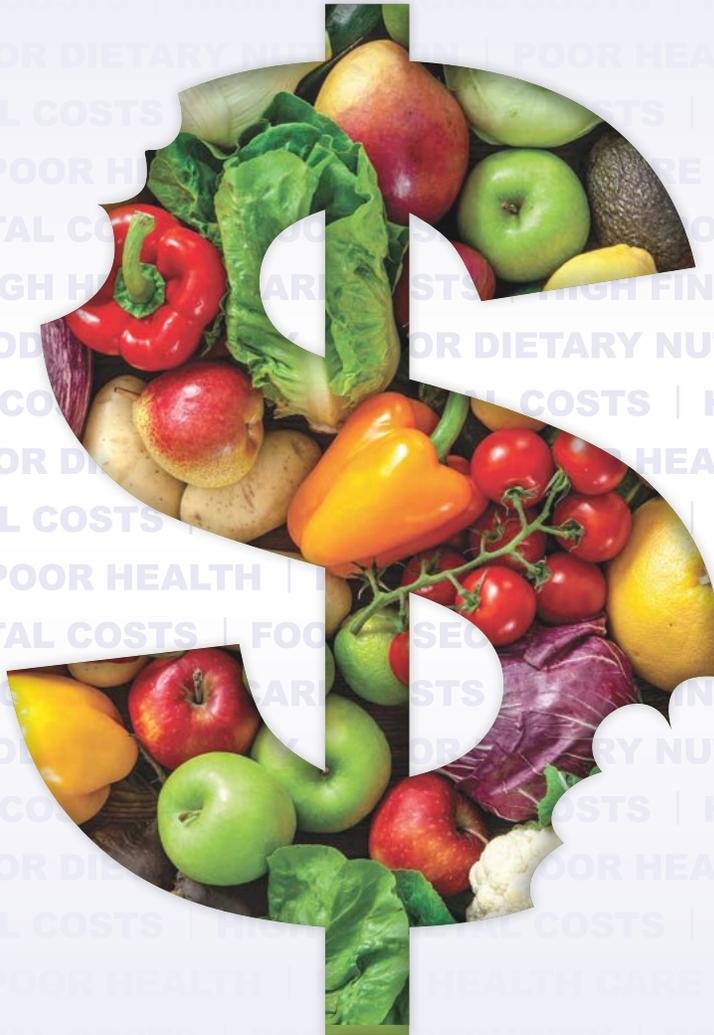


The Cost of Hunger in Massachusetts



The Greater Boston
**FOOD
BANK** [®]
Feeding Eastern Massachusetts

In collaboration with

 Mass General Brigham

Supported by the

dese MASSACHUSETTS
Department of Elementary
and Secondary Education

The Survey

The Greater Boston Food Bank's (GBFB's) fifth annual statewide food access report is created in collaboration with Mass General Brigham (MGB) and supported by the Massachusetts Department of Elementary and Secondary Education through a United States Department of Agriculture (USDA) grant.

From November 2024 through March 2025, GBFB and MGB conducted an online survey of more than 3,000 adults across Massachusetts. This year's survey was offered in English, Spanish, and Portuguese. The survey focuses on participants' experiences around food access over the prior 12 months and includes response quotas for income, gender, race, ethnicity, age, education and region to ensure broad representation across the Massachusetts population. The analysis applied weighting methods to produce estimates reflective of the state's overall demographics. The survey is annually developed and adapted with input from state government agencies and community and health care partners, including GBFB's Health and Research Council.¹

Although food insecurity rates in this report are higher than those last reported by the USDA in 2023,² the rates reported here are comparable to those found by other online studies with higher sample sizes conducted in 2024 using similar methods.³ For more information on the survey's methodology, please visit [GBFB.org/data](https://www.gbfb.org/data).

Table of Contents

Food Insecurity Rates	3
Nutrition Cost of Food Insecurity	6
Financial Cost of Food Insecurity	7
Health Cost of Food Insecurity	10
The Social Costs of Hunger	13
Solutions: Charitable and Government Nutrition Programs	14
Summary of Findings, Hunger-Relief Advances, Policy and Program Recommendations	20

¹ <https://www.gbfb.org/who-we-are/executives-board/>

² <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics#children>

³ <https://hunger-report.capitalareafoodbank.org/report-2024/>;
<https://www.urban.org/research/publication/households-faced-persistent-challenges-affording-food-2024>;
<https://www.pewresearch.org/methods/2015/05/13/from-telephone-to-the-web-the-challenge-of-mode-of-interview-effects-in-public-opinion-polls/>



Background

GBFB initially conducted this statewide survey during the COVID-19 pandemic to capture real-time trends in order to better understand the persistent challenges of food insecurity and the role of state and federal nutrition assistance programs in Massachusetts in helping people overcome these challenges. Now in its fifth year, this research continues to assess the elevated but stable state of food insecurity in Massachusetts; examine access to critical nutrition assistance programs over the past year and trends over time; and illustrate the vital relationship between research, public policy, and effective food and nutrition programming.

Over the last five years, this data has been instrumental in shaping and improving experiences within the charitable food bank network, strengthening the integration of the health care and food assistance systems, and informing advocacy efforts to protect and expand access to federal and state food access programs. **This year's study seeks to understand and quantify the broader societal impacts of food insecurity**—including impacts on diet quality and nutrition, health and well-being, health care utilization and costs, household financial wellness, and social connectedness. As this study evolves, the results make clear that the data not only measures the effectiveness of current programs but also underscores how state and federal investments in nutrition have significantly helped to stabilize food insecurity and prevent the broader social and economic costs of deeper hardship.

Goals

- 1 Evaluate the cost of food insecurity on the dietary quality of adults and children, which impacts health and associated health care utilization
- 2 Understand the household-level financial and social strains associated with food insecurity over time
- 3 Continue to understand the levels of food insecurity, the gaps in food access across the state and solutions based on households' lived experience of food insecurity

The Costs of Hunger



Food Insecurity Rates

In 2024, more than 1 in 3 Massachusetts households—approximately 2 million adults—reported food insecurity at some point over the past 12 months. In addition, very low food security is on the rise. In fact, 24 percent of all Massachusetts households experienced very low food security in 2024. A total of **1 million households experienced food insecurity** in the Commonwealth, including **650,000 reporting very low food security**.

Over the last five years, food insecurity among Massachusetts households has steadily increased, rising from **19 percent in 2019** to **37 percent in 2024 based on this survey data**. Rates of **very low food security**, indicating the experience of food insecurity with hunger, have quadrupled during this time, from **6 percent in 2019** to **24 percent in 2024**. These increases are likely driven by the lasting impacts of the pandemic, surging food and housing expenses, and rolling back of pandemic-era increases in federal financial and food assistance programs such as the Child Tax Credit and expansions to the Supplemental Nutrition Assistance Program (SNAP).

Child-level food insecurity has decreased slightly, despite the increases in food insecurity among Massachusetts households (see Figure 1).

Hunger Versus Food Insecurity

Hunger is the experience of personal, physical symptoms people feel when they don't have enough food to eat.

Food insecurity is the experience of being unable to afford enough food to eat or worrying about where one's next meal will come from.

Levels of Food Insecurity

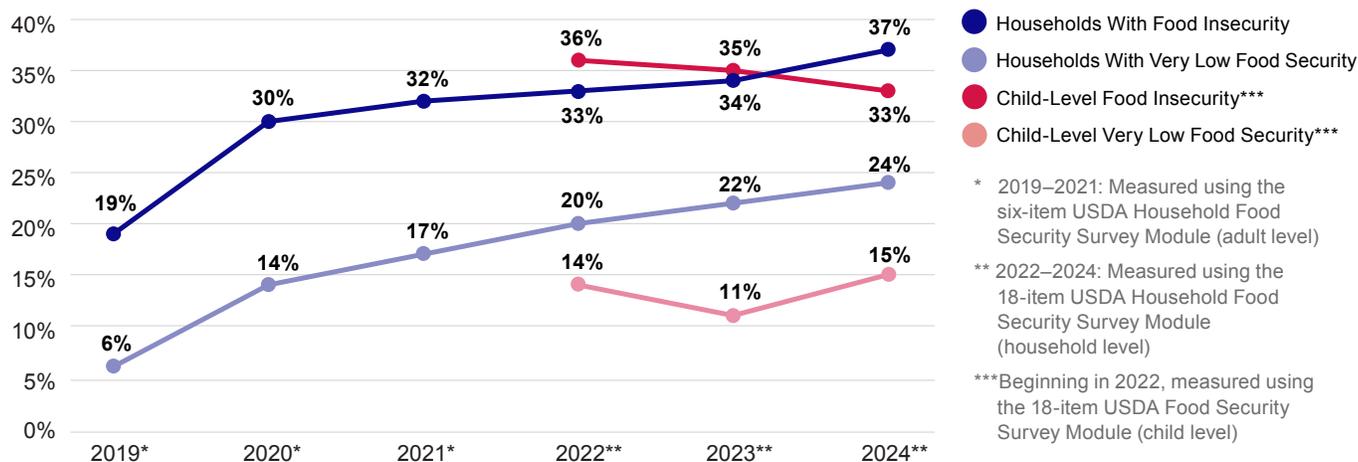
There are two levels of food insecurity, which are measured using the USDA 18-item food security screener:

- **Low food security** (formerly called *food insecurity without hunger*) occurs when a person in a household must reduce the quality and/or variety of their meals or eat foods they don't like because there is not enough money for food.
- **Very low food security** (formerly called *food insecurity with hunger*) is the most severe form of food insecurity and occurs when a person in a household must skip meals or not eat for the entire day because they don't have enough money for food.

Source: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security>

FIGURE 1

Household and Child-Level Food Insecurity Among Massachusetts Households



Child-Level Food Insecurity

Child-level food insecurity occurs when parents must change or reduce the foods that their children eat because they are unable to afford food. Caregivers often shelter their children from food insecurity and hunger as best they can by giving children the food that is available and skipping meals themselves.



Did You Know About the Child and Family Tax Credit?

Massachusetts expanded its Child and Family Tax Credit and increased cash assistance for eligible families in 2023—policy changes that may have contributed to the decline in very low child food security that year. Despite a rising cost of living in the Bay State, cash assistance to households with children living below the poverty line remained unchanged from 2023 to 2024. However, a 10 percent increase in cash assistance in April 2025 will offer much-needed support to struggling families.*

* Due to previous insufficient funding to meet basic needs, the Massachusetts Lift Our Kids coalition successfully advocated for this 10 percent increase in assistance for eligible families whose income is less than half the federal poverty level. <https://www.liftourkidsma.org/action-1>

Communities at Risk of Food Insecurity

Across demographic groups, persistent and disproportionate impacts are evident (see Figure 2). **Black** and **Hispanic households** have consistently experienced the highest rates of food insecurity, with levels reaching **46 percent** and **62 percent**, respectively, in 2024. From 2019 to 2024, rates of food insecurity doubled among both **Asian** (from 16 percent to 32 percent) and **White** (from 15 percent to 32 percent) households.

LGBTQ+ individuals, **seniors**, and **veterans** experience particularly high rates of food insecurity. In 2024, **56 percent** of LGBTQ+ individuals surveyed reported food insecurity. Targeted outreach or programming may be needed to improve food access for these groups.

New to this year's survey: veterans and active service members were found to have high levels of food insecurity at 35 percent.

FIGURE 2

Demographics of Household Food Insecurity

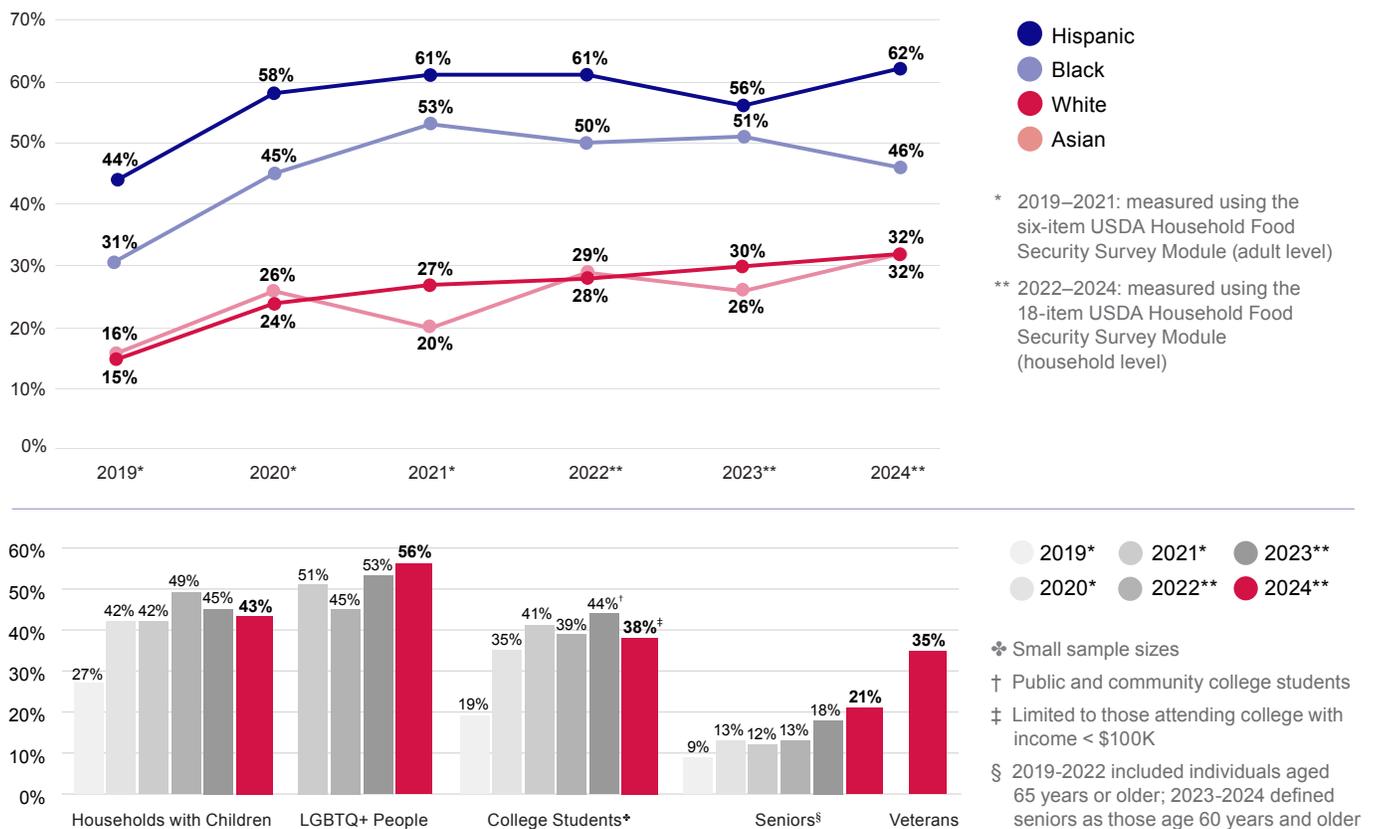
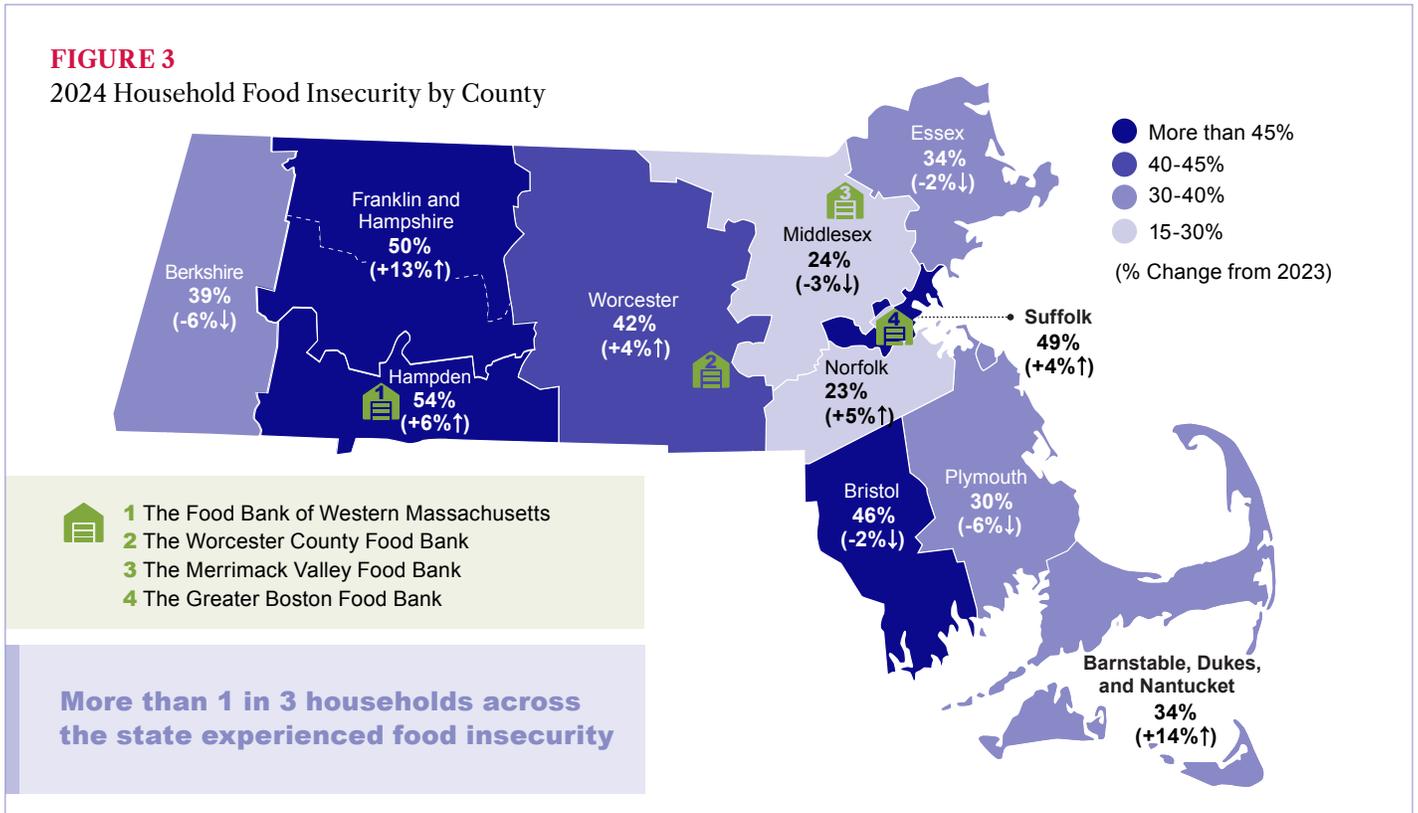


FIGURE 3

2024 Household Food Insecurity by County



Franklin and Hampshire Counties, Hampden County, Suffolk County, and Bristol County had the highest rates of food insecurity this year, with **1 in 2 households** reporting food insecurity. Barnstable, Dukes, and Nantucket Counties, and Franklin and Hampshire Counties saw the highest increases from 2023 to 2024 (see Figure 3).

“

“I have had to forgo some healthy food choices in favor of cheaper, but less nutritious foods because of a tight budget, which has left me feeling frustrated and helpless.”

- White woman, SNAP and food pantry participant
📍 Barnstable County

”



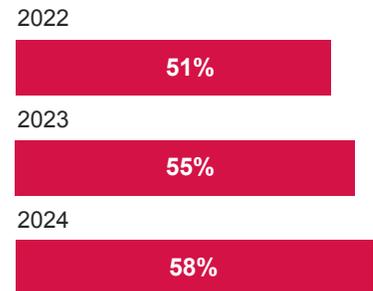
Nutrition Cost of Food Insecurity

One way to look at the dietary costs of food insecurity is to look at **nutrition security**, which measures an individual's access not just to *enough* food but also to *healthy* foods.⁴ Those with low nutrition security lack access to healthy foods. Among food-insecure households in Massachusetts, 62 percent reported **low nutrition security**, an increase from 51 percent in 2022 (see Figure 4). This may be attributable to typically higher prices of nutritious foods such as fresh produce compared with the more affordable, and often more accessible, less healthy processed foods.

Over the past five years, the survey has measured both adult and child dietary quality.⁵ Adults with food insecurity have had significantly lower overall dietary quality. They eat fewer healthy foods but similar amounts of unhealthy foods compared with their food-secure counterparts, suggesting that inadequate access to nutritious foods may drive this difference. Children living in households with food insecurity thankfully have not shown this statistically significant difference in dietary quality compared with their food-secure counterparts, potentially because more households are using school meals and WIC.

FIGURE 4

Low Nutrition Security Among Households with Food Insecurity



“

“Healthy and well-balanced meals are hard to afford due to rising grocery prices. Food budgeting is stressful, even with aid programs. I frequently have to choose less expensive, processed foods since fresh produce, dairy and proteins are too costly. Food Insecurity is about having the correct food, not just having food.”

- Black LGBTQ+ father, SNAP participant
📍 Hampden County

”

Voices of Lived Expertise

New this year: Individuals were asked to imagine a world in which they have an unlimited grocery budget and to share how their approach to grocery shopping, eating, or other areas of life might change. The two most prominent themes that emerged were that an unlimited grocery budget would increase access to fresh and healthy foods and broaden the food choices available to individuals. Additional themes included alleviating financial stress, eating out or eating prepared foods more often, helping others, and seeing improvements in health.

“If I did not have to worry about food [costs], I would ...”

“

“Get all the healthy food needed each day, week, and month. I [could] afford medications, go back to college to train in a skill needed to get my small business off the ground.”

- Retired Hispanic woman, SNAP and food pantry participant
📍 Berkshire County

“Be able to pay more bills and afford more household supplies, and savings.”

- White man
📍 Essex County

”



⁴ <https://www.centerfornutrition.org/nutrition-security>

⁵ Dietary quality is measured using the Prime Diet Quality Score, <https://www.sciencedirect.com/science/article/pii/S2212267223002836>.



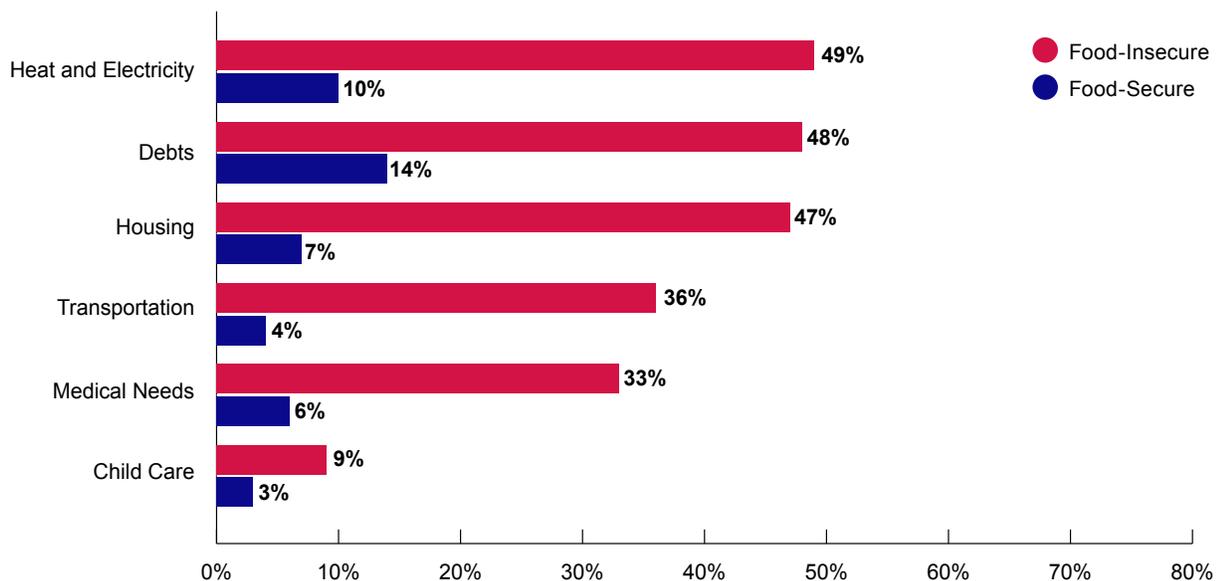
Financial Cost of Food Insecurity

In addition to affording food, food-insecure households are struggling to afford other basic needs and must often make trade-offs between food and other necessities.

Among households with food insecurity, 89 percent reported they had trouble paying for at least one other basic need (such as housing, heat and electricity, medical needs, transportation, child care, and/or debts or other bills), compared with only 26 percent of food-secure households (see Figure 5). Nearly half of food-insecure households reported having trouble paying for heat and electricity, debts and housing. In fact, only 54 percent of food-insecure households reported having stable housing over the past 12 months, compared with 93 percent of food-secure households. One-third of food-insecure households reported struggling to pay for transportation (36 percent) and medical needs (33 percent).

FIGURE 5

Trouble Paying for Basic Needs Among Food-Insecure Versus Food-Secure Households



“

“Wages are just not meeting basic monthly expenses. Prices just keep rising. Nothing is within reach anymore.”

- Retired senior white woman, SNAP and food pantry participant

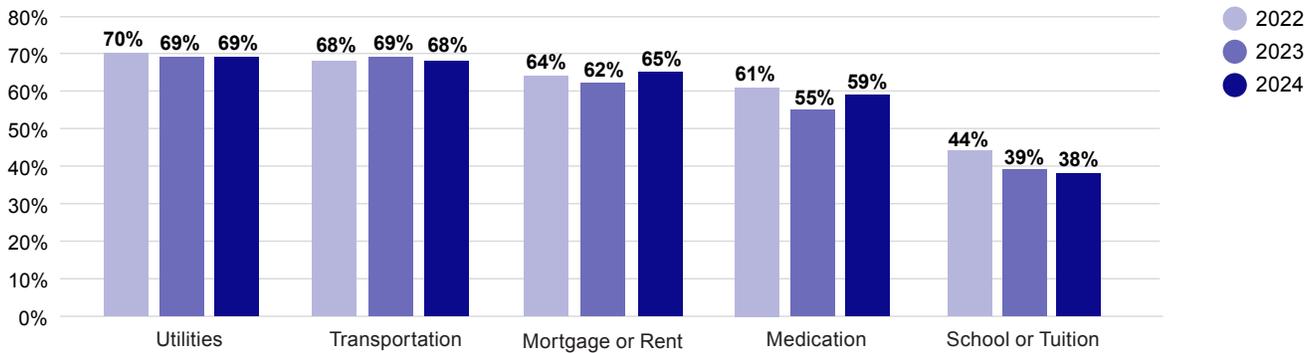
📍 Bristol County

”

Over the past three years, households experiencing food insecurity in Massachusetts had to choose between paying for food and paying for other necessities each year, as shown in Figure 6. When food and other necessities are scarce, families often must make sacrifices to meet their needs.

FIGURE 6

Basic Needs Competing for Food Dollars in Households with Food Insecurity



College Tuition Trade-Offs

State investments in 2023 and 2024 removed community college tuition costs for students seeking higher education and may have contributed to the decline in food-insecure households that were making trade-offs between paying for food and paying for tuition during those two years. Alongside these efforts, the Hunger Free Campus Initiative—advanced by a statewide coalition led by GBFB—allows students to focus on their education rather than worrying about where their next meal will come from.

Source: MassReconnect and MassEducate, <https://www.mass.edu/osfa/programs/masseducate.asp>



Voices of Lived Expertise

Respondents were asked to comment on their experiences with food access. A majority commented on high food prices, insufficient income to afford food, and the trade-offs their families make to buy the food they need. Lack of transportation was another important barrier to food access, especially for those who are older or who have a disability.

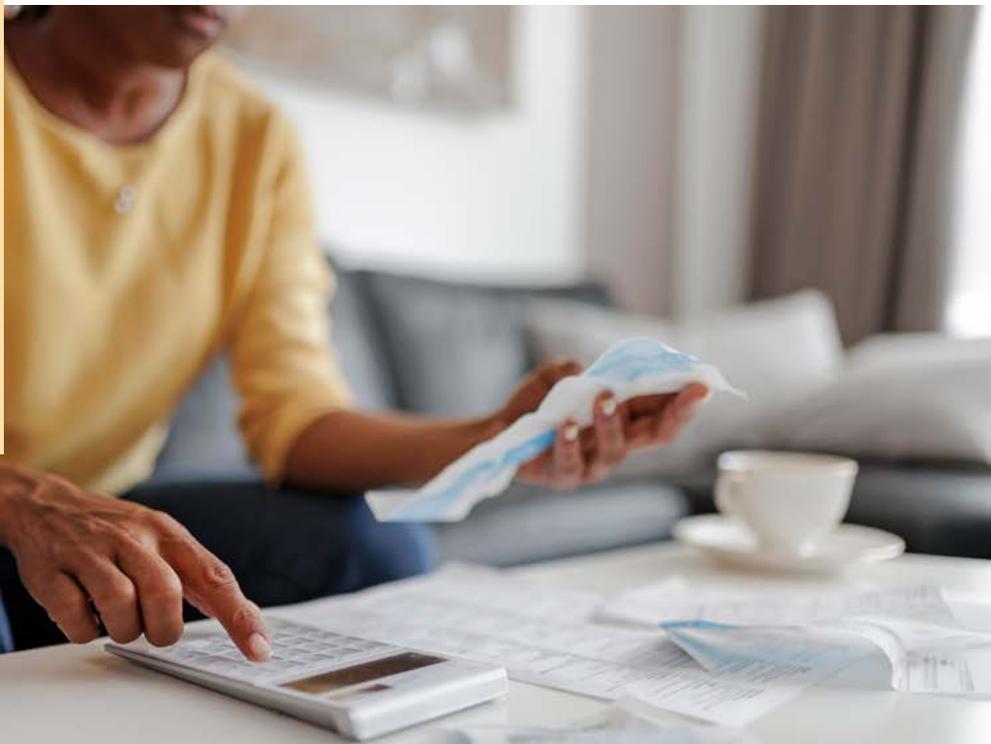
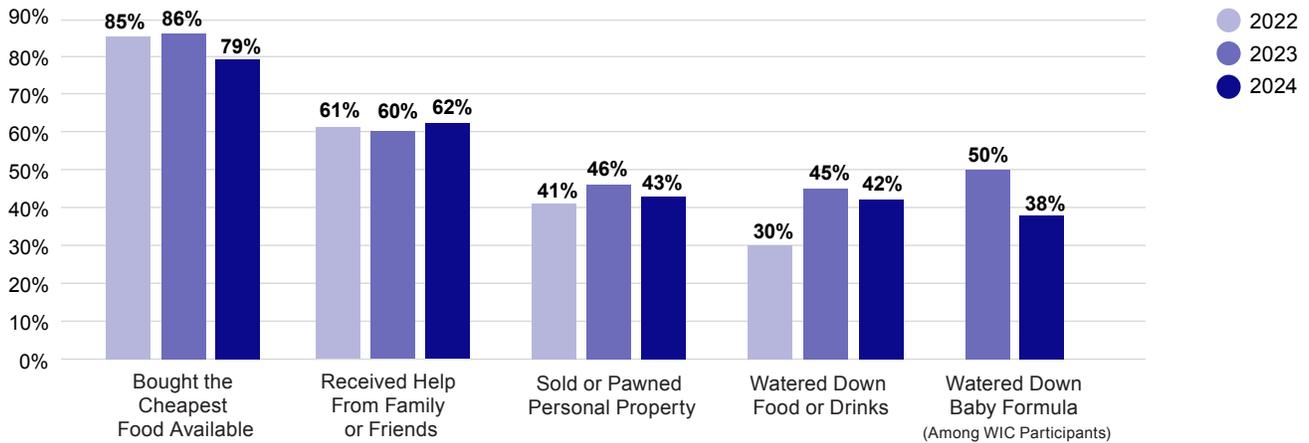


FIGURE 7

Strategies to Cope with Hunger in Households with Food Insecurity



Cost of Solving Food Insecurity

Households with food insecurity estimated needing just an average of **\$62** more per week to meet their food needs. Most food-insecure households are estimated to be food-insecure for 7.4 months per year, and approximately 1 million households were food-insecure across the state at a given time. Based on this data, an **estimated up to \$2 billion is needed to solve food insecurity in Massachusetts.**

Cost of Addressing Financial Stability

Households with food insecurity estimated needing an additional **\$628 per month**, or **\$7,500 per year** to meet their basic needs, such as food, housing, utilities, transportation, childcare, and healthcare in addition to benefits. **This translates to \$7.5 billion needed at the state level to support all of the basic needs of households with food insecurity and promote financial stability.**

Loss of Productivity

Adults: Fifty-one percent of adults in food-insecure households, compared with only 7 percent of adults in food-secure households, reported missing work, medical, and other meetings and appointments due to lack of transportation.

Children: Children in food-insecure households reported an average of six days per month of poor physical or mental health keeping them from doing the activities (other than school) that other kids their age do, compared with an average of only two days per month among children living in food-secure households. Parents reported this data for the child in their household whose health is most concerning to them, or for the oldest child.



“

“Inflation has really hit the world hard and it’s just getting worse. It’s getting harder and harder for me to find work, so affording things is getting more difficult, and with inflation I’m worried about what the next couple years will look like for my family.”

- Hispanic mother and student, WIC participant

📍 Hampden County

”

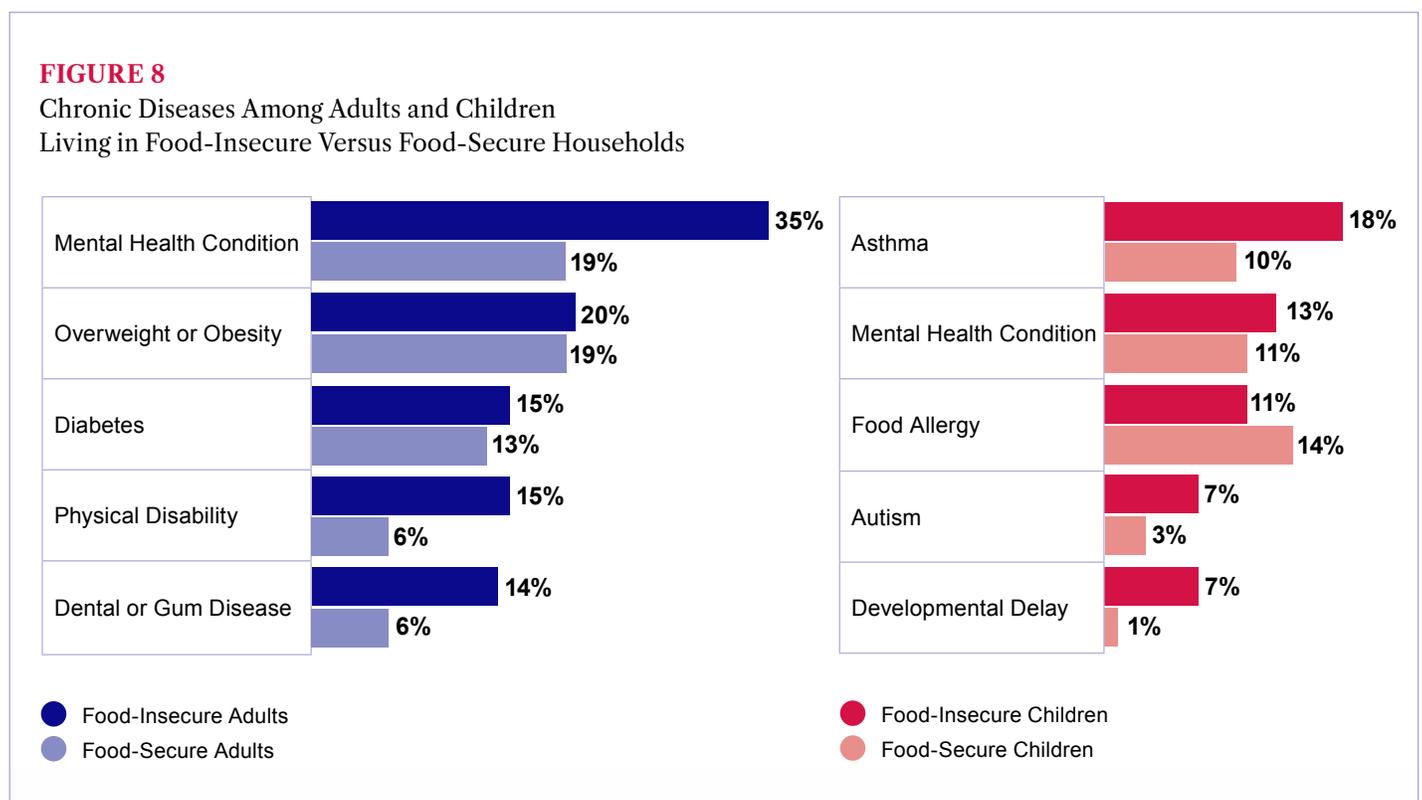
Health Cost of Food Insecurity

Food insecurity has a profound impact on health: limiting access to nutritious food, increasing stress, and creating competing financial needs that limit access to, and affordability of, medical care. Health care conditions can also increase financial strain and lead to food insecurity. While food insecurity does not cause chronic conditions, it can exacerbate them, diminish quality of life, and cause higher health care use and costs.

Chronic Health Care Conditions

In 2024, 67 percent of adults living in food-insecure households reported having at least one chronic health condition, compared to 60 percent of food-secure adults. Among children, the disparity was even greater: 51 percent of children living in food-insecure households had a chronic illness, versus 42 percent in food-secure households. Common conditions among adults included mental health disorders (35 percent vs. 19 percent), physical disabilities (15 percent vs. 6 percent), and dental disease (14 percent vs. 6 percent). Children living in food-insecure households reported higher rates of asthma, autism, and developmental delays, among other conditions.

The most common chronic conditions among food-insecure adults and children are detailed in Figure 8.



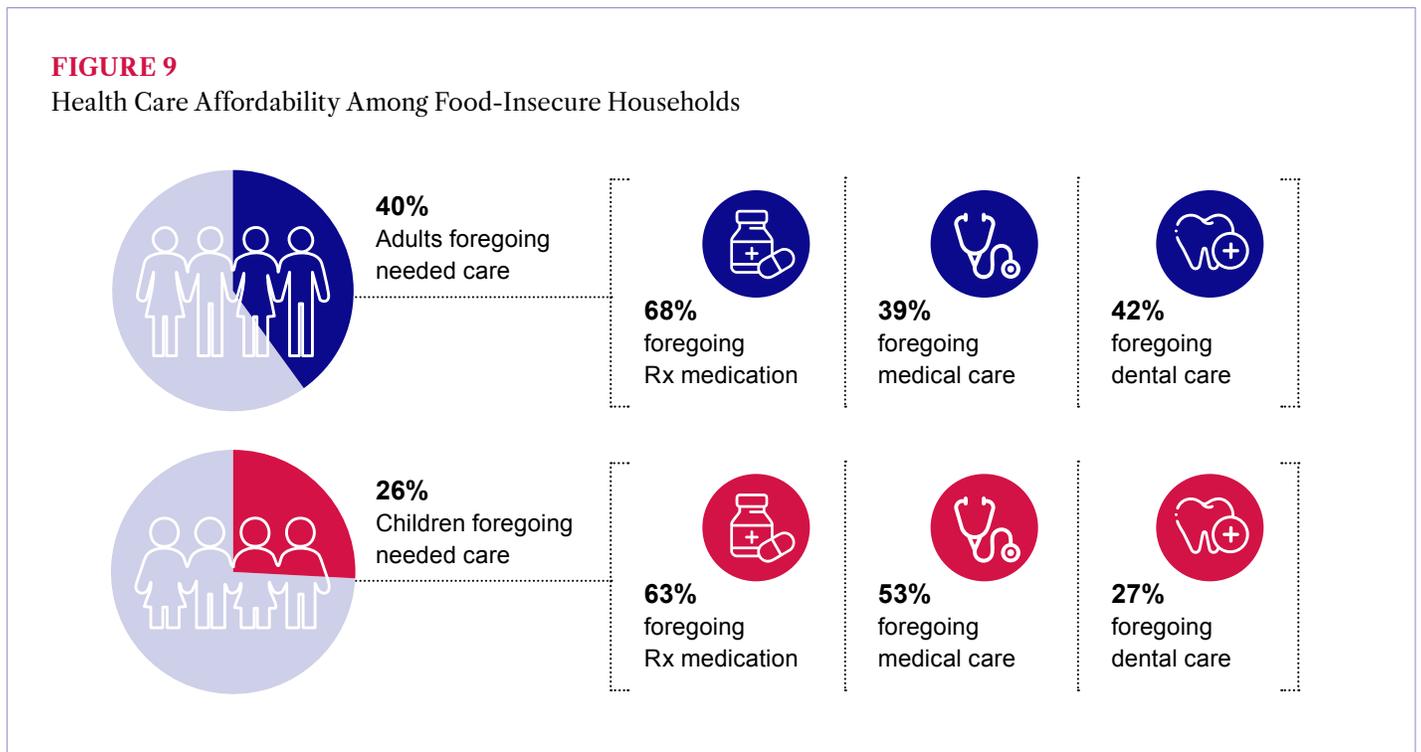
Adults in food-insecure households also had higher rates of celiac disease, dementia, substance use disorder, food allergy, HIV, liver disease, and lung disease (asthma or COPD) compared to adults in food-secure households. Children in households with food insecurity had higher rates of childhood cancer, celiac disease, dental or gum disease, diabetes, genetic disorders, and physical disabilities compared to those in food-secure households.



Adults in food-insecure households are also more likely to report poor overall health; 40 percent rated their health as fair or poor, compared with just 17 percent of adults in food-secure households. Children living in food-insecure households had lower health-related quality of life (HRQOL)⁶ than their food-secure peers; 15 percent of children in food-insecure households had fair or poor health, compared with only 6 percent in food-secure households.

Poor health outcomes are compounded by limited access to routine care due to affordability. Among adults living in food-insecure households, 40 percent skipped needed medical, dental, or prescription care in the past year due to cost—five times the rate among adults in food-secure households (8 percent). The most frequently foregone service was prescription medication (68 percent). Among food-insecure households with children, 26 percent delayed or missed care for a child due to affordability, compared with just 5 percent in food-secure households (see Figure 9).

FIGURE 9
Health Care Affordability Among Food-Insecure Households



⁶ Adapted from the CDC HRCOL-4 Healthy Days Core Module, described in Measuring Healthy Days, Centers for Disease Control and Prevention, Atlanta, Georgia, November 2000.

Health Care Costs

While many food-insecure households have to forego more routine medical services, food insecurity is linked to increased use of emergency and inpatient hospital care. **Over the past year, adults and children in food-insecure households visited the emergency room and were hospitalized at roughly twice the rate of those in food-secure households.** This pattern highlights the connection between food insecurity, poorer health, reduced productivity, and higher health care costs.

To better quantify the impact of food insecurity on health care costs and to build on earlier work from The Greater Boston Food Bank and Children's HealthWatch completed in 2016,⁷ this report estimated the health care costs associated with excess emergency room visits and hospitalizations due to food insecurity in Massachusetts among those on Medicaid.

Medicaid is a joint federal and state program that helps pay medical costs for individuals with limited income or resources who meet eligibility requirements. The primary beneficiaries are low-income adults, children, and individuals with disabilities. The Medicaid program in Massachusetts is known as **"MassHealth."**

What Are the Health Care Costs of Food Insecurity?

In 2023, the most recent estimates published, total health care spending in Massachusetts for Medicaid was \$22 billion.⁸ Based on this year's findings, up to an estimated **\$1.3 billion in emergency room and hospitalization costs** for Medicaid may be directly related to food insecurity.

\$
\$1.3 billion

For children on Medicaid:

- Up to 31,000 children had hospitalizations that could be attributed to food insecurity, with an average of \$12,000 hospitalization costs per child. **At the state-level this is estimated to be up to \$373 million.**

For adults on Medicaid:

- Up to 40,000 adults had emergency room visits that could be attributed to food insecurity, with an average of \$420 emergency room costs per adult. **At the state-level this is estimated to be up to \$17 million.**
- Up to 48,700 adults had hospitalizations that could be attributed to food insecurity, with an average of \$18,000 hospitalization costs per adult. **At the state-level this is estimated to be up to \$878 million.**



To come up with this estimate, participants in this survey were asked to report on emergency room visits and hospitalizations. Rates of emergency room and hospitalization use were compared between food-insecure and food-secure households adjusted for age, gender, self-reported chronic diseases, householder's race/ethnicity, education, marital status, U.S.-born, region, and rurality. The cost was calculated based on the **2021 Medical Expenditure Panel Survey** which provides national averages for emergency and inpatient costs and average emergency room and hospitalization visits per person on Medicaid.⁹ These cost figures were adjusted to **2023 dollars** using the Personal Healthcare Indices.¹⁰ These estimates were then multiplied by the number of people on Medicaid based on the American Community Survey.¹¹

These findings emphasize the broad impact of food insecurity on public health and spending. They also highlight the importance of strengthening partnerships between health care, social services, and government agencies to address root causes and improve outcomes across communities.

“

“It is sad that so many people in this country do not have enough food to feed their families every month. Some purchase unhealthy food because it's all they can afford. Maybe if more money [went] to SNAP, recipients could eat healthy [and] might make up the cost in lower Medicaid claims and costs.”

- White mother, SNAP and food pantry participant

📍 Barnstable County

”

⁷ <https://childrenshealthwatch.org/wp-content/uploads/2.4-billion-cost-of-hunger-full-report.pdf>

⁸ <https://www.chiamass.gov/thce-tme-apm>

⁹ <https://meps.ahrq.gov/mepsweb/>

¹⁰ https://meps.ahrq.gov/about_meps/Price_Index.shtml#t1a3

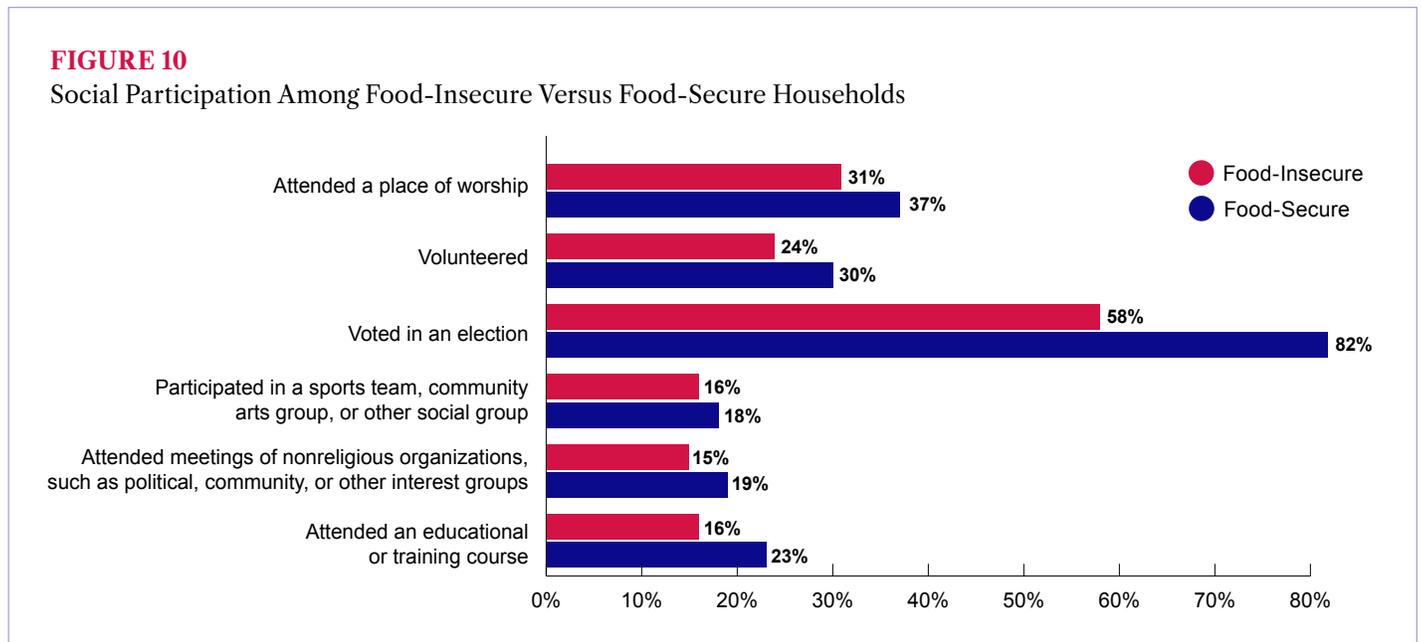
¹¹ U.S. Census Bureau, American Community Survey (ACS) Public Use Microdata Sample (PUMS), 2018-2022; accessed via <https://data.census.gov/cedsci/>.

The Social Costs of Hunger

Hunger does not just impact the individual—it is a social injustice that undermines and erodes community well-being. Food insecurity disproportionately affects communities already facing systemic barriers, including poverty and underinvestment. It is isolating, disrupts individuals' ability to fully participate in civic and community life, such as voting, attending a place of worship or volunteering, and weakens the social fabric and trust essential for collective health and resilience.

Many households experiencing food insecurity are navigating multiple responsibilities—working long hours, caregiving, and managing financial strain—all within systems that often fail to support them. These burdens can limit their capacity to engage in activities like voting, volunteering, or attending community events, and can contribute to feelings of disconnection and exclusion.

Social Connection is defined as the strength of one's relationships and trust in others. Its absence has serious consequences for our entire society. Addressing food insecurity requires not just meeting nutritional needs, but strengthening the social and structural conditions that allow all individuals and communities to thrive.



How Do We Tackle Hunger?

When asked what issues we need to tackle to help people facing hunger, those with food insecurity cited the following issues:



High inflation and rising food costs

70%



High cost of rent or buying a home

49%



Too many low-wage jobs

44%



Job loss or unemployment

41%



Lack of access to affordable health care

20%



Lack of easy access to grocery stores in rural areas

20%



Limited transportation options

18%

Solutions: Charitable and Government Nutrition Programs

Charitable Food Bank and Community Partner Network

Participation and the frequency that people rely on the statewide Charitable Food Bank Network—comprised of over 850 local nonprofit partners distributing food, including food pantries, mobile markets, and meal programs—has increased since 2019 (see Figure 11). For instance, the share of those using food pantries who report receiving at least half of their groceries from such a program has increased. Participants in the 2024 survey reported high levels of satisfaction with the food from community food assistance programs, and 90 percent of clients said they recommend these programs to others (see Figure 12).

In addition, food pantries also provide social support for their clients. Charitable local food assistance program staff and volunteers get to know their clients and adapt the foods that they provide to meet clients' cultural and dietary needs.

Did You Know?

Four nonprofit regional food banks in Eastern, Central, and Western Massachusetts and the Greater Lowell area work together and partner with local organizations to provide food to their communities. Collectively, this statewide network serves 882,000 people each month, and provides over 111 million meals a year. These charitable food programs are a lifeline for many, ensuring access to healthy and locally-sourced food to those that need nutrition support. Financial support for this food distribution network must be fundraised annually. The four food banks also receive funding from the state through the Massachusetts Emergency Food Assistance Program (MEFAP), which is used to purchase high-quality, nutrient-dense food that is nutritionally measured by Registered Dietitians.



“

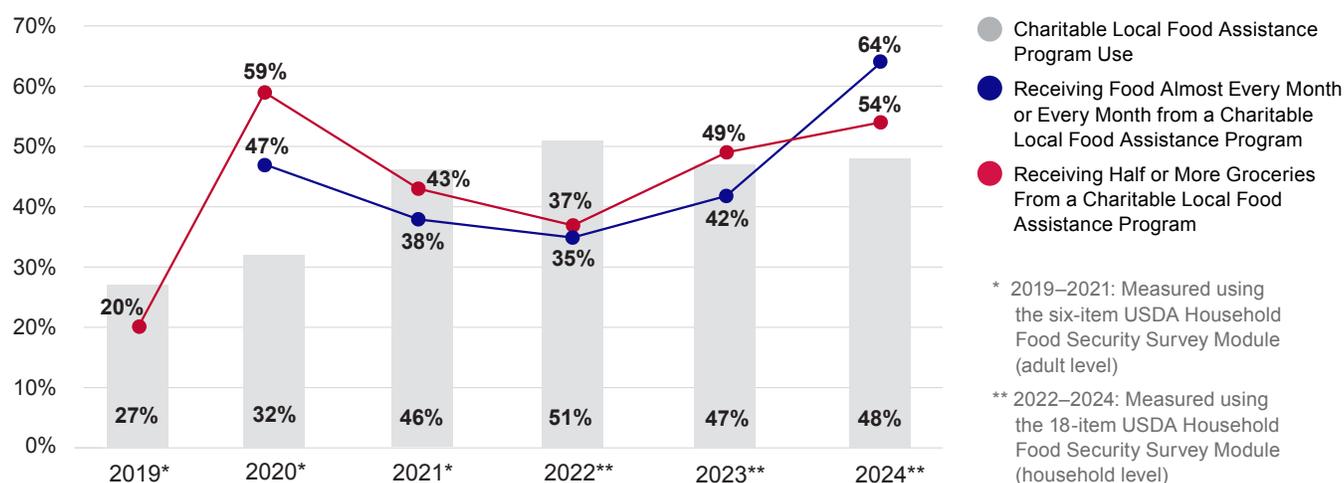
“Over the past few months, I have gone through a period of financial hardship, often relying on food banks to ensure that my family and I are able to have enough to eat, which has made me acutely aware of the importance of community support.”

- White man, SNAP and food pantry participant
 Barnstable County

”

FIGURE 11

Charitable Food Bank and Community Partner Network Use Among Massachusetts Households with Food Insecurity





Mobile Markets

Unlike traditional food pantries, mobile markets are like free grocery pop-up markets that bring high-quality, nutritious food directly into underserved communities, often focusing on specific low-income populations such as seniors, veterans, community health center patients, and students.

Source: <https://www.gbfb.org/what-we-do/our-programs/mobile-markets/>

FIGURE 12*

Helpfulness of the Charitable Food Bank and Community Partner Network Among Households with Food Insecurity

Agree/Strongly Agree that:	2020	2021	2022	2023	2024
Food offered has been helpful	83%	81%	79%	83%	83%
Gives me food I know how to prepare	77%	79%	79%	78%	82%
Food aligns with my cultural beliefs	79%	81%	72%	83%	83%
I would recommend the food pantry to others	87%	85%	89%	88%	90%

The most common reason people with food insecurity don't use a charitable food program is that they want to support themselves instead (80 percent). Of households with food insecurity that choose not to use a food pantry, **73 percent** said it is because they are worried they would take food away from someone else who needs it more.

Charitable food program participants liked receiving culturally appropriate food items. The most-liked foods were produce (79 percent), followed by proteins such as meat and fish (64 percent).

Voices of Lived Expertise

Respondents were asked to comment on their experiences using charitable food programs, and how these services could be improved. Overall, participants commented that these programs were “helpful,” “good,” and “a lifesaver.” When asked what areas they would improve, responses focused on increasing access through providing more food; expanding hours, locations, pickup and delivery; and promoting food pantries to increase public awareness.



SNAP Matters

Over the last five years, participation in SNAP among food-insecure households has remained high (see Figure 13), with recipients expressing satisfaction with the program (see Figure 14) but also highlighting where it falls short in supporting their monthly food budget. SNAP experiences based on survey participants include:

- Ninety percent of SNAP participants reported that benefits were easy to use in 2024, and 87 percent said the benefits were helpful for their household.
- Seventy-five percent of SNAP participants reported needing additional food support, often turning to food pantries and other community resources to meet their monthly food needs.
- Fifty-six percent of food-insecure households reported using SNAP, and 79 percent of eligible food-insecure households were enrolled in the program.
- Many non-participants with food insecurity shared concerns about stigma and self-reliance; 82 percent of food-insecure households that did not use SNAP said they wanted to support themselves instead, and 68 percent worried that taking SNAP would reduce access for someone else in need.

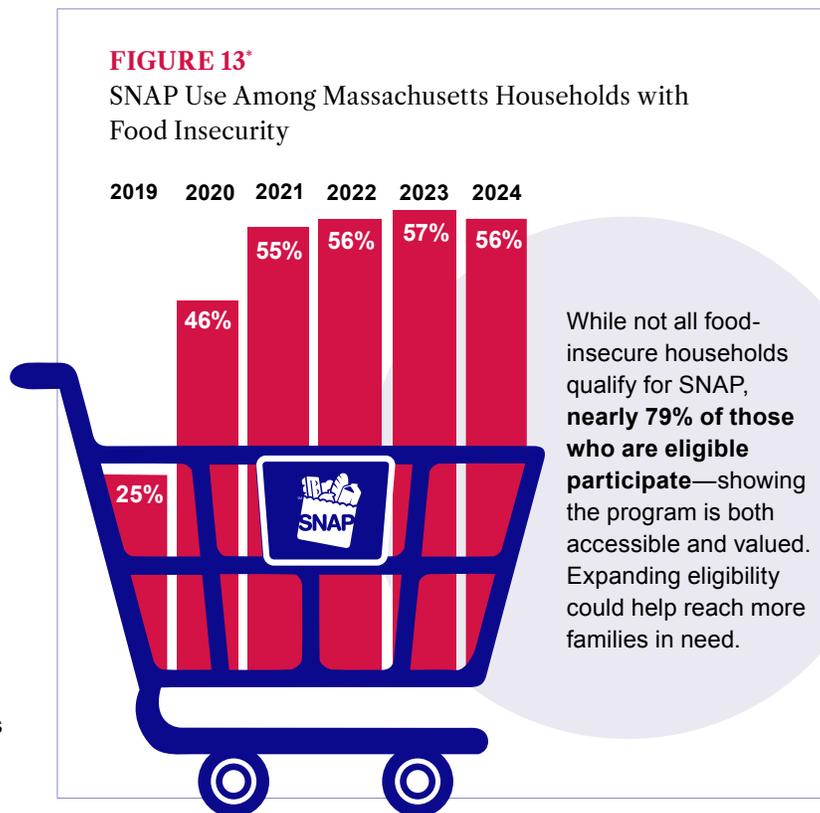


FIGURE 14

SNAP Matters: Satisfaction with SNAP Among Participants with Food Insecurity

Agree/Strongly Agree that:	2020	2021	2022	2023	2024
SNAP benefits are helpful for my household	87%	89%	91%	91%	87%
SNAP benefits are easy to use to buy food for my household	85%	89%	92%	93%	90%
We have to seek additional food assistance	61%	67%	74%	79%	75%
Felt SNAP amount is not enough	N/A	52%	54%	66%	65%

Voices of Lived Expertise

When asked what a permanent increase to SNAP benefits would mean to families, many respondents commented that a permanent increase would lead to better food security and more food in their homes.

Additional themes included that an increase to SNAP benefits would allow them to make more personal choices in their food purchasing and would increase financial security, reduce stress, improve health and decrease reliance on food banks.



* Throughout this report, including Figures 12 and 13, household food insecurity was measured for 2019-2021 using the six-item USDA Household Food Security Survey Module (adult level) and for 2022-2024 using the 18-item USDA Household Food Security Survey Module (household level).

WIC and School Meals Matter

Over the last five years, use of and satisfaction with the WIC program has remained high (see Figure 16). WIC program participants shared their experiences as follows:

- In 2024, 87 percent felt WIC benefits were easy to use, up from 74 percent in 2020.
- In addition, 81 percent felt that WIC benefits were helpful for their household, up from 65 percent in 2020.
- Seventy-five percent worried about how to feed their child when they turn 5 years old and are no longer eligible for WIC. This finding points to the age gap between when WIC ends and school meal programs begin.
- Almost all WIC users (87 percent) wanted to use WIC online or for curbside pickup or delivery.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

WIC provides federal funding to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and for infants and children up to age 5 who are found to be at nutritional risk.

Source: <https://www.fns.usda.gov/wic>



“

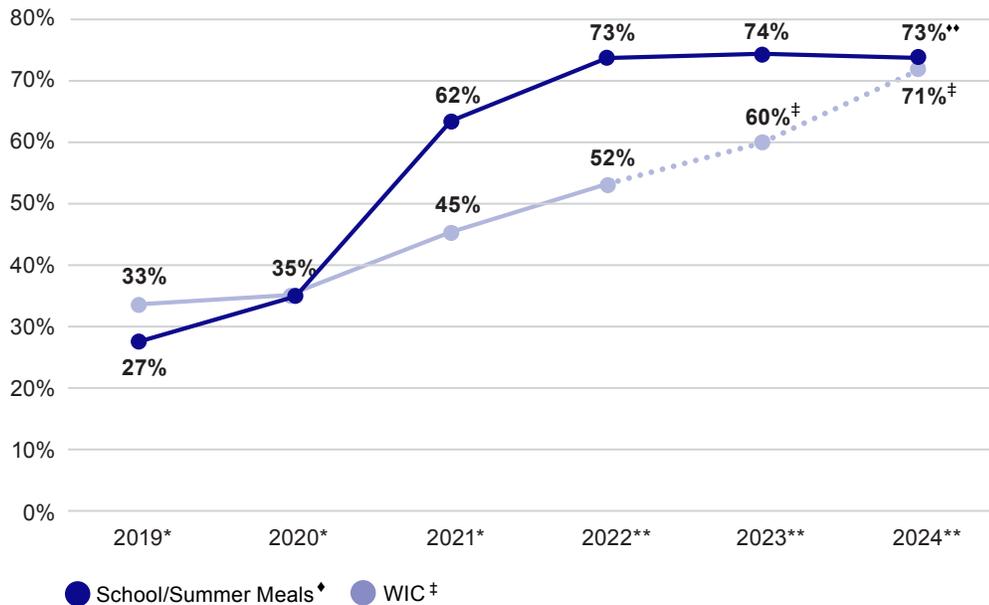
“Giving the kids access to free breakfast and lunch is the most helpful thing. I honestly do not know what I would do without it.”

- White mother and student, SNAP and food pantry participant,
Plymouth County

”

FIGURE 15

WIC, School and Summer Meals Participation Among Food-Insecure Households with Children



* 2019–2021: Measured using the six-item USDA Household Food Security Survey Module (adult level)

** 2022–2024: Measured using the 18-item USDA Household Food Security Survey Module (household level)

◆ Restricted to households with children under age 18 experiencing food insecurity

◆◆ As of 2024, denominator includes only families with children between the ages of 5 and 17. Previously all families with children under 18 responded to this question.

‡ Calculated differently than in previous years due to improved eligibility question

Child Nutrition Programs: School and Summer Meals Matter

According to the Feed Kids Coalition led by Project Bread, participation in School Meals for All increased by an average of 103,130 children for school lunches and 86,733 children for school breakfasts between October 2019 and October 2024.

“

“I rely on school meal programs to feed my children, and summers are especially hard.”

- White man
Norfolk County

”

FIGURE 16
WIC Matters

Agree/Strongly Agree that:	2020	2021	2022	2023	2024
WIC benefits are helpful for my household	65%	74%	83%	57%	81%
Overall, WIC benefits are easy to use	74%	77%	82%	76%	87%
If available, we would be interested in shopping for WIC online and using curbside pickup or delivery	70%	63%	79%	73%	87%
I plan to continue my child's enrollment in WIC until they turn 5 years old	N/A	N/A	N/A	67%	88%
I worry about feeding my child once they turn 5 years old and are no longer WIC eligible	N/A	N/A	N/A	58%	75%

Among households experiencing food insecurity that were eligible for WIC but not enrolled, the most common reasons were a desire to be self-reliant (71 percent) and concerns about stigma or embarrassment (60 percent). Families said they would be more likely to use WIC if enrollment were automatic through SNAP or MassHealth, or if it were recommended by their pediatrician.

Food insecurity and Breastfeeding

Breastfeeding has been linked to improved health outcomes in children.* Mothers with food insecurity who had a baby in the past two years breastfed more often (68 percent) than those without food insecurity (63 percent). This may be in part financially motivated, as formula can be costly, or it may reflect benefits of participation in WIC, which promotes breastfeeding. WIC participants have an impressive breastfeeding rate, with 81 percent of food-insecure households on WIC breastfeeding their infants, versus 60 percent of those with food insecurity that are not using WIC.



* "Breastfeeding and Health Outcomes for Infants and Children," Agency for Healthcare Quality and Research, March 31, 2025. <https://effectivehealthcare.ahrq.gov/products/breastfeeding-health-outcomes/research#:~:text=A%20protective%20association%20of%20breastfeeding,infant%20mortality%2C%20including%20sudden%20unexpected>

Voices of Lived Expertise

Respondents' comments about WIC were supportive and positive. Areas of improvement focused on expanding food offerings and access to services (including offering delivery, increasing online resources and expanding the stores that accept WIC).

“WIC has been great for providing healthy food options for my children and me, but it would be even better if it included more fresh produce or a wider variety.”

- Black father and veteran, SNAP and WIC participant
 Middlesex County





MassHealth and Food Insecurity

MassHealth, the state's Medicaid program, first introduced a Medicaid-reimbursable nutrition support program in 2018. In January 2025, this Medicaid program became the Health-Related Social Needs (HRSN) program.¹² Through this program, MassHealth members with very low food security and certain chronic conditions are eligible for six months of support through medically tailored meals, food boxes, or grocery gift cards. An estimated 50 percent of households with food insecurity who responded to the 2024 GBFB survey were on MassHealth, and 54 percent had very low food security. Approximately 19 percent of those with food insecurity who were on Medicaid received nutrition support services from MassHealth in the past year. Among those receiving these services, 58 percent received medically tailored meals, 51 percent received medically tailored food vouchers, and 60 percent received medically tailored food boxes. This is a promising solution for addressing chronic medical conditions and food insecurity.

“ —

“The threshold to get food assistance, especially for retirees who have high medical expenses, is too low. Income [for eligibility] should be based on what you get after paying for medical insurance.”

- Senior retired American Indian/Alaska Native woman, food pantry participant
📍 Middlesex County

— ”

¹² “MassHealth Health Related Social Needs Services,” <https://www.mass.gov/masshealth-health-related-social-needs-services>

Summary of Findings

These 2024 survey results illustrate in stark terms that food insecurity in Massachusetts is not a temporary crisis—it is a persistent and deepening challenge that continues to impact 1 in 3 households. While the overall rate has nearly doubled since 2019, the rise in very low food security is particularly alarming, impacting 650,000 households across the Commonwealth. These are families and individuals who are not just worried about their next meal—they are consistently skipping meals or not eating for the entire day.

The Consequences are Far-Reaching

Food-insecure adults and children are significantly more likely to suffer from chronic diseases, poor mental health, and increased health care use and cost. Financially, food insecurity forces households into impossible trade-offs between food, rent, medicine, utilities, and saving for an emergency or their future. Socially, it isolates people—reducing civic engagement, eroding trust in the community, and compounding a sense of disconnection.

This Crisis Also Comes at a Staggering Economic Cost

Hunger and the ripple effects of food insecurity result in an estimated **\$1.3 billion in annual Medicaid health care spending** across Massachusetts. These costs are shouldered not only by individuals and families but also by employers, health systems, and the state economy at large. **Hunger is not just a personal hardship—it is a public and economic emergency.**

We know that government nutrition programs such as SNAP, WIC, school meals, HRSN, and MEFAP—and the statewide food bank system of charitable community partners providing food, such as food pantries, meal programs, shelters, and mobile markets—remain critical lifelines that work. Massachusetts has demonstrated over the last 5 years that when well-funded and accessible, these programs reduce hunger, improve dietary quality, support health, provide community, and restore dignity. However, the success of these interventions depends on stable investment and bold policy leadership. As pandemic-era support has receded and there is uncertainty around the future of federal programs, the gaps are expected to widen, placing even greater pressure on families, charitable organizations, local economies, and the healthcare system.

No One Sector Can Do It Alone

Now, more than ever, addressing food insecurity requires a sustained, coordinated effort. Policymakers must prioritize hunger in legislative agendas. Funders must invest in scalable, evidence-based and evaluated, community-driven solutions. And cross-sector partners—from health care to housing—must work together to address the root causes. Hunger carries a cost we cannot afford, financially, or morally. It is not just a symptom of poverty—it is a barrier to justice, opportunity, and well-being. With the right policy choices, investments, and partnerships, Massachusetts can lead the way in building a future where no one goes hungry.

“

“Rising food costs, limited health options and financial pressures make accessing food difficult. Affordable food programs and reducing the stigma around assistance would help.”

- Hispanic father, WIC participant

📍 Suffolk County

”

Summary of Findings: Hunger-Relief Advances for Massachusetts in 2024

Progress From 2024 That Reflects Recommendations From Last Year's Report

While the data illuminate the chronic and persistent nature of food insecurity and highlight the economic reality in our state, programmatic and policy change in Massachusetts have made great strides. Many of these advances reflect programmatic and policy recommendations in the 2024 report. In the past year, these efforts included the following:

- **Collective Action to End Hunger**
The Make Hunger History coalition is uniting cross-sector partners across the state to drive a comprehensive policy and program framework to end hunger in Massachusetts through systemic, coordinated action.
- **Nutritious, Culturally Responsive Food Access**
The charitable food bank network of statewide local food providers has increased the distribution of high-quality, nutritious, and culturally responsive foods, including spices, and has implemented nutrition education initiatives that reflect the cultural, dietary, and religious preferences of communities across the Commonwealth. Through MEFAP, food banks successfully increased the volume of Massachusetts-grown foods distributed from 2023 to 2024, supporting both local agriculture and community health. Programs such as the state's Healthy Incentives Program (HIP) and the USDA's Local Food Purchasing Agreement program also provided individuals in need access to more locally grown food; however, both programs experienced recent cuts.
- **Sustained State Policy Commitment**
The Massachusetts Legislature and the governor's administration have upheld critical investments in food security, including School Meals for All, MEFAP, HIP, the Food Security Infrastructure Grant program, and the Hunger Free Campus Initiative—each playing a pivotal role in strengthening the state's food system this past year.
- **Strengthening Infrastructure and Community-Based Capacity**
Food banks continue to bolster the capacity of the state's charitable food bank network through capital investments in facilities (GBFB expanded its refrigeration capacity, and both the Food Bank of Western Massachusetts and the Merrimack Valley Food Bank moved into new buildings) and, with local partners, through targeted grant programs that support more equitable, community-centered food distribution across the state.
- **Integrating Health Care and Nutrition**
Food banks and community-based providers are advancing innovative models that integrate nutrition into health care by providing nutrition counseling, processing SNAP application assistance referrals from health providers, sourcing and distributing medically tailored meals and food boxes as part of the HRSN initiative, and increasing "food is medicine" efforts across the state.
- **Transportation Equity and Food Access**
Investment in reduced-fare transit programs for low-income riders—along with expanded funding for rural service connectivity, extended service hours, and broader regional transportation access—represent significant progress toward improving equitable access to food resources across Massachusetts.



2025 Policy and Program Recommendations

- ✔ **Strengthen Public Nutrition Programs**
Maintain and expand access to federal and state nutrition programs, including MEFAP, The Emergency Food Assistance Program (TEFAP), SNAP, WIC, school meals, CSFP, and HIP, and support continued funding for state agencies that are administering federal and state nutrition programs
- ✔ **Advance Food Security Through Health Care and Research**
Continue screening for food insecurity in health care settings and providing resources to those who are food insecure, continue funding for health-related social needs programs, and support research funding to better understand and develop evidenced-based programs to improve food and nutrition security
- ✔ **Expand Access to Affordable, Locally Produced Foods**
Invest in local food systems to increase the availability and affordability of nutritious, locally grown foods for communities across the state, through programs like MEFAP and HIP
- ✔ **Address Root Causes of Economic Inequality**
Prioritize housing, transportation, healthcare, and childcare affordability, as well as workforce development, job training, livable wage initiatives, and economic mobility programs such as cash assistance, expanded tax credits, and universal basic income to uplift individuals and families experiencing food insecurity, with a focus on historically marginalized populations
- ✔ **Include Lived Expertise**
Include the voices of those with lived expertise of food insecurity in equitable data collection and community-driven investments that reflect cultural, dietary, and religious preferences
- ✔ **Promote Social Connection and Community Infrastructure**
Invest in increasing access to community spaces, programs, and services that reduce isolation and foster belonging as an element of food security

Voices of Lived Expertise

“If I did not have to worry about food [costs], ...”

“ —

“I would eat healthier and feed my child better.”

- White mother, SNAP participant
📍 Hampden County

“I’d feel less stressed about grocery shopping and meal planning, freeing up mental and financial resources to focus on other aspects of life.”

- White senior man, food pantry participant
📍 Essex County

— ”





Authors

Anisha Gundewar, MD (MGB, GBFB)
Man Luo, MPH (MGB)
Meghan Perkins, MPH (MGB)
Catherine Lynn, MPA (GBFB)
Kate Adams, MPH (GBFB)
Rachel Burgun, MPH, RDN, LDN (GBFB)
Christina Peretti (GBFB)
Daniel Taitelbaum (GBFB)
Lauren Fiechtner, MD, MPH (MGB, GBFB)

Acknowledgments

We thank the survey participants, GBFB's Health and Research Council, the Food Bank Coalition of Massachusetts, our community, state agency, and health care partners, including Ana Población from Children's HealthWatch, and Mass General Brigham for Children for collaborating with us on this survey. We also thank the Massachusetts Department of Elementary and Secondary Education for funding through a USDA grant.

Suggested Citation

Anisha Gundewar, Man Luo, Meghan Perkins, Catherine Lynn, Kate Adams, Rachel Burgun, Christina Peretti, Daniel Taitelbaum and Lauren Fiechtner. *The Cost of Hunger in Massachusetts*. The Greater Boston Food Bank, 2025.

Email data@gbfb.org

Visit [GBFB.org/data](https://gbfb.org/data)

Visit Mass General for Children Page massgeneral.org/children/nutrition

About GBFB

GBFB is the largest hunger-relief organization in New England and one of the largest food banks in the country. For nearly a half century, GBFB has fueled Eastern Massachusetts' hunger-relief system, putting nearly 90 million healthy meals on tables across the region each year. More than 600 Agency Partners in 190 cities and towns depend on GBFB to provide access to healthy food for around 600,000 people every month. GBFB is committed to the belief that access to healthy food is a human right regardless of an individual's circumstances. Through policy, partnerships, and providing free, nutritious and culturally responsive food, GBFB is committed to addressing the root causes of food insecurity while promoting racial, gender, and economic equity in food access. Together, we have the power to end hunger here. For more information and to help us help others, visit us at [GBFB.org](https://gbfb.org), follow us on [Facebook](#), [X](#), and [Instagram](#), or call us at 617-427-5200.

About Mass General Brigham

Mass General Brigham is an integrated academic health care system, uniting great minds to solve the hardest problems in medicine for our communities and the world. Mass General Brigham connects a full continuum of care across a system of academic medical centers, community and specialty hospitals, a health insurance plan, physician networks, community health centers, home care, and long-term care services. Mass General Brigham is a nonprofit organization committed to patient care, research, teaching, and service to the community. In addition, Mass General Brigham is one of the nation's leading biomedical research organizations with several Harvard Medical School teaching hospitals.



Feeding Eastern Massachusetts

70 South Bay Avenue
Boston, MA 02118-2700

Tel: 617.427.5200

GBFB.org