



# SNAP Gap and Social Vulnerability Index

**Who's Losing Out on Federal Nutrition Benefits  
and How Do We Close the SNAP Gap?**



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## It's Time to Close the Massachusetts SNAP Gap

Across Massachusetts, approximately 600,000 to 700,000 low-income residents who are eligible to receive the federally funded Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as food stamps, are not accessing them. SNAP is our nation's largest and most important anti-hunger program with the potential to lift millions of people across the United States out of poverty and improve food security.

Notably, more than 70% of SNAP participants are families with children. Nutrition assistance programs such as SNAP provide a critical boost to community health, reduce chronic disease among those most at risk,<sup>1</sup> lower health care costs,<sup>2</sup> and boost children's health.<sup>3</sup>

Generally, to be eligible for SNAP benefits in Massachusetts, a household's gross monthly income must be at or below 200% of the federal poverty level (FPL) and their net income, after allowable deductions, below 100% FPL. A family of three living at 200% of the FPL would need to earn, before taxes or any costs of employment, about \$43,920 a year, or \$3,660 per month,<sup>4</sup> but must also meet the SNAP net income test to qualify for any benefits.

MassHealth is Massachusetts's combined Medicaid and Children's Health Insurance Program. Because of their socioeconomic status, the majority of very low income MassHealth recipients are likely also eligible for SNAP. The "SNAP Gap" refers to the number of individuals and families who receive health care coverage through MassHealth and are likely SNAP eligible, but not receiving SNAP benefits. These are MassHealth participants with incomes under 150% FPL (while those with incomes up to 400% FPL can qualify for MassHealth, they may not be eligible for SNAP).

Since the start of the COVID-19 pandemic, food insecurity has drastically increased in the Commonwealth.<sup>5</sup> Meanwhile, food prices and the overall cost of living in the Commonwealth have increased.<sup>6</sup> SNAP participation

in Massachusetts has also increased by nearly 30%, from 757,000 participants pre-COVID to now 963,000 participants.<sup>7</sup> This includes a recent spike in SNAP participation as income supports, including those from the Federal Pandemic Unemployment Compensation program, have expired. During the same time period, largely due to a spike in unemployment, the number of uninsured residents turning to MassHealth for coverage has also increased from 1.7 million Massachusetts residents pre-pandemic (February 2020) to over 2.1 million residents who are enrolled in MassHealth as of September 2021.<sup>8</sup> Even though employment in Massachusetts and across the nation is rising, many individuals and families are still experiencing financial hardship worse than they experienced pre-pandemic.<sup>9</sup> This is especially true for people of color and families with children. It is also worth noting that the federal government increased the value of SNAP benefits by 15% through September 2021, better enabling SNAP participants to purchase healthy food for themselves and their households.<sup>10</sup> United States Department of Agriculture's (USDA) October 2021 update to the Thrifty Food Plan (TFP), which serves as the current basis for the SNAP benefit amount, takes important steps toward recognizing the basic food needs of low income households. For high-cost states like Massachusetts, the maximum SNAP benefit of \$2.38 per meal is still under the average cost of a basic meal in every county across the state.<sup>11</sup>

An increase in the value of SNAP benefits is noteworthy not only because SNAP increases the food purchasing power of households, helping them stave off hunger and food insecurity, but also because SNAP benefits are 100% federally funded. This means that SNAP benefits serve as important and well-documented stimuli for the local economy, particularly during periods of economic downturn.<sup>12</sup> In fact, one study shows that for every \$1 invested in SNAP, there is a return on investment of \$56, demonstrating a clear economic argument for investing in the food assistance program.<sup>13</sup> Based on the current SNAP caseload, the USDA estimates that the recent 21% increase in the value of SNAP benefits will draw down an additional \$428 million into Massachusetts, bringing a projected \$2 billion into the state overall.<sup>14</sup> By not taking concrete steps to fully maximize the number of Massachusetts households enrolled in SNAP, however, the state loses more than \$1 to \$1.5 billion per year of additional federal food dollars to help the Commonwealth's lowest income households and stimulate the local economy.<sup>15</sup>

Furthermore, children who live in households that receive SNAP are also automatically enrolled in free school meals.<sup>16</sup> This not only helps a family's food budget stretch further by alleviating the stress of feeding their children during the school day, it can also support the local school district's ability to qualify all students for universal free meals, leveraging additional federal nutrition benefits for local communities. Currently, all public school students in Massachusetts and the nation qualify for free school meals thanks to a federal USDA COVID waiver.<sup>17</sup> This waiver will expire at the end of the current academic year, meaning that children who live in households eligible for SNAP but are not participating may lose automatic eligibility to free meals during the school day.

By closing the SNAP Gap, we can prevent hunger from returning to pre-pandemic levels all across the Commonwealth.



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## Who are the most vulnerable, underserved Massachusetts residents, and where are they?

Using data from the Centers for Disease Control (CDC) and Prevention/Agency for Toxic Substances and Disease Registry [Social Vulnerability Index](#) (SVI), this report looks at the SNAP Gap in multiple cities and towns across Massachusetts. According to the CDC, “social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.”<sup>18</sup> This report compares the MassHealth/SNAP zip code data provided by the state’s Department of Transitional Assistance (DTA) in December 2020 with the composite SVI across Massachusetts for 2018 (the most recent available), as informed by the American Community Survey (ACS) 2014-2018 5-year estimates, which are projections based on the 2010 Census.<sup>19</sup> The 15 SVI variables encompass four “themes,” including socioeconomic status, household composition and disability, minority status and language spoken, and housing type/transportation, displayed in [Attachment 1](#). These are factors known to influence vulnerability and the lack of resources — things like unemployment and education level, lack of transportation, and single-parent families.

The [SNAP Gap SVI dashboard](#) displays the SNAP Gap by zip code and the SVI percentile rank of each census tract in the state. The SVI percentile rank is how high or low the SVI is for a given area compared to the rest of the state, where a high SVI means a community is highly vulnerable. Additional layers can be displayed to show legislative districts, or to focus on areas that speak limited English — a major risk factor of food insecurity, as [highlighted by MassINC](#). The SVI allows the targeting of census tracts where additional resources are needed, including during emergencies like the COVID-19 pandemic — areas which are under-resourced as the result of systemic racism, which is well-documented in Massachusetts.<sup>20</sup> Overlaying SNAP Gap data and SVI data helps identify communities most in-need. Displaying the SVI alongside the SNAP Gap allows us to understand which communities could most benefit from food security support before, during, or after disasters like the COVID-19 pandemic. These communities are the least resourced, and are places where closing the SNAP Gap with a common application could improve health the most.



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*In the SVI, the number of people of color living in a census tract is a factor which influences the overall SVI score for that tract. This risk factor is not due to race or ethnicity alone, but instead reflects the impact of systemic racism. Countless decisions of policy, and of private and public planning, have adversely impacted communities of color, with fewer resources directed toward these communities, sometimes for decades or centuries — increasing their vulnerability. Analysis for improving racial health equity requires reporting on health issues across race and ethnic categories, which can sometimes be small populations. The most recent relevant information to allow this is the 2020 census. Unfortunately, vulnerable racial and ethnic groups were undercounted in the 2020 census,<sup>21</sup> the magnitude of this undercount is not currently known, and may not be for some time — the 2010 census undercount estimates were not released until 2012,<sup>22</sup> when there was no COVID-19 pandemic and there was no citizenship question to chill the response rate among non-citizen respondents of the census.<sup>23</sup>*

*The next most relevant information with zip code tract areas (which are needed to match the zip code level data from the DTA) is from the 2010 decennial census. Since 2010 was nearly 12 years ago at the time of publishing, this information is not reliable for measuring disparate impact across race and ethnicity groups today among sometimes small populations. Overall population data was sourced from the ACS 2019 population estimates available at Census.gov, which are most reliable in aggregate.*

*More confidence to report on the 2020 census will be possible once the magnitude of the undercount is quantified, and this should be combined with updated figures from the Center for Health Information and Analysis (CHIA) regarding MassHealth enrollment, alongside the latest figures from the DTA with enrollment counts. Then the impact of small populations at the census tract level can be better estimated.*

*While these figures cannot be reported on today, as the issues with the 2020 census are worked through, it will become easier to report more accurately on racial and ethnic inequities with respect to the SNAP Gap in Massachusetts.*

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## **How do we close the SNAP Gap in Massachusetts?**

Closing the SNAP Gap means giving low-income residents the ability to apply for SNAP benefits at the same time they apply for health care coverage and provide their family's eligibility information and proofs one time, versus multiple times through multiple onerous application portals. A single common application built into the MassHealth application — or even a simple “checkbox” of the patient authorizing MassHealth to trigger a SNAP application — would reduce the administrative burden on families who are often juggling multiple jobs and childcare, and/or managing chronic health issues. A common application or a simple SNAP checkbox on the MassHealth application, would also allow hospitals and community health centers who typically have client assistance coordinators (also called “health care navigators”) enrolling uninsured patients into the MassHealth program to ensure their patients are getting food benefits.

The COVID-19 pandemic has increasingly restructured access to many government services, creating growing pressure for families to navigate online application portals to access benefits — steps that require sufficient literacy skills, technology skills, access to devices, and reliable internet service. For families with limited English proficiency, limited literacy, learning disabilities and other disabilities, they face even steeper barriers navigating multiple applications and portals. SNAP Outreach providers clearly play a critical role in reaching difficult to serve households and promoting enrollment in government programs. At the same time, the Commonwealth's health care providers have a critical and unique role in addressing the basic needs of low-income patients by helping them get

immediately and seamlessly connected to key benefits. Deflecting families in need by referring them to third party organizations to provide a “helping hand” can cause delays in timely filing for benefits and risks drop off as families get overwhelmed searching for help. It also generates more administrative work by duplicating efforts.

The roughly 100 local SNAP Outreach partners include councils on aging, schools, food banks, food pantries, the Project Bread Food Source Hotline, and a range of community-based organizations.<sup>24</sup> These partners play a critical role for households that may need a higher level of support, including those that speak a language other than English, those that need support in securing certain proofs, and households with fears and/or mistrust of a government benefit. In recent years, the SNAP Outreach providers have offered high-touch enrollment for roughly 7,000 to 8,000 households for the 2019 and 2020 federal fiscal years.<sup>25</sup>

To increase from thousands enrolled each year, to the 350,000 to 400,000 households in the SNAP Gap — households representing 600,000-700,000 MassHealth individuals,<sup>26</sup> Massachusetts needs both methods:

- **A common application** allowing families to apply for SNAP while applying for or renewing health care benefits
- **A robust SNAP outreach network** to help families who may need added assistance or reassurance to apply

Where the health care system is regularly interacting with patients, the most obvious and effective path forward to reach vulnerable Massachusetts families, connect them with critical nutrition benefits, and close the SNAP Gap is letting families apply for SNAP at the same time they apply for or renew their MassHealth coverage. The Commonwealth should also engage hospitals and health centers in high SVI and high SNAP Gap areas of the state to embrace this initiative and break down the silos that keep residents from key benefits.



## Where are we on creating a common application?

The Massachusetts legislature has clearly recognized the need for a common application. Most recently, on November 15, 2021, the Massachusetts legislature's Joint Committee on Health Care Finance Committee gave a favorable report to H.1290 and S.761, *An Act to streamline access to critical public health and safety-net programs through common applications*, sponsored by Senator Sal DiDomenico (D-Everett) and Representative Jay Livingstone (D-Boston).<sup>27</sup>

This bill would legislate three important policies:

- 1** Establish in statute the right of Massachusetts residents to **apply for the Supplemental Nutrition Assistance Program (SNAP) at the same time they apply for or renew** their MassHealth or Medicare Savings Program (MSP) coverage.
- 2** Require the DTA to **allow SNAP households to apply for economic assistance** such as Temporary Aid for Families with Dependent Children (TAFDC) or Emergency Aid to the Elderly, Disabled and Children (EAEDC) when they file a SNAP application.
- 3** Require the state to take concrete actions toward **a common application for all needs-based benefits administered by Massachusetts state agencies**, which could streamline the process for other critical public health and safety-net programs such as childcare subsidies, housing subsidies, and fuel assistance.

The bill is now before the House Committee on Ways and Means and has broad bipartisan, bicameral support with over 70 co-sponsors this legislative session.

This bill was first filed in 2017 by Senator DiDomenico and Representative Livingstone and did not include the second aim described above to streamline the application processes for SNAP and DTA cash benefit programs. This bill was titled *An Act Improving Public Health through a Common Application for Core Food, Health and Safety-net Programs* (S.612/H.101 in 2017 S.698/H.1173 in 2019). The bill was favorably reported out of the Joint Committee on Health Care Financing in July of 2019, but both the House and Senate versions of the bill died in their respective Committees on Ways and Means when the 2019-2020 legislative session ended.

Each year, the Massachusetts legislature works with the governor to pass a state budget. The budget for Fiscal Year 2022 (FY22) was passed in July of 2021. The FY22 budget included language expressly directing the Executive Office of Health and Human Services (EOHHS) to allow MassHealth and Medicare Savings Program (MSP) applicants and recipients to have the option to apply for SNAP at the same time they apply for or renew their health care coverage.<sup>28</sup> EOHHS was directed to implement this option by December 1, 2021. This December 1 deadline was offered as an extension from language included in the final Fiscal Year 2021 (FY21) budget which directed EOHHS to do the same thing by February 1, 2021 — a deadline that was not met. The final Fiscal Year 2020 (FY20) state budget also worked to address the SNAP Gap through an earmark of \$1 Million to EOHHS to create a pilot program for a common application. In 2016, the state senate introduced a proposal in its version of the Fiscal Year 2017 (FY17) budget to develop a common application for MassHealth and SNAP, but the provision was ultimately not included in the final FY17 state budget.<sup>29</sup>

While all three of the most recent budget campaigns received widespread bipartisan, bicameral support, leading to the ultimate inclusion of amendments related to the creation of a common application each of the past three years, it is worth noting that the FY21 campaign in particular was an impressive feat thanks to a roll call vote by Senator Bruce Tarr (R-Gloucester) that led to the amendment being unanimously adopted in the state senate.



In partnership with the bill's lead sponsors, advocacy for the creation of a common application has been led by the Common Apps Coalition (formerly the SNAP Gap Coalition). The Common Apps Coalition is led by the Massachusetts Law Reform Institute and the National Association of Social Workers — Massachusetts Chapter and has more than 150 anti-poverty, anti-hunger, food justice, public health, and health care organizational members from across the Commonwealth.

In addition to traditional legislative and budget campaigns, several other important milestones have been achieved in the pursuit of a common application. In January of 2021, the state legislature authorized the Baker Administration to spend \$5 million on the creation of a common application for state health care consumers and SNAP through *An Act financing the general governmental infrastructure of the Commonwealth* ("the IT Bond Bill"). The Administration has not yet borrowed these funds to create a common application.

In January of 2020, before the COVID-19 State of Emergency was declared by Governor Baker, the Baker Administration announced their desire to establish an Integrated Eligibility and Enrollment (IE&E) system with the explicit objectives of improving the overall client (consumer) experience across benefit programs and streamlining the integration and interoperability between state departments that deliver and administer various benefit programs. This would help realize a common application for all public health and safety-net programs, a tertiary goal of current pending legislation, far beyond streamlining the application processes for MassHealth/MSP and SNAP and SNAP and DTA cash benefit programs. This announcement builds off of a report delivered to EOHHS in December of 2019 from KPMG International. The creation of this report was authorized in 2018 through the Fiscal Year 2019 (FY19) state budget for over \$1 million. As likely informed by the report from KPMG International, the Baker Administration estimated that the creation of an IE&E system would cost \$1 million, a sum advocated for by the Common Apps Coalition through FY21 budget advocacy.

Locally, several municipalities have explicitly shared their support for the creation of a common application to close the SNAP Gap through the passage of local resolutions. In October of 2020, the Boston City Council passed a resolution urging the Baker Administration to close the SNAP Gap. In November 2020, the Somerville City Council passed a resolution calling on Governor Baker to streamline the application process for MassHealth and SNAP. And in December of 2020, the Cambridge City Council unanimously passed a resolution in support of the Common App Coalition's efforts. Related, in October 2020, then Boston City Councilor and now Boston Mayor Michelle Wu, who introduced the Boston resolution, unveiled her Food Justice Agenda for a Resilient Boston which included

explicit mention for the need to close the SNAP Gap.<sup>30</sup> Former Boston Mayor Martin J. Walsh was also supportive of efforts to close the SNAP Gap.<sup>31</sup> It is also worth noting that in July of 2021, Massachusetts Attorney General Maura Healey shared her explicit support of efforts to close the SNAP Gap.<sup>32</sup>

At the time of this writing, the Commonwealth has only taken one concrete step toward closing the SNAP Gap. In July of 2021, EOHHS added a checkbox to MassHealth and MSP paper applications that would trigger an application for SNAP.<sup>33</sup> This simple SNAP checkbox option, however, is not available for health care applications and renewals through the Massachusetts Health Connector online application commonly used by hospital and health care navigators who enroll uninsured patients in these programs.<sup>34</sup> Less than half of all MassHealth applications for persons under age 65 are paper applications, further underscoring the need for a common application that can be completed online.

The state currently funds community-based organizations as SNAP outreach partners to assist DTA with SNAP applications and recertifications.<sup>35</sup> DTA has more than 100 SNAP outreach partners across the state who collectively filed 7,000 to 8,000 SNAP applications for the 2019 and 2020 federal fiscal years. The work of SNAP outreach partners is important and valuable, but even with their support, the SNAP Gap still looms large.

Former DTA Commissioner Jeffrey McCue called the process for developing a common application “incredibly challenging,” citing different eligibility criteria for different programs.<sup>36</sup> This is further complicated because many programs are managed by different departments under the umbrella of EOHHS and use different databases to collect and store client/consumer data. That said, the creation of a common application is certainly not impossible, as made clear by the Baker Administration’s interest in developing an IE&E system. The eligibility criteria for MassHealth/MSP and SNAP are very similar and SNAP and cash benefit programs are managed by DTA, two reasons why the Common Apps Coalition is proposing beginning with these programs as opposed to the development of a fully IE&E system to start. It’s also worth noting that a streamlined application process for many benefit programs was once much easier in Massachusetts. Various reforms in the 1990s led to absorption of the state’s Department of Public Welfare (DPW) and, instead, created separate departments to manage many of the programs once housed within DPW, including the Division of Medical Assistance now known as the “Office of Medicaid” or the “Office of MassHealth” (1993),<sup>37</sup> DTA (1995), and the Department of Children and Families formerly called the Department of Social Services (1998). Passage of state health care reform in 2006 and the Affordable Care Act in 2010 on the federal level further redefined the role of the Office of MassHealth.

## **It’s time to close the SNAP Gap in Massachusetts by creating a common application**



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Following are descriptions of the SNAP Gap and SVI profiles of several communities in Massachusetts. Each of these communities has unique strengths and opportunities, but all share a substantial portion of their MassHealth enrollees who are eligible for, but not receiving, SNAP benefits.



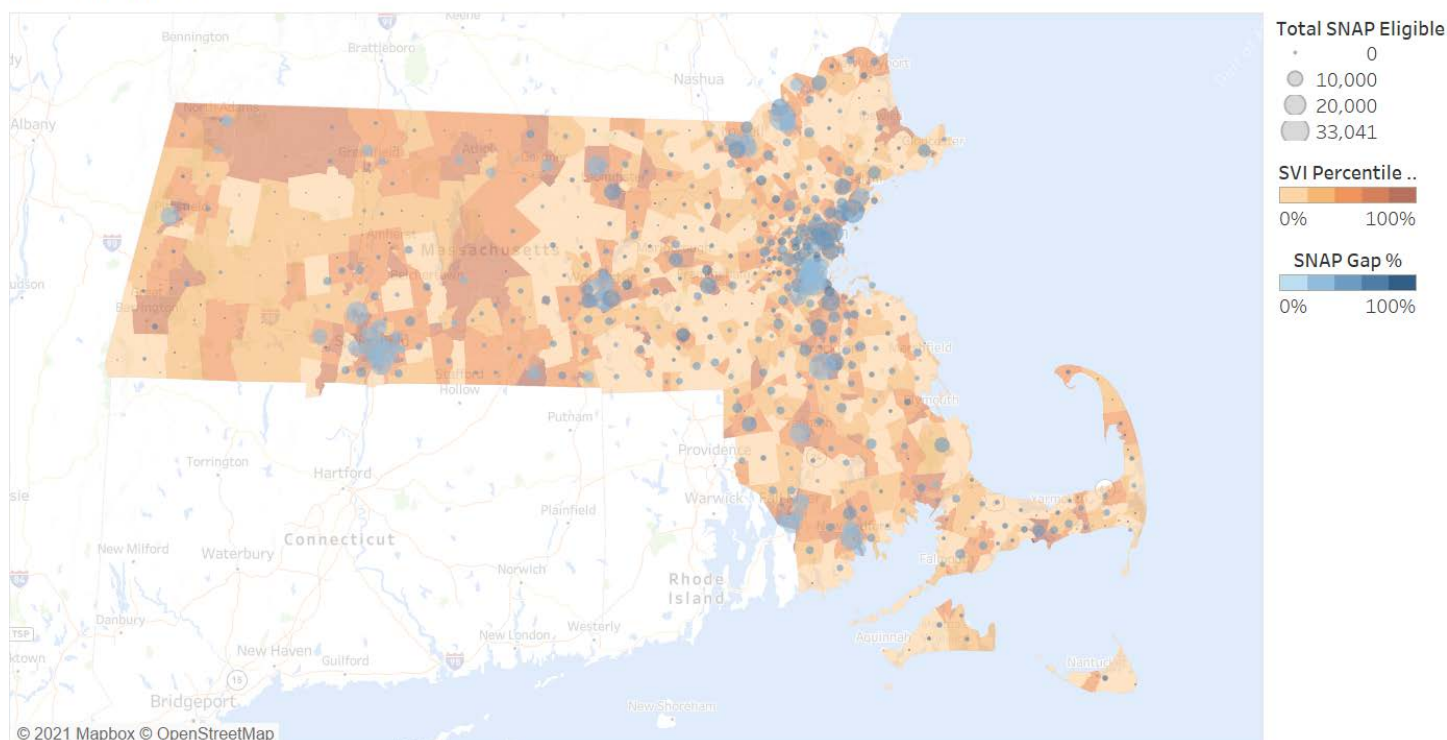
# Massachusetts

Massachusetts is home to world-class universities and hospitals and is heralded as the birthplace of public health insurance and one of the first public health agencies in the country. The state offers many social services, and further coordinating these services could lead to improved health outcomes for all residents. A common application for MassHealth and SNAP could increase SNAP enrollment across the state, feeding families in need and reducing health care costs.

Despite the wealth in the state, many pockets of high SVI exist across the Commonwealth. As of March 2021, 1 in 8 residents of Massachusetts falls in the SNAP Gap of 43% (889,602 SNAP clients<sup>38</sup> out of 1,565,343 Medicaid recipients,<sup>39</sup> with a state population of 6,892,503<sup>40</sup>).

The image below of Massachusetts is dense with information — and is best explored through [the dashboard](#).

## Massachusetts



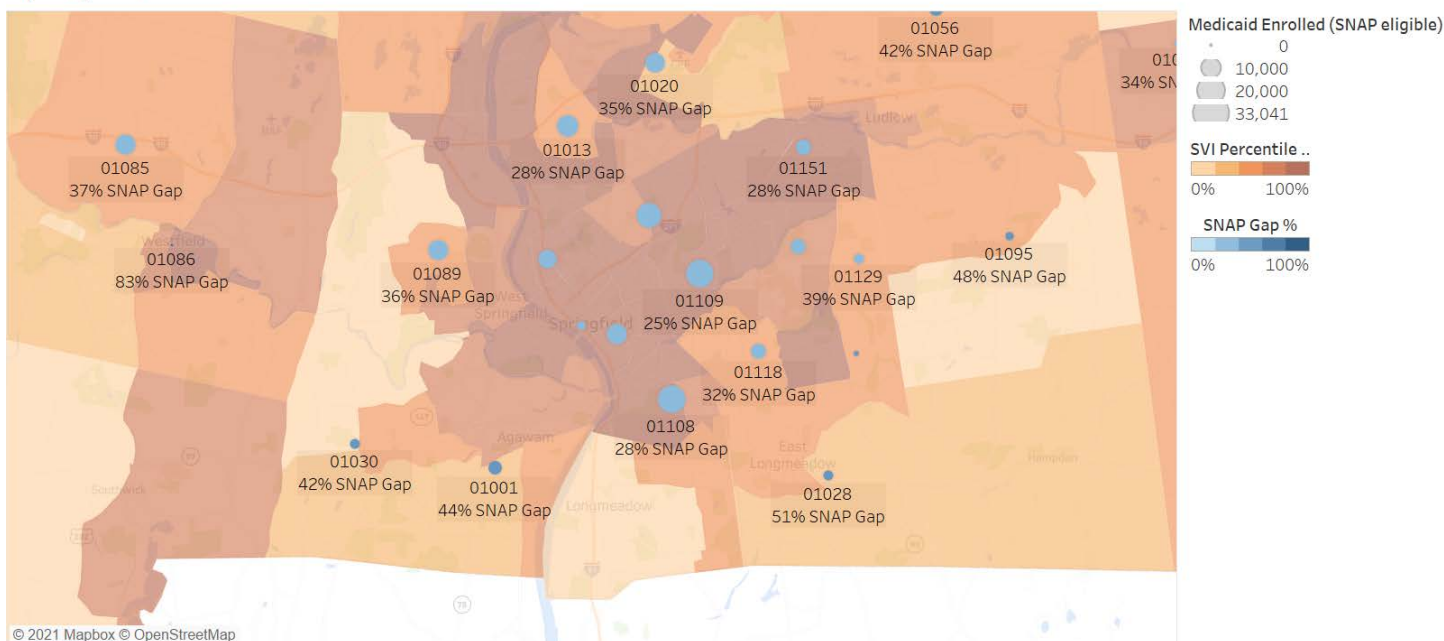
# Springfield

Springfield, MA is a community with a population of 153,606 people. In Springfield, the average SNAP Gap is 28%, varying from 20-44% across the city. It has a low average SNAP Gap compared to the other communities in this document, and a high SVI. In most of Springfield, where 25% of residents are children under 18 years old, more than 1 in 4 of the residents eligible for SNAP are not currently receiving benefits. Forty-five percent of Springfield's residents identify as Hispanic or Latinx.<sup>41</sup> Most regions of Springfield also have high social vulnerability, showing that these residents are at high risk of poor health outcomes and with fewer resources in the event of a natural emergency.

To improve health, 23,774 more eligible residents currently enrolled in MassHealth could receive critical nutrition assistance through SNAP — if we close the SNAP Gap in Springfield by using a common application for both MassHealth and SNAP. Areas on the map with higher SVI and larger numbers of residents falling in the SNAP Gap (bigger circles) should be prioritized for enrollment.

[See the dashboard view of Springfield](#)

## Springfield



Springfield zip codes included in the dashboard are: 01101, 01103, 01104, 01105, 01107, 01108, 01109, 01118, 01119, 01128, 01129, 01138, 01139, and 01151.

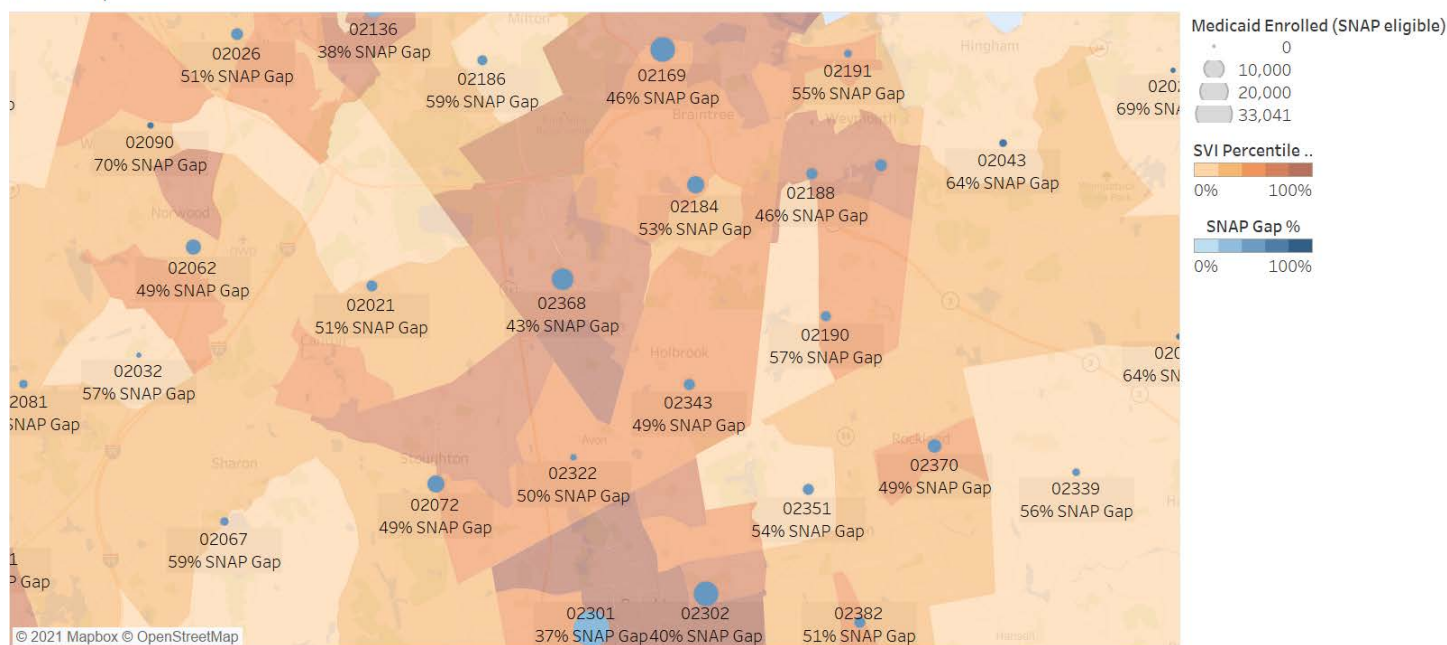
# Randolph

Randolph (zip code 02368) is a smaller town of Massachusetts that may not often be associated with food insecurity, with a modest median income (\$82,510) and a high rate of owner-occupied housing (over 67%). Food insecurity is lower in Randolph than many other communities shared in this brief (affecting 1 in 11 residents). Still, over 38% of those eligible (more than 4,400 people) are not enrolled in SNAP.

While the city has some linguistic isolation, some areas do have high social vulnerability. In the city of Randolph, nearly one in five residents are under 18. Among the 34,362 residents, nearly 45% identify as Black or African American alone — twice the proportion of Boston (which is 25%), and 4 times more than Massachusetts overall (greater than 9%).<sup>42</sup> Closing the SNAP Gap in Massachusetts with a common application will help residents in small cities and towns like Randolph with low linguistic isolation, high SVI, and a high proportional SNAP Gap.

[See the dashboard view of Randolph](#)

Randolph



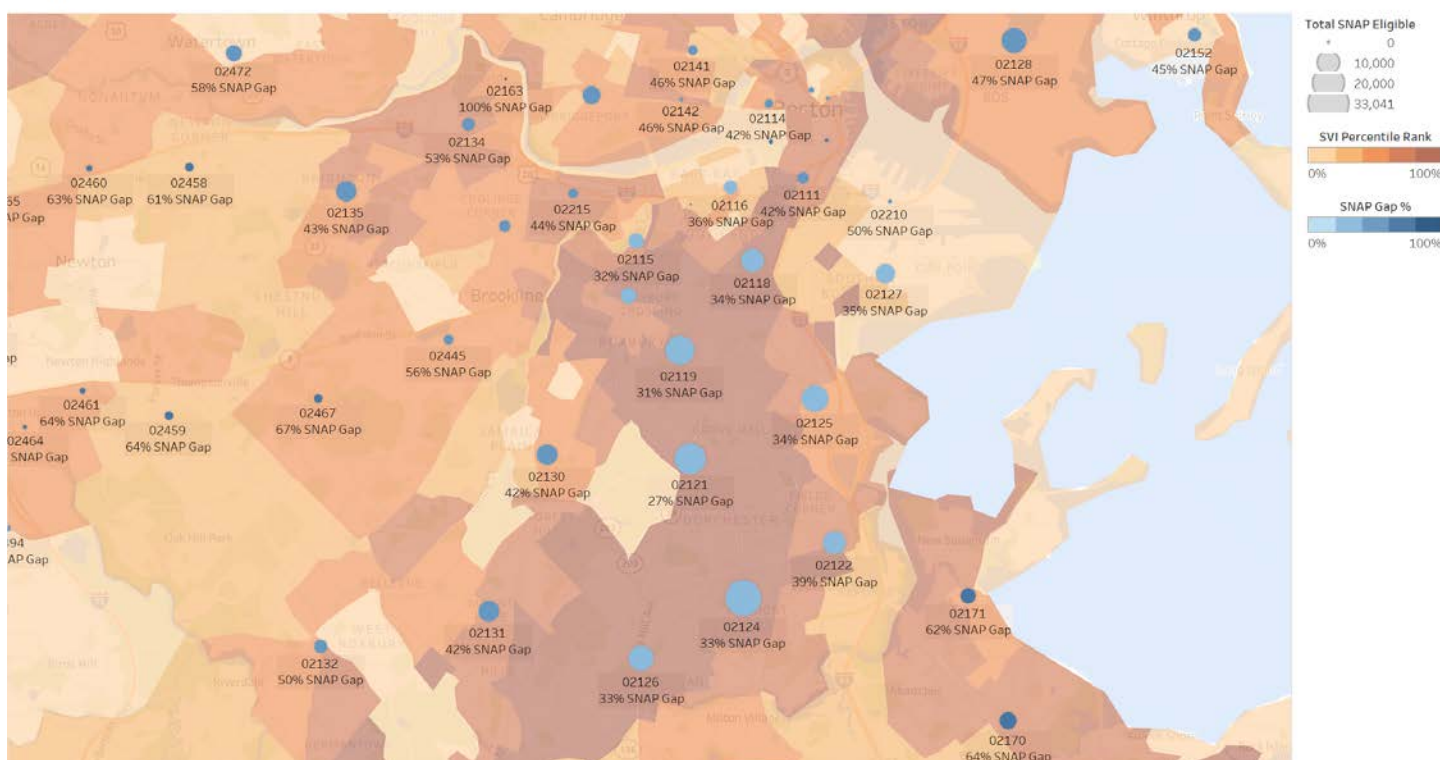
# Boston

Home to 692,000 residents, Boston is the largest city in Massachusetts. The average SNAP Gap is 42%, varying from 27-61% across the city, impacting 1 in 10 residents. This means that more than 68,000 residents of Boston are eligible for SNAP but unenrolled. Boston has several regions of high density where vulnerable people speak little English, increasing the risk of food insecurity among these residents. Neighborhoods vary from less than 1,000 residents (West End, Zip Code 02114) falling in the SNAP Gap to more than 8,000 (Dorchester, Zip Code 02124).

Boston is an example of a city with high SNAP Gaps and high SVIs, although SVI varies drastically from neighborhood to neighborhood. A targeted approach by state and local government to close the SNAP Gap in Boston would work best here, targeting census tracts with high linguistic isolation for enrollment into SNAP. As Boston has numerous community health centers and hospitals, a simple common application used by all of the health care navigator roles could greatly reduce the SNAP Gap.

The image of Boston below includes many zip codes<sup>43</sup> and is best viewed in the [interactive dashboard](#).

Boston



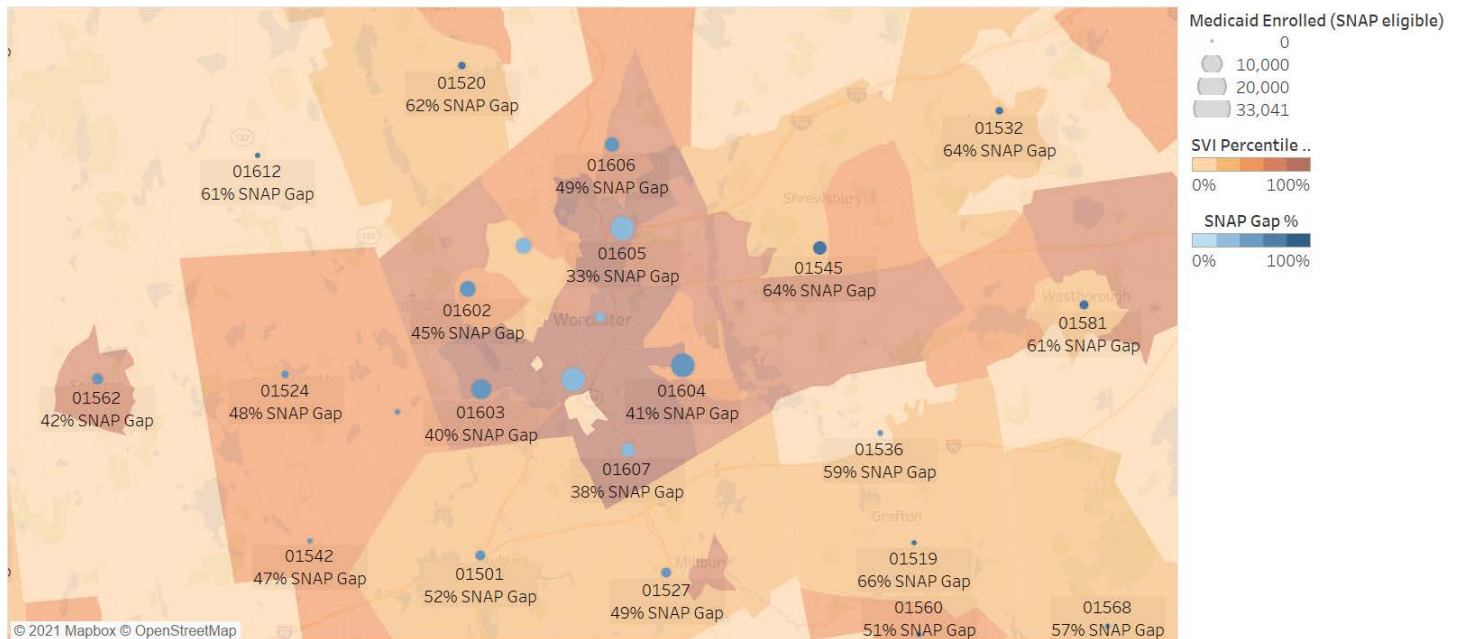
# Worcester

Similar to Boston, the SNAP Gap varies widely among the 185,428 residents in Worcester. 28,892 people are eligible but not registered for SNAP benefits in Worcester (1 in 6 residents), with an average SNAP Gap of over 38% (varying from 29-49% across the city). Worcester is 13% Black or African American alone, and 22% Hispanic or Latinx.<sup>44</sup>

Worcester has areas of moderate linguistic isolation, and numerous areas of aggregate high social vulnerability. SVI is more uniformly high in Worcester than Boston, and the government should create a city-wide approach to closing the SNAP Gap with linguistically isolated areas targeted first for assistance. Central Worcester has moderate to high SVI across the 4 SVI categories — socio economic status, household composition & disability, minority status & language, and housing type and transportation. A common application for MassHealth and SNAP could decrease the number of hungry families in Worcester.

[See the dashboard view of Worcester](#)

## Worcester



Worcester zip codes included in the dashboard are: 01601, 01602, 01603, 01604, 01605, 01606, 01607, 01608, 01609, 01610, and 01613.

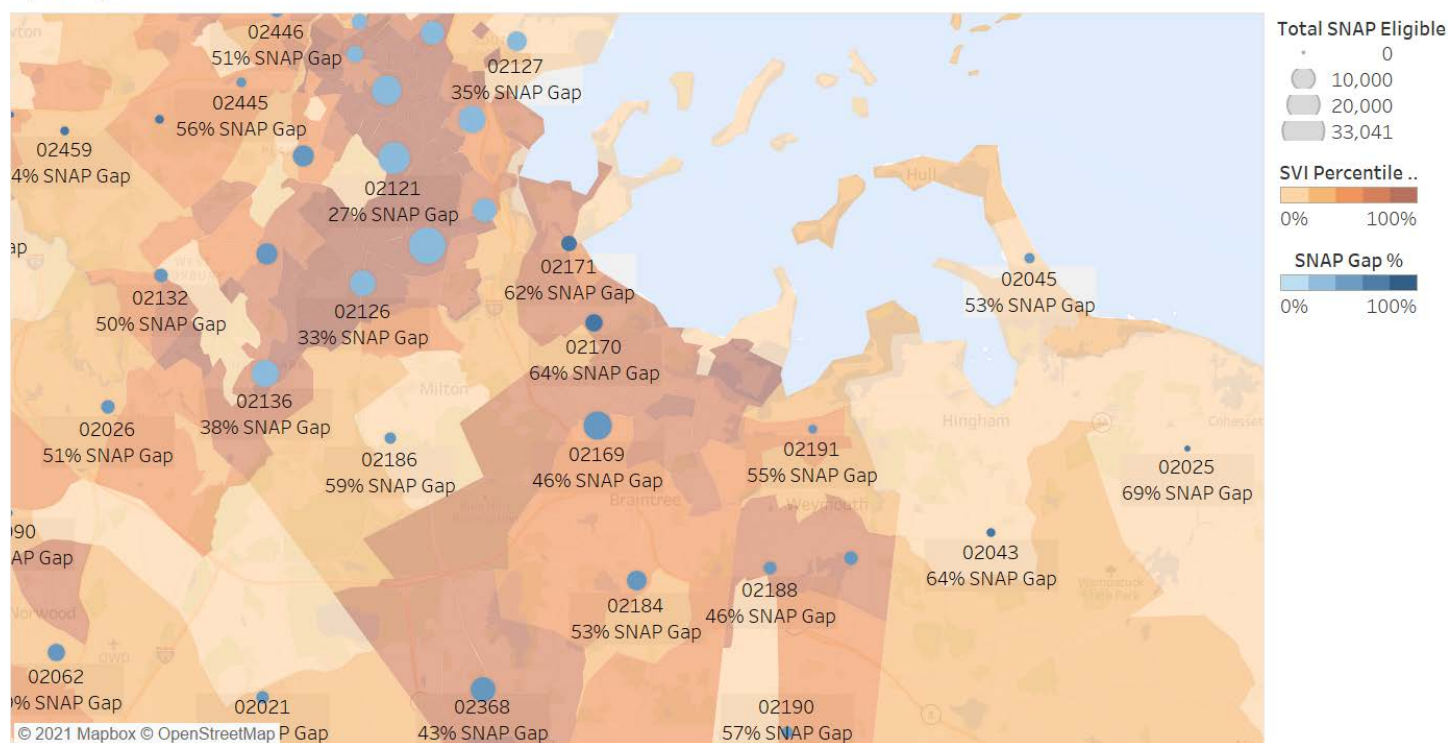
# Quincy

The city of Quincy is home to 94,470 people. With an average SNAP Gap of 57% (ranging from 46 to 64%), 1 in 7 residents of Quincy are eligible for SNAP but not receiving benefits. Higher SNAP Gaps are concentrated in the neighborhoods of Quincy that have higher SVI — zip code 02171 has a 62% SNAP Gap representing 2,580 residents, and zip code 02170 has a 64% SNAP Gap. Meanwhile, 02169 has a 46% SNAP Gap representing more than 7,000 eligible residents not receiving benefits.

Among towns and cities in Massachusetts, Quincy has more than 4 times as many Asian American residents (30.4%) as the average in Massachusetts (7.2%), 2.5 times as many Black or African American residents (5.1% vs 1.9% in MA), and 30% more residents identifying as Hispanic or Latinx (3.1% vs 2.1% in MA).<sup>45</sup> Quincy's SVI score for housing and transportation is moderate to high in most of the city (02171 and 02169), reflecting the challenges of affording to live in the greater Boston area while feeding your family. A common application would help thousands of Quincy residents feed their families.

[See the dashboard view of Quincy](#)

## Quincy

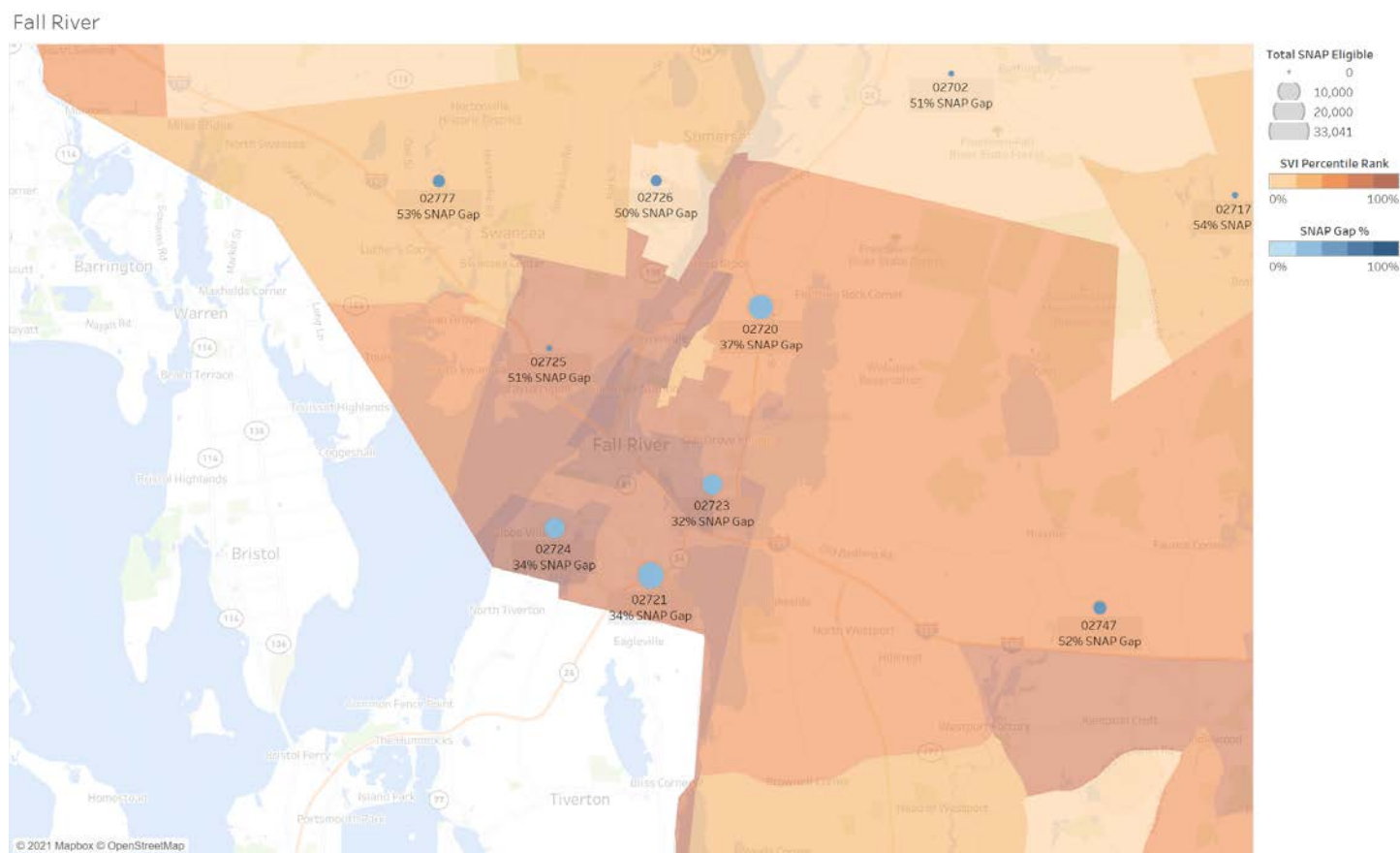


# Fall River

Home to 89,541 residents, Fall River has an average SNAP Gap of 34%, ranging from 32 to 37%. In Fall River there are 14,983 residents who are eligible for SNAP but not receiving benefits, representing 1 in 6 residents. Fall River has more residents of two or more races than Massachusetts overall (4.4% vs 2.6%), and also more white residents (77% vs 71%).<sup>46</sup>

Fall River scores high in all 4 SVI categories, but moderate to high scores in Household Composition/Disability are the most wide spread. There is also moderate to high scoring in the Socioeconomic Status category, and moderate scoring in the Housing/Transportation category. Fall River also has moderate to high areas of linguistic isolation, particularly in zip codes 02724 and 02723. All of these SVI risks point to the benefit from a common application for MassHealth and SNAP.

[See the dashboard view of Fall River](#)



Fall River zip codes in the dashboard include: 02720, 02721, 02723, and 02724.

# Framingham

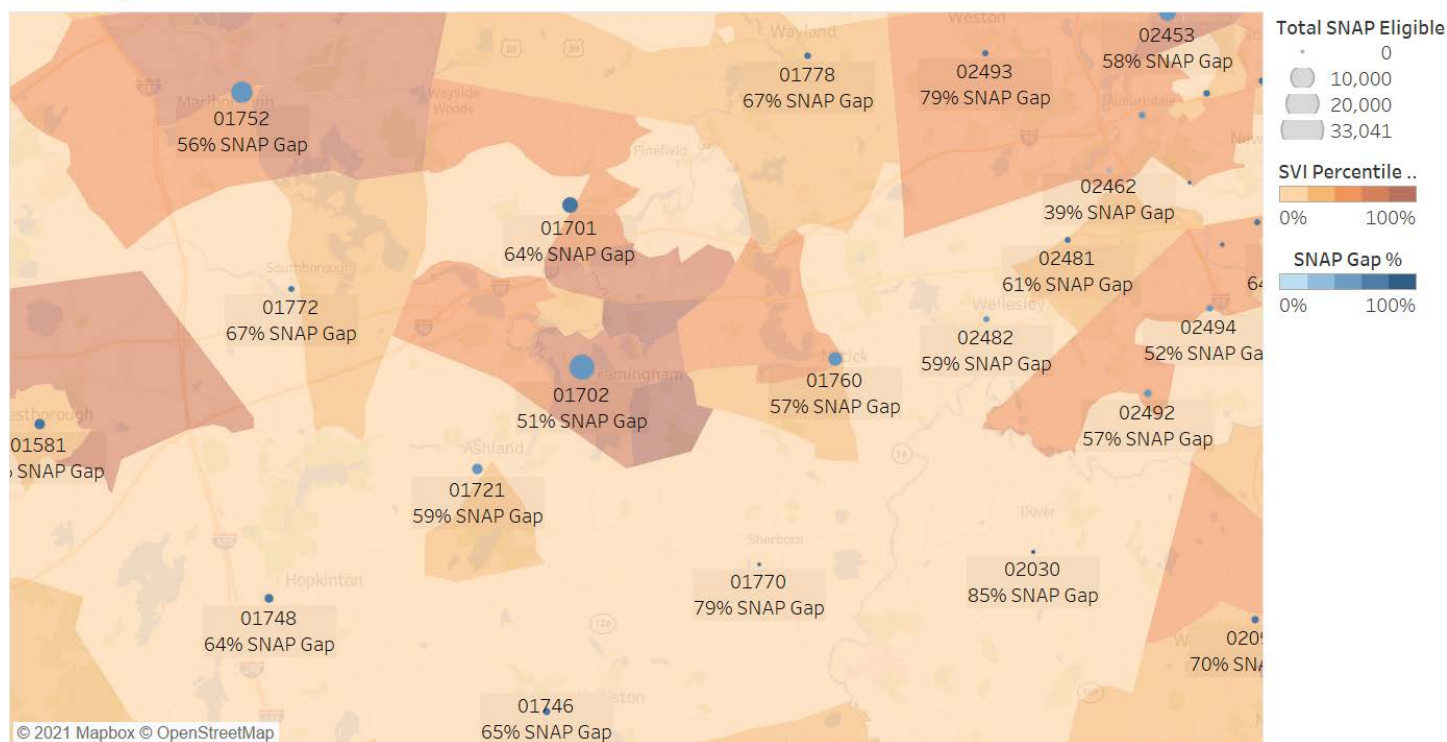
Home to 74,416 Massachusetts residents, Framingham has a SNAP Gap average of 57.5% ranging from 51% in 01702 (representing 5,670 people) to 64% in 01701 (representing 2,835 people). The SNAP Gap in Framingham affects 1 in 9 residents of the city, and would be reduced through a common application.

Compared to Massachusetts overall, Framingham has slightly more Asian Americans residents (7.9% vs 7.2%) and residents identifying as Hispanic or Latinx (16.1% vs 12.4%).<sup>47</sup> Framingham has no pockets of linguistic isolation.

Framingham's SVI also varies drastically by district — the least vulnerable being Saxonville (in Northeast Framingham) and the most being in the Southeast — South of Howard St and East of Hollis St. This Southeast segment ranks high in all four SVI categories.

[See the dashboard view of Framingham](#)

## Framingham

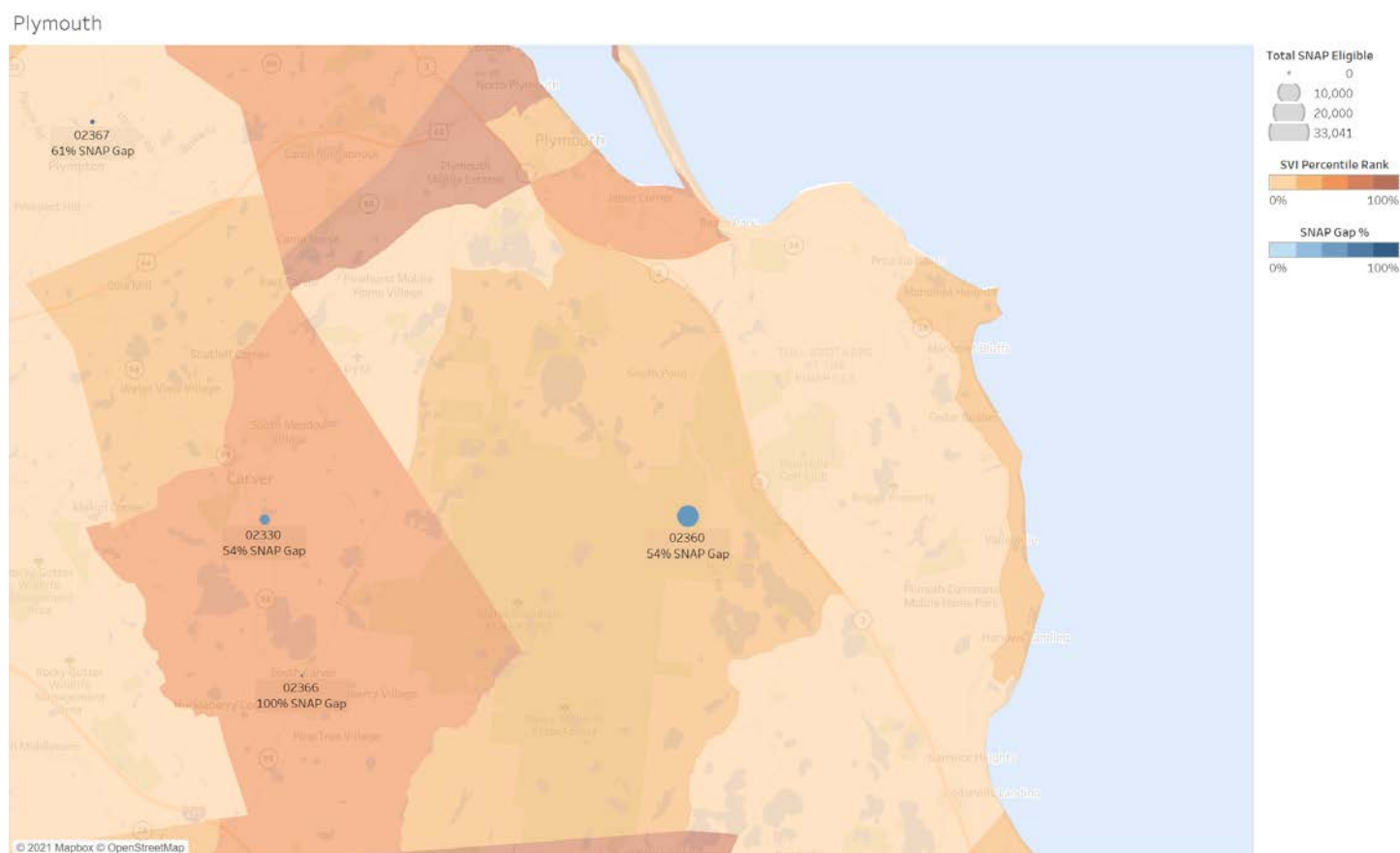


# Plymouth

Plymouth (zip code 02360), home to 61,528 residents,<sup>48</sup> has a high SNAP Gap at 54%, representing 5,250 people (or 1 in 12 residents). Plymouth also has higher social vulnerability, with much of the population living in an area with moderate SVI.

Plymouth has SVI risks distributed unevenly, with those most concentrated in the industrial Northern area surrounding Colony Place. The highlighted areas on the map below are high across the four SVI categories. A common application will help these 5,250 residents in need to get critical food assistance when they register for public health insurance.

[See the dashboard view of Plymouth](#)



## What Can I Do to Close the SNAP Gap?

To close the SNAP Gap in Massachusetts, call [your local state senator or representative](#).

Ask them to pass H.1290 and S.761, *An Act to streamline access to critical public health and safety-net programs through common applications*. The bill needs to move quickly through the House Ways & Means Committee, to be taken up by the legislature when they reconvene in 2022.

## If You Are Experiencing Food Insecurity

If you or a loved one don't have enough to eat, or are worried if you will, [Project Bread](#) can offer emergency access to food and help with SNAP applications by calling **1.800.645.8333**.

Assistance is available in 180 languages Monday to Friday, 8am-7pm, and Saturday 10am-2pm.

### About the Authors

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#### HEALTH LEADS

Health Leads is an innovation hub that seeks to unearth and address the deep societal roots of racial inequity that impact our health. Founded in 1996, the organization works both nationally and locally to build partnerships and redesign systems so every person, in every community, can live with health, well-being and dignity. For more information, please visit [www.healthleadsusa.org](http://www.healthleadsusa.org).

#### MASSACHUSETTS LAW REFORM INSTITUTE

Massachusetts Law Reform Institute (MLRI) is a nonprofit legal services organization that provides statewide advocacy and leadership in advancing laws, policies, and practices that secure economic, racial, and social justice for low-income people and communities. MLRI furthers its mission through impact litigation, policy advocacy, coalition building, community lawyering, and public information. In addition, MLRI serves as the poverty law support center for the Massachusetts civil legal aid delivery system and anti-poverty advocacy community. For more information, please visit [www.mlri.org](http://www.mlri.org).

#### NATIONAL ASSOCIATION OF SOCIAL WORKERS — MASSACHUSETTS CHAPTER

The National Association of Social Workers — Massachusetts Chapter (NASW-MA) is the largest professional social work organization in the state with nearly 6,500 members. NASW-MA works to advance professional social work practice throughout the Commonwealth and advocates for equity and justice for all people. For more information, please visit [www.naswma.org](http://www.naswma.org).

## Attachment 1: Variables Comprising the Social Vulnerability Index

Source: [https://www.atsdr.cdc.gov/placeandhealth/svi/documentation/SVI\\_documentation\\_2018.html](https://www.atsdr.cdc.gov/placeandhealth/svi/documentation/SVI_documentation_2018.html)

"[SVI is composed of] American Community Survey (ACS), 2014-2018 (5-year) data for the following estimates:"

### OVERALL VULNERABILITY

#### Socioeconomic Status

- Below Poverty
- Unemployed
- Income
- No High School Diploma

#### Household Composition & Disability

- Aged 65 or Older
- Aged 17 or Younger
- Civilian with a Disability
- Single-Parent Households

#### Minority Status & Language

- Minority
- Aged 5 or Older who Speaks English "Less than Well"

#### Housing Type & Transportation

- Multi-Unit Structures
- Mobile Homes
- Crowding
- No Vehicle
- Group Quarters

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