



July 14, 2022

The Honorable Susan Rice  
Director  
Domestic Policy Council  
The White House  
1600 Pennsylvania Ave. NW  
Washington, DC 20500

Submitted via: [WHHungerHealth@hhs.gov](mailto:WHHungerHealth@hhs.gov)

Dear Ambassador Rice:

AARP, on behalf of our 38 million members and all older Americans nationwide, appreciates the opportunity to share our ideas to inform the national strategy for the White House Conference on Hunger, Nutrition, and Health. Access to an adequate and nutritious diet is foundational to maintaining health, quality of life, and independence as people age. As such, it is our strong belief that no one should have to go hungry. Hunger is not a political issue, but a daily reality for many people. As a nation, we can do better and make sure that our fellow Americans can feed themselves.

Solutions to achieve this goal are within our reach but will require a full government and cross-sector approach. We must advance policies that influence access to resources like health care, housing, employment, and education—all of which are critical to long-term financial security and the ability to consistently access healthy, affordable food as we age. For the purposes of this letter, we will primarily focus on specific actions the federal government should take to improve food access and affordability through the Supplemental Nutrition Assistance Program (SNAP) given the reach and effectiveness of the program. However, we also believe it is critical to take a broad approach that addresses the underlying causes of food insecurity—including poverty—to achieve the ambitious goal of ending hunger in America.

### **Food insecurity among older adults**

Many seniors live on fixed incomes and may struggle to afford food, especially when faced with higher grocery prices. Nearly 9.5 million Americans ages 50 and older—about 1 in 12—were food insecure in 2020, meaning they had limited or uncertain access to adequate, nutritious food.<sup>1</sup> Furthermore, older adults may face life challenges as they age—such as experiencing a medical crisis, job loss, or the death of a spouse or other loved one—that may result in financial

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<sup>1</sup> Dean, O., Figueiredo, C. (2022). Over 9 million adults ages 50 and older faced food insecurity in 2020. AARP Public Policy Institute. <https://www.aarp.org/content/dam/aarp/ppi/2022/03/over-nine-million-adults-50-and-older-faced-food-insecurity.doi.10.26419-2Fppi.00162.001.pdf>

instability and make it difficult to afford food. For example, newly widowed older adults experience higher poverty rates, greater housing cost burdens, and challenges to getting the help they need.<sup>2</sup>

Food insecurity is most prevalent among older adults who are younger (i.e., ages 50–59); Black, Native American, or Hispanic; lower income; and have lower levels of educational attainment.<sup>3</sup> Food insecurity among adults ages 50 and older also differs widely by state. Food insecurity may be long-term or episodic,<sup>4, 5</sup> and influenced by a number of factors, including income, employment, race/ethnicity, and disability. Not surprisingly, the risk for hunger increases when money to buy food is limited or not available.<sup>6</sup>

### **Disparities in food insecurity among older adults**

Research has documented racial and ethnic disparities in access to well-paying jobs, safe neighborhoods, affordable housing, transportation, and community resources like grocery stores which in turn contribute to disparities in food insecurity.<sup>7</sup> In addition, income gaps have long persisted across racial and ethnic groups. Low income is one of the strongest predictors of food insecurity. The pandemic has exacerbated these existing disparities, leading to disproportionately higher food insecurity among communities of color. For example, Black and Hispanic workers have been more likely to lose income during the pandemic, making it harder to put food on the table.<sup>8</sup> Thus, addressing food insecurity in these communities is very important.

### **SNAP's importance for food security and health of older adults**

SNAP is the nation's largest nutrition assistance program. There were 8.7 million households with at least one adult age 50 or older participating in the program as of 2019,<sup>9</sup> though many more are eligible and not participating (see next section). While the program provides a modest benefit—\$142 a month on average, or \$1.56 per meal, —it helps older adults meet their basic

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<sup>2</sup> Consumer Financial Protection Bureau. Data spotlight: Financial challenges faced by recently widowed older adults. [https://www.consumerfinance.gov/consumer-tools/educator-tools/resources-for-older-adults/data-spotlight-financial-challenges-faced-by-recently-widowed-older-adults/?utm\\_source=newsletter&utm\\_medium=email&utm\\_campaign=surviving\\_spouse](https://www.consumerfinance.gov/consumer-tools/educator-tools/resources-for-older-adults/data-spotlight-financial-challenges-faced-by-recently-widowed-older-adults/?utm_source=newsletter&utm_medium=email&utm_campaign=surviving_spouse)

<sup>3</sup> Dean, O., Figueiredo, C. (2022). Over 9 million adults ages 50 and older faced food insecurity in 2020. AARP Public Policy Institute. <https://www.aarp.org/content/dam/aarp/ppi/2022/03/over-nine-million-adults-50-and-older-faced-food-insecurity.doi.10.26419-2Fppi.00162.001.pdf>

<sup>4</sup> Nord, M., Andrews, M., Winicki, J. (2002). Frequency and duration of food insecurity and hunger in US households. *J Nutr Educ Behav*, 34(4), 194-201. 10.1016/s1499-4046(06)60093-6

<sup>5</sup> Levy, H. (2022). The long-run prevalence of food insufficiency among older Americans. *Agricultural & Applied Economics Association*, 44(2), 575-590. <https://doi.org/10.1002/aapp.13229>

<sup>6</sup> Office of Disease Prevention and Health Promotion. (2022). Food insecurity. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity#:~:text=Food%20insecurity%20may%20be%20long%20term%20or%20temporary.&text=It%20may%20be%20influened%20by,is%20limited%20or%20not%20available>

<sup>7</sup> These are all factors that help determine how livable a community is. To see how livable your community is, check out the [AARP Livability Index](#)

<sup>8</sup> Dean, O. (2021). Pandemic widens food insecurity disparities among older adults. AARP Public Policy Institute. <https://blog.aarp.org/thinking-policy/pandemic-widens-food-insecurity-disparities-among-older-adults>

<sup>9</sup> Dean, O., Figueiredo, C. (2021). Millions of adults ages 50 and older rely on the Supplemental Nutrition Assistance Program (SNAP). AARP Public Policy Institute. <https://www.aarp.org/content/dam/aarp/ppi/2021/12/millions-of-adults-rely-on-snap.doi.10.26419-2Fppi.00106.002.pdf>

food needs.<sup>10</sup> The program reduces food insecurity,<sup>11</sup> moves participants out of poverty, and is linked to improved health outcomes. Growing evidence suggests SNAP is associated with fewer inpatient hospitalizations, emergency department visits, and long-term care admissions among older adults.<sup>12, 13, 14</sup> This translates into substantial health care savings.<sup>15</sup> A recent study found that SNAP enrollment was associated with lower Medicaid spending among older adults dually eligible for Medicare and Medicaid.<sup>16</sup> Additionally, recent research found that increased SNAP benefits during the pandemic helped participants purchase healthier food and had a positive impact on their health.<sup>17</sup>

## Millions of older adults are eligible for SNAP but not enrolled

Despite SNAP's importance, seniors have historically had much lower participation rates in the program than other age groups. The U.S. Department of Agriculture (USDA) reports that in fiscal year 2018, only 48 percent of eligible adults ages 60 and older participated in the program under federal income and resource rules.<sup>18</sup> While using federal rules is useful for state comparisons, AARP Public Policy Institute/Mathematica research estimates an even lower FY 2018 participation rate of 29 percent among this age group using state-specific broad-based categorical eligibility rules, which better reflect the actual percentage of those eligible for the program. Under state SNAP rules, we estimated that 16 million—or over 60 percent—of eligible adults ages 50 and older were not enrolled in the program in FY 2018. While many would have been eligible for the minimum benefit, over 3 million lived in households that could have been eligible for over \$200 a month.<sup>19</sup>

Qualitative research has identified common reasons for nonparticipation, including the belief that the benefit would not be worth the effort, social isolation and disconnection from resources, a

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<sup>10</sup> Amount refers to the average SNAP household with adults ages 50 and older. AARP Public Policy Institute analysis of SNAP Quality Control data, 2019.

<sup>11</sup> Ratcliffe, C., McKernan, S. (2010). This study was conducted by The Urban Institute under a cooperative research contract with USDA's Economic Research Service (ERS) Food and Nutrition Assistance Research Program (FANRP): contract number 59-5000-7-0113. <https://www.ers.usda.gov/publications/pub-details/?pubid=84335#:~:text=The%20results%20suggest%20that%20receiving,of%20reducing%20food%2Drelated%20hardshi>

<sup>12</sup> Szanton, S., Samuel, L., Cahill, R., Zielinskie, G., Wolff, J., Thorpe, R. Jr., Betley, C. (2017). Food assistance is associated with decreased nursing home admissions for Maryland's dually eligible older adults. *BMC Geriatr*, 17(1), 162. doi: 10.1186/s12877-017-0553-x. PMID: 28738897; PMCID: PMC5525341

<sup>13</sup> Samuel, L., Szanton, S., Cahill, R., Wolff, J., Ong, P., Zielinskie, G., Betley, C. (2018). Does the Supplemental Nutrition Assistance Program affect hospital utilization among older adults? The case of Maryland. *Popul Health Manag*, 21(2), 88-95. doi: 10.1089/pop.2017.0055

<sup>14</sup> Berkowitz, S., Palakshappa, D., Rigdon, J., et al. (2021). Supplemental Nutrition Assistance Program participation and health care use in older adults: A cohort study. *Ann Intern Med*, 174, 1674-1682. <https://doi.org/10.7326/M21-1588>

<sup>15</sup> Zielinskie, G., Samuel, L., Szanton, S. (2017). To improve health and reduce costs for low-income seniors, invest upstream. *Health Affairs*, <https://www.healthaffairs.org/doi/10.1377/forefront.20171024.786928/>

<sup>16</sup> Berkowitz, S., Palakshappa, D., Rigdon, J., et al. (2021). Supplemental Nutrition Assistance Program participation and health care use in older adults: A cohort study. *Ann Intern Med*, 174, 1674-1682. <https://doi.org/10.7326/M21-1588>

<sup>17</sup> Food Research & Action Center. (2022). The case for making SNAP benefits adequate: Reflections from interviews with older adults. <https://www.aarp.org/aarp-foundation/our-work/food-security/the-case-for-making-snap-benefits-adequate-reflections-from-interviews-with-older-adults/>

<sup>18</sup> United States Department of Agriculture. (2022). Trends in USDA Supplemental Nutrition Assistance Program participation rates: Fiscal year 2016 to fiscal year 2019. <https://fns-prod.azureedge.us/sites/default/files/resource-files/Trends2016-2019.pdf>

<sup>19</sup> Dean, O., Gothro, A., Bleiweiss-Sande, R., Navarro, S., Reynolds, M. (2022). Older Adult Supplemental Nutrition Assistance Program (SNAP) Participation Series. AARP Public Policy Institute. <https://doi.org/10.26419/ppi.00166.001>

confusing application process, and barriers such as discomfort with technology.<sup>20, 21</sup> Administrative inefficiencies such as outdated enrollment systems, processing delays, and complicated recertification processes may also contribute to the under-enrollment of eligible seniors in SNAP.<sup>22</sup>

Between an aging population and rising food prices, it is increasingly important to find ways to connect eligible older adults to SNAP. Additionally, enrolling the millions of older Americans eligible but not enrolled in SNAP could result in billions of dollars in health care savings.<sup>23</sup>

### **Opportunities to improve access to SNAP among older adults**

Improvements can and should be considered in areas that would encourage innovation in SNAP, streamline the application process, and ensure participants receive the full benefits for which they are eligible, while ensuring program integrity and stability.

**Preserve and expand access to broad-based categorical eligibility.** Our AARP/Mathematica study is one of the first to examine the effect of broad-based categorical eligibility (BBCE) on participation rates among older adults, and we find that BBCE is associated with higher participation among adults ages 60 and older. Forty-one states and the District of Columbia have BBCE in place. The remaining states should consider adopting this policy. Although our model treated all BBCE policies equally, BBCE policies differ substantially across states. It is reasonable to suspect that more expansive BBCE policies would have a greater effect on participation. Although most states already operate BBCE policies, many BBCE states might be able to further boost participation by raising the gross income limit and raising or eliminating the asset limit.

**Streamline enrollment process to meet the needs of eligible seniors.** Federal law already requires that Supplemental Security Income (SSI) applicants are given the opportunity to file for SNAP at their local Social Security Administration (SSA) office. USDA Food and Nutrition Service (FNS) reimburses SSA for this work. USDA and SSA should continue to strengthen the partnership to ensure all SSI applicants are given this opportunity. The federal government should also explore additional ways to improve data sharing and matching between SSA and FNS, as well as opportunities to better coordinate with other federal agencies to determine whether cross enrollment would be appropriate and efficient for ensuring eligible individuals receive the assistance they need.

The SNAP Combined Application Projects (CAP) are demonstration projects created to make it easier for SSI recipients to receive SNAP by streamlining the application process. CAPs have been operating for nearly three decades and found to be associated with higher SNAP

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<sup>20</sup> Levin, M., Paprocki, A., Mack, M., Grey, C. (2021). Older adult SNAP access. Social Policy Research Associates. [https://www.aarp.org/content/dam/aarp/aarp\\_foundation/pdf/2021/spr-older-adult-snap-access-report-full-report.pdf](https://www.aarp.org/content/dam/aarp/aarp_foundation/pdf/2021/spr-older-adult-snap-access-report-full-report.pdf)

<sup>21</sup> Gabor, V., Williams, S., Bellamy, H., Hardison, B. (2002). Seniors' views of the food stamp program and ways to improve participation—focus group findings in Washington state: Final report. Health Systems Research, Inc., USDA Economic Research Service. [https://www.ers.usda.gov/webdocs/publications/43151/51497\\_efan02012.pdf?v=0](https://www.ers.usda.gov/webdocs/publications/43151/51497_efan02012.pdf?v=0)

<sup>22</sup> Food Bank News. (2021). SNAP can slash healthcare costs. But how to boost enrollment? <https://foodbanknews.org/snap-can-slash-healthcare-costs-but-how-to-boost-enrollment/>

<sup>23</sup> Zielinskie, G., Samuel, L., Szanton, S. (2017). To improve health and reduce costs for low-income seniors, invest upstream. *Health Affairs*, <https://www.healthaffairs.org/doi/10.1377/forefront.20171024.786928/>

participation among older adults. However, the demonstration project is underutilized with only 17 states operating a CAP. Our results suggest that expanding CAP to more states could improve participation in SNAP among older adults. As such, we believe CAPs should become a standard policy option for all states. This would remove the requirement of cost neutrality, which can act as a barrier for state participation in demonstration projects and result in some SNAP participants receiving fewer benefits for which they would otherwise be eligible. Additionally, SSA staff in states with CAP should have basic training in SNAP eligibility and help CAP applicants get connected to SNAP agencies if they believe they could be eligible for a higher benefit under the regular SNAP enrollment process.

**Extend SNAP certification periods.** Our study supports previous research showing that extended certification periods could raise SNAP participation rates among older adults. Extended certification periods can also reduce churning, or frequent entry and exit from SNAP. States have the option to extend certification periods for households in which all members are 60 years or older or have a disability to 24 months, or 36 months under some demonstration projects. States that have not extended certification periods for these households should consider doing so, either through existing regulation or demonstration projects. At the same time, the federal government should consider allowing states to extend certification periods for households with older adults or members with a disability without needing to apply for a demonstration project.

**Conduct further research on SNAP policies and build upon successes.** Our analysis was limited in that we treated all policies as equal despite variation in how they are implemented across states, so additional research could analyze how various components of each policy affect SNAP participation. For example, while the Elderly Simplified Application Project (ESAP)<sup>24</sup> was not associated with higher SNAP participation in our analysis, the program is implemented very differently across states and some aspects may be more successful than others in boosting SNAP participation. Similarly, we found that Standard Medical Deduction (SMD)<sup>25</sup> was not associated with increasing enrollment. However, SMD policies may offer value aside from enrollment purposes, such as increased benefits for the highest-need SNAP participants. SMD also allows states to streamline administrative procedures and the application process for older individuals.

The federal government should consider how to best support states in effectively implementing policy options like ESAP and SMD. Additionally, the federal government should further test, evaluate, and advance program rules that maintain program integrity while providing flexibility for and easing burden on SNAP participants, such as through innovative approaches to interviews or permanently allowing states the option to document in writing SNAP applicant signatures given over the phone instead of requiring an audio recording of the verbal attestation.

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<sup>24</sup> States may choose from a menu of policy options aimed at easing SNAP application and processing burdens for older households. Components of a state's ESAP could include a streamlined SNAP application form, verification of reported household and financial information through data matching, provisions for applicants to self-declare some information about income and expenses, waiver of the recertification interview, and an extended certification period of up to 36 months.

<sup>25</sup> This policy gives states the option to establish a standard deduction from the household income of older individuals or those with disabilities for out-of-pocket medical expenses more than \$35 per month, instead of calculating and deducting actual expenses. Households might still choose to claim actual medical expenses if they are above the SMD threshold.

**Continue to evaluate the Thrifty Food Plan on a regular basis.** AARP supports the 2018 Farm Bill provision requiring re-evaluation of the Thrifty Food Plan (TFP) and at five-year intervals following the initial update. The 2021 benefit adjustment was long overdue and came at a critical time. The re-evaluation helps SNAP benefits better keep pace with inflation and rising food prices. Moreover, regular evaluations of SNAP benefit amounts can help improve benefit adequacy which can in turn support the purchase of healthier foods. During the COVID-19 pandemic, the federal government made temporary boosts to SNAP benefit amounts. A study from the Food Research & Action Center (FRAC) and AARP Foundation found that these benefit increases helped SNAP participants purchase more and healthier food.<sup>26</sup>

**Consider more responsive benefit adjustments.** While SNAP benefits are adjusted for inflation annually, the cost of groceries has increased so rapidly that the annual adjustment does not reflect today's actual food prices. Policymakers could consider mechanisms to provide more responsive SNAP benefit amounts, especially in times of high inflation, economic downturns, or other extenuating circumstances such as a pandemic. Groceries now cost about 12 percent more than they did a year ago,<sup>27</sup> and food prices are expected to continue increasing.<sup>28</sup> People around the country are feeling the higher prices every time they go to the grocery store, but the increases are especially hard for those with low incomes who already struggle to put food on the table.<sup>29</sup> While higher-income households spend more money on food overall, lower-income households spend a significantly larger share of their income on food. In 2020, households in the lowest income quintile spent 27 percent of their income on food, while those in the highest income quintile spent 7 percent.<sup>30</sup> Many low-income households are already consuming the lowest-cost foods available to them and may be unable to substitute cheaper foods when food costs rise.

**Increase minimum monthly benefit.** Older SNAP households are more likely than younger SNAP households to receive the minimum benefit.<sup>31</sup> Households that qualify for the minimum benefit are still low-income households that must meet SNAP income requirements. Under federal SNAP rules, gross income must not be higher than 130 percent of the federal poverty level (FPL)—about \$1,396 per month for a single-person household—while net income must not be higher than 100 percent of the FPL.<sup>32</sup> The minimum benefit is currently set at 8 percent of the maximum allotment for a household of one—which translates to \$20 a month, or about 66¢ a day. The expectation of low benefit levels is a commonly cited reason for nonparticipation

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<sup>26</sup> Food Research & Action Center. (2022). The case for making SNAP benefits adequate: Reflections from interviews with older adults. <https://www.aarp.org/aarp-foundation/our-work/food-security/the-case-for-making-snap-benefits-adequate-reflections-from-interviews-with-older-adults/>

<sup>27</sup> U.S. Bureau of Labor Statistics. (2022). Consumer Price Index Summary. <https://www.bls.gov/news.release/cpi.nr0.htm>

<sup>28</sup> USDA Economic Research Service. (2022). Food Price Outlook. <https://www.ers.usda.gov/data-products/food-price-outlook/summary->

[findings/#:~:text=Food%20price%20increases%20are%20expected,between%206.0%20and%207.0%20percent](https://www.ers.usda.gov/data-products/food-price-outlook/summary-findings/#:~:text=Food%20price%20increases%20are%20expected,between%206.0%20and%207.0%20percent)

<sup>29</sup> Dean, O. (2022). Increasing food prices make SNAP benefits even more critical for low-income older adults. AARP. <https://blog.aarp.org/thinking-policy/increasing-food-prices-make-snap-benefits-even-more-critical-for-low-income-older-adults>.

<sup>30</sup> USDA Economic Research Service using data from the U.S. Bureau of Labor Statistics. (2020). Consumer Expenditure Survey. <https://www.ers.usda.gov/data-products/chart-gallery/gallery/chart-detail/?chartId=58372>

<sup>31</sup> Dean, O., Figueiredo, C. (2021). Millions of adults ages 50 and older rely on the Supplemental Nutrition Assistance Program (SNAP). AARP Public Policy Institute. <https://www.aarp.org/content/dam/aarp/ppi/2021/12/millions-of-adults-rely-on-snap.doi.10.26419-2Fppi.00106.002.pdf>

<sup>32</sup> Under federal rules, households with people ages 60 and older or people with disabilities need to meet only the net income limit.

among eligible older adults.<sup>33</sup> Further, the rising cost of food also underscores the need to re-evaluate the minimum monthly SNAP benefit amount.

**Explore opportunities for targeted SNAP outreach to people most in need.** As stated above, we estimate that over 3 million older adults lived in households that could have been eligible for over \$200 in monthly SNAP benefits in 2018. This segment of low-income older adults could greatly benefit from the SNAP benefits for which they are eligible. The federal government should work across departments to identify potentially eligible older adults and engage trusted community partners to help with outreach and enrollment. Policymakers should also assess the accessibility of SNAP across various economic and demographic groups—including by race and ethnicity and geographic location—and use this information to identify outreach opportunities to drive equitable access to SNAP.

**Expand nutrition incentives.** To further support healthy eating, AARP supports increasing incentives for the purchase of a variety of foods, including fruits and vegetables for SNAP participants, such as through the Gus Schumacher Nutrition Incentive Program (GusNIP). The program empowers SNAP recipients to purchase fruits and vegetables at farmers' markets and retailers throughout the country—allowing the consumer to decide which healthy items suits their dietary needs. AARP also supports USDA's recent announcement to provide \$25 million for SNAP technology improvements to modernize the delivery of nutrition incentive programs. These investments should help improve access to nutrition incentives. Additionally, we suggest collecting and publishing disaggregated demographic data to better understand who is participating in GusNIP and leverage that data to improve access to nutrition incentives for underserved individuals and communities.

**Do not expand time limits.** AARP opposes efforts to apply time limits on SNAP eligibility to people ages 50-59. SNAP is critical for older workers who lose their job. While most individuals who receive SNAP benefits are already working, older Americans who fall out of the labor force face significant barriers to gaining employment and experience longer spells of unemployment compared to younger age groups. In economic downturns especially, older workers face longer durations of unemployment compared with younger job seekers. General work requirements are already applied to people ages 16-59. If additional work requirements that include time limits are applied to older adults, the policy could result in taking food off the table for older jobseekers who are trying to reenter the job market and still in need of nutrition assistance.

**Enhance access to online SNAP grocery shopping and delivery.** The SNAP Online Purchasing Pilot makes it possible for SNAP participants to have their groceries delivered to them. The pilot can be especially important for older adults who do not have reliable transportation or may have physical limitations that make grocery shopping challenging. USDA should evaluate the program, identify barriers for SNAP participants, and leverage this information to ensure older adults in communities across the country can use the program.

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<sup>33</sup> Gabor, V., Williams, S., Bellamy, H., Hardison, B. (2002). Seniors' views of the food stamp program and ways to improve participation—focus group findings in Washington state: Final report. Health Systems Research, Inc., USDA Economic Research Service. [https://www.ers.usda.gov/webdocs/publications/43151/51497\\_efan02012.pdf?v=0](https://www.ers.usda.gov/webdocs/publications/43151/51497_efan02012.pdf?v=0)

## **Improve physical access to healthy food**

Neighborhood conditions can also affect access to food. For example, people living in some urban areas, rural areas, and low-income neighborhoods may have limited access to stores with fresh, healthy food options. Neighborhoods that are predominantly Black or Hispanic tend to have fewer full-service supermarkets compared with neighborhoods that are predominantly White and non-Hispanic,<sup>34</sup> and may have higher food prices, lower quality foods, and less variety of foods.<sup>35, 36, 37</sup>

**Expand affordable healthy food options.** We need bold, nationwide efforts to ensure healthy food choices are within reach for communities across the nation. The federal government should provide support for conducting internal assessments to understand how healthy food retail can be fostered in neighborhoods lacking outlets offering fresh healthy food, and support local, regional, and national solutions to incentivizing and promoting healthy food retail. Working across sectors, the federal government should help build capacity for healthy food retail projects in disinvested communities, including through additional funding for USDA’s Healthy Food Financing Initiative. Public investments can be used to leverage private investment to drive the development, rejuvenation, and expansion of healthy food retail.

**Improve transportation.** Transportation issues, especially time and cost, can make it especially challenging for older adults to access healthy food. The public and private sector should work with residents to identify areas that lack access to healthy food, assess the barriers, and implement strategies to remove transportation barriers to fresh food markets. The Older Adult SNAP Access report found that many of the older adults surveyed reported not having regular access to a car.<sup>38</sup> Many without cars relied on friends or family members to take them to a grocery store. For respondents residing in rural and suburban areas, public transportation was often absent or very limited. Older adults without reliable transportation reported having less control over when they had access to food and what quality or type of food they could get and reported skipping meals when they could not get to a store.

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<sup>34</sup> Powell, LM., Slater, S., Mirtcheva, D., Bao, Y., Chaloupka, FJ. (2007). Food store availability and neighborhood characteristics in the United States. *Prev Med*, 44(3), 189-195. 10.1016/j.ypmed.2006.08.008

<sup>35</sup> USDA Economic Research Service. (2009). Access to affordable and nutritious food: Measuring and understanding food deserts and their consequences. Report to Congress. [https://www.ers.usda.gov/webdocs/publications/42711/12716\\_ap036\\_1\\_.pdf](https://www.ers.usda.gov/webdocs/publications/42711/12716_ap036_1_.pdf)

<sup>36</sup> Beaulac, J., Kristjansson, E., Cummins, S. (2009). A systematic review of food deserts, 1966-2007. *Prev Chron Dis*, 6(3), A105.

<sup>37</sup> Office of Disease Prevention and Health Promotion. (2022). Food insecurity. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity#:~:text=Food%20insecurity%20may%20be%20long%20term%20or%20temporary.&text=It%20may%20be%20influe nced%20by,is%20limited%20or%20not%20available>

<sup>38</sup> This report analyzes interview data collected for the Evaluation of Alternatives to Increase Elderly Access to Supplemental Nutrition Assistance Program (SNAP) for the USDA Food and Nutrition Service (FNS). Levin, M., Paprocki, A., Mack, M., Grey, C. (2021). Older adult SNAP access. Social Policy Research Associates. [https://www.aarp.org/content/dam/aarp/aarp\\_foundation/pdf/2021/spr-older-adult-snap-access-report-fullreport.pdf](https://www.aarp.org/content/dam/aarp/aarp_foundation/pdf/2021/spr-older-adult-snap-access-report-fullreport.pdf)



## **Strengthen other federal nutrition programs**

### Commodity Supplemental Food Program

The Commodity Supplemental Food Program (CSFP) works to improve the health of more than 760,000 low-income older adults at least 60 years of age by supplementing their diets with nutritious USDA foods. Over the last fiscal year, CSFP packages experienced a significant increase in cost per box and these costs are not expected to decline in FY 2022. Unlike SNAP, the number of people who can participate in CSFP is limited, and many eligible older adults are not able to access the program. As food prices continue to increase, additional funding is needed to meet the needs of older adults who are struggling with food insecurity.

### Senior Farmers' Market Nutrition Program

The Senior Farmers' Market Nutrition Program (SFMNP) enables older adults with low incomes to purchase fresh produce at farmers' markets or Community Supported Agriculture operations. With some exceptions, the federal SFMNP benefit level must be at least \$20 per year but cannot be more than \$50, whether for a household or individual. Increasing the annual benefit amounts could allow participants to purchase more healthy foods. USDA should also identify opportunities to support programs in underserved areas.

### The Emergency Food Assistance Program

The Emergency Food Assistance Program (TEFAP) provides nutritious food to low-income individuals through food banks and other charitable organizations nationwide, while supporting domestically grown commodities. Feeding America food banks have reported substantial increases in demand for food assistance throughout the pandemic, with many people turning to food banks for the first time ever. It is our hope that as the underlying causes of hunger are addressed and other federal programs strengthened, there will be less reliance on emergency programs. Until then, with sustained demand for food assistance, additional investments for TEFAP food will be needed to help stem the tide of hunger.

### Older Americans Act Nutrition Programs

The Older Americans Act (OAA) Nutrition Program helps reduce hunger and has the potential to improve health. An evaluation found that 42 percent of congregate meals participants and 61 percent of home-delivered meals participants would skip meals or eat less without these programs.<sup>39</sup> The home-delivered meals program is associated with better nutritional status, dietary intake, food security, and well-being. Despite the importance of the program, funding has not kept up with inflation and increased demand from an aging population. Many low-income older adults who need meals are not receiving them. Providing greater investment in the nutrition programs could allow more seniors to remain at home and in better health.

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<sup>39</sup> Mabli, J. et al. (2017). Evaluation of the effect of the Older Americans Act Title III-C Nutrition Services Program on participants' food security, socialization, and diet quality. A report prepared for the Administration for Community Living by Mathematica Policy Research. [https://acl.gov/sites/default/files/programs/2017-07/AoA\\_outcomesevaluation\\_final.pdf](https://acl.gov/sites/default/files/programs/2017-07/AoA_outcomesevaluation_final.pdf).

**Closing**

Food and nutrition security are complex and require a comprehensive approach that thoughtfully engages a number of sectors beyond traditional nutrition assistance programs. AARP stands ready to work with you to address the pressing food needs of older Americans across the country. If you have any questions, please feel free to call me, or have your staff contact Nicole Burda on our Government Affairs staff at 202-826-8641.

Sincerely,

A handwritten signature in black ink, appearing to read "Nancy LeaMond". The signature is fluid and cursive, with the first name "Nancy" and last name "LeaMond" clearly distinguishable.

Nancy LeaMond  
Executive Vice President and  
Chief Advocacy and Engagement Officer