SNAP benefit formula assumes that households can contribute 30 percent of their net income to food. This is not the reality for thousands of low-income households in Massachusetts who struggle to balance their living expenses, including housing, childcare and transportation, in one of the most expensive states in the country according to the [MIT Living Wage calculator](#).
 - b. SNAP has a shelter deduction cap of \$586 for non-elder and non-disabled households. Households do not receive full credit for their housing costs in the benefit calculation, resulting in lower allotments than what families need.
 - c. For example, a former GBFB client, Mallory, was a single mother with 3 young children. Mallory worked full-time and her pre-tax income was \$3,500 per month. Mallory struggled to make ends meet after paying \$1,400 for rent, \$650 for childcare, and paying for utilities, leaving her only a few hundred dollars a month to pay for her other bills and necessities, including food. Mallory received \$190 per month in SNAP benefits. However, if the shelter cap were lifted, Mallory would have received \$330 per month—benefits she needed to provide for her children.

¹ Seligman HK, Laraia BA, Kushel MB. Food insecurity is associated with chronic disease among low-income NHANES participants [published correction appears in *J Nutr*. 2011 Mar;141(3):542]. *J Nutr*. 2010;140(2):304-310. doi:10.3945/jn.109.112573



- d. **Recommendation:** Consider assessment of other SNAP policies that contribute to SNAP benefits being inadequate especially in areas with a high cost of living.

On behalf of our network of nearly 600 emergency food distribution partners across Eastern Massachusetts, thank you for the opportunity to provide feedback on how to improve our most critical nutrition assistance program, especially for those who depend on SNAP to feed themselves and their families.

Sincerely,

A handwritten signature in black ink, appearing to read "Catherine D'Amato".

Catherine D'Amato
President and CEO
The Greater Boston Food Bank

CC:
New England Regional Office (NERO) USDA
Feeding America Government Relations
Food Resource and Action Center (FRAC)