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PREVENTING HUNGER AMONG ELDERLY CALIFORNIANS

A Background Paper for Advocates and Service Providers

Far too many of California's low-income senior citizens experience the devastating consequences of hunger. Faced with high housing and medical costs, seniors with low incomes frequently don't have enough money to purchase adequate, nutritious food. Seniors who experience hunger are at risk for more health complications and often-serious health problems. Hunger also deprives seniors of independence and dignity during their golden years.

This background paper describes many of the federal and state programs that provide food assistance to seniors, as well as the challenges and barriers that seniors may face in accessing these services. In nearly all cases, funding limitations at the federal and state levels present a major obstacle to providing low-income seniors with the food they need to stay healthy. These funding limitations are fueled in part by the lack of public awareness about the high incidence and negative impact of elderly malnutrition. CFPA offers this paper as a reference and discussion starter for our many partners in the fight against hunger.

Hunger among the Elderly

Not long ago, old age was associated directly with poverty. In 1960, more than one-third of the seniors in this country lived below the federal poverty line. Fortunately, that shocking figure has been greatly reduced. The U.S. Census Bureau's 1998 publication "Poverty in the United States" reports that 10.5 percent of the elderly live below the federal poverty line.¹

While the overall economic situation among the elderly has improved substantially over the decades, not every elder has shared equally in the income gains. In addition to one out of 10 seniors still classified as poor, another 10 percent live with incomes that are not far above the federal poverty guidelines. Data also show that elders living alone or with non-relatives are more likely to be poor than those who live in families.² In

¹ The 2002 federal poverty guidelines for a person living alone are an annual income of \$8,860 or less, and an annual income of \$11,940 for a couple.

² The Census Bureau estimates that 23 percent of all persons age 65 to 74 lived alone in 1998, while 38 percent of those ages 75 to 84 lived alone and 52 percent of all those age 85 and over.

addition, older households are less likely than younger ones to receive public assistance income, food stamps, or Medicaid.

Much of the attention on the elderly poor has focused on the continuing crisis in health care. A less visible problem involves hunger and malnutrition among the elderly. In the first major study of this issue, the Urban Institute in 1993 found that five million elderly people in the United States experienced “food insecurity”: they don’t have the right kinds of food to maintain their health, they don’t know where their next meal is coming from, or they simply don’t have enough to eat.

Studies during the past decade have estimated that as many as half of the elderly are at moderate or high nutritional risk. There is little doubt that individuals who have problems in basic self-care also have problems getting enough food. In 1997, the Food Security Measurement Study of the U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services’ Nutrition Center for Health Statistics found the prevalence of food insecurity and hunger among the elderly is much higher in those households where the elderly lived alone. Two years later, a USDA study of “Household Food Security in the United States, 1999” stated that 16.7 percent of the elderly who lived alone and had an income less than 139 percent of the federal poverty guidelines were food insecure, including 6.4 percent who experienced the actual pains of hunger.

Hunger and food insecurity can have devastating consequences for the elderly. Seniors who experience hunger are at risk for more health complications and often-serious health problems. Malnutrition can exacerbate disease, increase disability, lower resistance to infection, and extend hospital stays among the elderly. It also raises the cost to caregivers and inflates national health care costs; studies have shown that seniors who experience hunger have up to 100 percent longer hospital stays and increase hospital costs by \$2,000 to \$10,000 per stay.

While approximately 33 million Americans, 13 percent of the population, are 65 years or older, the aging of the “baby boom generation” will involve dramatically larger numbers of elderly people, especially elderly women. The United Census Bureau projects the number of elderly persons 65 years and older in the U.S. population will more than double between 1995 and 2030. Over this same time period, the number of elderly age 85 and older will increase by nearly 150 percent, and the number for age 100 and over will be more than eight times greater than it was in 1995.

Adequate, nutritious food is critical to ensuring that everyone can live out his or her golden years with good health and dignity. Unfortunately, no single strategy will solve the problem of hunger among California’s elderly—and as elderly people make up an increasing percentage of California’s population, it will become increasingly challenging to meet their food-related needs.

Major Sources of Food Assistance for the Elderly

Unlike the national entitlement programs for children available through schools, senior nutrition programs tend to be small, inadequately funded, and available only to a portion of seniors who need food. The federal Food Stamp Program, which was designed as a nutrition safety net for low-income people of all ages, does not meet the needs of many seniors in California because of special state and federal rules that make SSI recipients ineligible for food stamps. As a result, California does not have a single, federally funded food assistance program to meet the nutritional needs of low-income seniors. Instead, seniors in California receive food assistance from the many distinct state and federal programs³ described below:

➤ ***Elderly Nutrition Program***

During the past 30 years, the federal Elderly Nutrition Program (ENP)—along with the Food Stamp Program—has become the nation’s primary source of food assistance for the elderly. The ENP is funded under the Older Americans Act (OAA), which in 1965 established the federal Administration on Aging to focus on senior issues. California also contributes some state funding to supplement the program.

The ENP is administered at the county level through local Area Agencies on Aging. It provides federal funding to help these agencies offer daily meals and related nutrition services to any person 60 years of age and older, with preference given to those in greatest economic and social need. Food is provided primarily either in congregate centers, usually senior centers, or in home-delivered meals to those with disabilities. Though payment by the recipients is not mandatory, three-quarters of the elderly who get a home-delivered meal -- and almost all who eat at the congregate sites -- contribute toward the cost of the meals. Their voluntary personal contributions account for 20 percent of the costs of these meals.

Unfortunately, the ENP only reaches an estimated one-third of the needy elderly. A major reason is that the federal funding for the program has not kept up with either inflation or the numbers of people who need help. By the late 1990s, federal appropriations for ENP were down by almost 50 percent relative to what the government spent in the early 1970s. The result is that millions of needy seniors live in places where no congregate meals are available, find themselves placed on long waiting lists for home-delivered meals, or are deemed not disabled enough to qualify for home-delivered meals.

³ Unfortunately, participation in many assistance programs does not necessarily guarantee an improvement in the nutrient intake or health of the elderly. Regardless of the availability of food in the household, a recent study entitled “Impact of Food Insecurity and Food Assistance Program Participation on Nutritional Risk in the Elderly” found that identified functional impairments -- both physical and mental -- cause many elderly to be unable to prepare and eat the food available.

Studies, however, have revealed other reasons for the ENP's failure to reach more of the needy elderly. Since 1988, the number of home delivered meals – which account for 32 percent of the total ENP participation – has increased more than 27 percent. During this same time period, the numbers of congregate participants and meals served has decreased by 23 percent.

Several reasons may explain why eligible older adults either stop or do not participate in congregate meal programs, including:

- Lack of awareness about availability of the programs;
- Lack of awareness of their need for the services;
- Lack of transportation;
- Social discomfort with attending or receiving assistance;
- Impaired health;
- Dissatisfaction with the foods served; and,
- Rules that do not permit seniors to take food away from the sites.

Many of these reasons for non-participation are similar to those present in other federal nutrition programs, though lack of transportation and poor health may be more prevalent among the elderly. Area Agencies on Aging and other congregate meal providers may want to consider adopting the same strategies that have increased participation in other programs, including outreach and marketing efforts that focus on the nutritional and social benefits of program participation. By stressing the health benefits of congregate meals, agencies may be able to overcome the stigma associated with food assistance. And as school-based child nutrition programs have found, healthier, better-tasting meals will encourage higher participation.

Not all congregate meals sites have experienced a significant drop in participation. Instead, some agencies continue to have waiting lists for their congregate meal programs. Increased federal funding for these services is the key to ensuring that no senior goes hungry because of long waiting lists at their local congregate meal site.

Agencies with waiting lists may also consider some of the steps taken by over-subscribed child nutrition programs to provide service to people most in need. For example, the Special Supplemental Nutrition Program for Women Infants and Children (WIC) allows states to use nutrition risk criteria as the basis for a weighed priority system for both program participation and for the movement of women, infants, and children off waiting lists as openings become available. Congregate programs could consider developing a more sensitive set of nutrition risk criteria – such as focusing on health problems and medical history data -- to prioritize which seniors get the available services.

➤ ***Seniors Farmers Markets***

The Seniors Farmers' Market Nutrition Pilot Program (SFMNPP) was established by the USDA's Commodity Credit Corporation (CCC) to provide grants to states for pilot projects modeled on the Women, Infants, and Children (WIC) farmers' market program. Low-income seniors in these projects receive coupons that may be exchanged for eligible food at farmers' markets, roadside stands, and community supported agricultural programs. In 2001, the CCC awarded \$15 million in grants nationwide for senior farmers' market pilot program. The California Department of Aging (CDA) received \$1 million of these 2001 monies to fund a program that issued coupons to more than 50,000 seniors. While CDA submitted a request in 2002 for a \$2 million grant, only \$10 million in funding nationwide had been set aside for this program.

An additional \$15 million in funds could be released by USDA for senior farmers' market pilot projects from the Commodity Supplemental Food Program (CSFP) program if the money is unused by CSFP. Another potential source of funding for seniors farmers' market programs may be the \$64 million in emergency "specialty crop" funding received by the California State Department of Agriculture from the USDA.

Some of the efforts made to improve and expand the WIC Farmers' Market Nutrition Program (FMNP) may be adaptable to senior farmers' markets. For example, the California FMNP program expanded seven-fold from 1999 to 2000 through the use of an innovative private and public mixture of funds for the state match. While a state match is currently not an issue for senior farmers' markets, those funding strategies may offer some fruitful ideas.

➤ ***Brown Bag Program***

The Brown Bag Network Program is a state-funded program that provides surplus and unmarketable edible fruits, vegetables, and other unsold food products to low-income elderly people 60 years of age and older. The food is not intended to meet all of the nutritional needs of older people, but to help supplement their diets.

Approximately 35 providers in California, including food banks and other community agencies, provide service at over 600 sites. Each provider receives \$22,500 a year to run the Brown Bag program. In 1999-2000, with funding of \$901,566, the state Department of Aging calculated a return on state funds of \$35:\$1. This value is generated through using donated food and by utilizing a network of volunteers to donate the food. During 1999-2000, agencies distributed roughly 16 million pounds of food to over 41,800 participants—but with limited statewide funding, the program has a limited number of participants and sites, many of which have waiting lists.

➤ ***Commodity Supplemental Food Program***

The Commodity Supplemental Food Program-Elderly provides food to older persons who have low incomes or who are at nutritional risk. It also serves the population of lower-income women, infants and children who are eligible for WIC, though eligible people cannot participate in WIC and CSFP at the same time.

Like Brown Bag, CSFP food packages do not provide a complete diet; instead, they seek to provide nutrients typically lacking in the diets of the target population. The program's food package may include rice, hot cereal, canned and dry milk, canned meat or poultry, dried beans, peanut butter, and juice; where possible, the package is tailored to the participant's health status and individual needs.

USDA purchases commodities and makes them available to 33 State agencies and 2 Indian Tribal Organizations (ITOs), along with funds for administrative costs.

In California, the Department of Education stores the food, then distributes it to a small number of public and non-profit private local agencies⁴, which determine the eligibility of applicants, distribute the food, and provide nutrition education. Given its limited funding and geographical scope, CSFP is limited in its ability to meet the nutritional needs of all low-income seniors in California.

➤ ***Food Stamp Program***

Since the late 1970s, the federally funded Food Stamp Program has been our nation's largest and most comprehensive hunger relief program. Last year, it provided an average monthly benefit of \$80 to some 1.7 million people in California. In 2001, less than 10 percent of food stamp households were elderly.

Although the Food Stamp Program is an entitlement program available to income-eligible people of all ages, elderly people in California who receive Supplemental Security Income/State Supplemental Payment (SSI/SSP) are ineligible for food stamps. While food stamp participation among eligible seniors is extremely low throughout the nation, California is the only state in which SSI/SSP recipients are categorically ineligible. By preventing otherwise eligible people from getting food stamps, this policy fails to protect many needy older Californians from the devastating consequences of hunger. CFPA has developed a more detailed analysis of this policy titled "Cash-Out in California: A History of Help and Harm" available at CFPA's website, www.cfpa.net.

⁴ As of August 2003, these agencies include the Redwood Empire Food Bank, Modesto Love Center, San Diego Food Bank, the Equal Opportunity Council of San Francisco, and the Community Action Partnership of Orange County, which recently expanded to serve parts of Los Angeles County under a partnership with the Los Angeles Regional Food Bank.

Despite California's rule disallowing SSI/SSP recipients to receive food stamps, some low-income seniors—specifically, those who don't receive SSI/SSP—are eligible to receive food stamps. If national statistics are any indication, however, these eligible seniors are not likely to participate in the program.

Nationally, only about 30 percent of eligible senior citizens receive food stamps, for many of the same reasons that non-elderly people don't participate in the program.⁵ Typically, potential applicants face a host of barriers: a complicated food stamp application and distribution process; minimal government efforts at outreach to inform qualified recipients about their entitlement; and the stigma attached to food stamps that are viewed as welfare rather than a necessary health benefit.

These problems equally confront the elderly. Seniors, however, also face other psychological and physical barriers to accessing food stamps. Studies suggest the elderly are often more embarrassed in being at a welfare office and using the food stamps at a grocery store. Seniors also may perceive too much complexity in the application process or may find it difficult – or impossible – to access the food stamp office. And although the Food Stamp Program is an entitlement program, some seniors feel that the benefits should go to families or others who are in greater need.

Moreover, many elderly believe that food stamps are not worth the trouble to apply. Eligible seniors are very likely to have incomes close to the food stamp income limits. In many cases, this relatively high income level will result in relatively low benefits; in some cases, seniors will receive the minimum monthly benefit of \$10. As a result, seniors may view the burden of seeking food stamps as greater than the benefit they would receive.

California's SSI/SSP rule may inadvertently pose another barrier to seniors participating in the Food Stamp Program: though 25.5 percent of households receiving food stamps in the United States also get Old Age Survivors and Disability Income (OASDI, or Social Security income), only 4.3 percent of California's participating households do. One factor that might account for this discrepancy is that 80 percent more SSI recipients in California, who are foreclosed from getting food stamps, also receive OASDI than do SSI recipients nationally. This fact, however, in no way explains why the national rate of OASDI households receiving food stamps is nearly 600 percent greater than that in California. One explanation for this discrepancy is that government eligibility workers may confuse all the programs administered by the Social Security Administration– and thus summarily deny food stamp benefits to those receiving any Social Security income.

California could significantly increase food stamp participation among eligible seniors with an automated enrollment system. Some states automatically enroll elderly and

⁵ USDA, *National Conversation on Food Stamps*, p. 15.

disabled SSI recipients in the FSP and use Electronic Benefits Transfer to automatically issue benefits each month.

Similar technology could enable elderly people in California to receive food stamps without filling out an additional application: they could simply receive a letter stating that food stamps have been put on their electronic card and then use the card as a debit card to redeem the food stamps at the grocery store. Existing regulations also allow states to waive certain requirements like periodic reporting for senior households on fixed incomes and annual face-to-face re-certifications.

Other ideas to increase the participation of the eligible elderly for food stamps are being tested in several pilot programs funded by the USDA's Food and Nutrition Service:

- One project aims at substantially reducing the paperwork burden confronting elderly applicants for food stamps. With the exception of citizenship status, no additional verification of personal circumstances will be required of elderly applicants in two Florida counties. The resource test for the elderly will be based solely on liquid assets, such as checking and savings accounts.
- A second project focuses on providing elderly FSP applicants with one-on-one assistance from other senior citizens or part-time volunteers. One pilot program in Maine uses participants in the OAA's Senior Community Service Employment program to screen referrals, provide help with the food stamp application, arrange transportation, and provide follow-up services to maximize the number of elderly who successfully apply for and receive food stamp benefits.
- Two additional programs in Michigan and Oregon rely on part-time volunteer workers to provide pre-screening and other food stamp application assistance at senior centers and county meal site.
- Another project offers an optional commodity alternative that provides a monthly food package instead of food stamps. Seniors who qualify are given the choice to receive a food package twice a month in their congregate meal sites, in their homes along with normal meals-on-wheels deliveries, or at some other convenient location, such as a food bank's distribution.
- ***Adult Day Care***

The federal Child and Adult Care Food Program (CACFP) provides meals and snacks primarily to low-income children in child care centers and homes. As its name suggests, CACFP also has an adult day care component that offers cash reimbursement and commodity assistance for meals and snacks served to chronically impaired elders in community adult day care centers. Participants are automatically eligible for free meals

if they are members of a food stamp household or receive either SSI or Medicaid benefits. Otherwise, they are eligible for reduced-price meals if they meet other eligibility criteria.

For a host of reasons, the adult day care component of CACFP has been greatly underutilized. Nationwide, only 62,500 adults receive this benefit. Many adult day care providers lack knowledge about this program or consider the meal reimbursement rates too low. Some providers mistakenly believe that adults who participate in the Adult Day Care Health Program are not eligible to receive meals under the Adult Care Food Program.

But the record-keeping paperwork required of CACFP providers may be the most significant barrier to having more centers participate. The paperwork consists of contract and accounting documents that the adult day care centers must submit to the Nutrition Services Division of the California Department of Education (CDE); responses to the CDE's frequent monitoring efforts to insure program integrity and participants' eligibility; and daily, weekly, and monthly documentation of meals served so that the providers can get reimbursed. Moreover, the state monitors these adult day care programs with as many as six site visits a year.

Advocates interested in improving participation in CACFP have focused on overcoming the onerous CACFP paperwork burdens for parents, child care centers, and family day centers. To convince more adult day care centers to participate in CACFP and provide meals to the needy elderly in their centers, similar kinds of simplification would be necessary.

Another reason for the stark non-utilization of the adult care food component of the CACFP might be its placement within the CDE, which is primarily concerned with younger people. Other state agencies, such as the California Department of Aging, might be a more appropriate – and effective – “parent” for this program.

Another Potential Source of Food Assistance for the Elderly

➤ ***Medi-Cal/Medicaid Waiver Program***

The problem of hunger and malnutrition may be most serious for low-income seniors who are homebound. While the home-delivered meals component of the Elderly Nutrition Program is aimed at this population, very long waiting lists exist in most communities. Until the federal government appropriates more funds for ENP home-delivered meals, such waiting lists will remain.

Other efforts, however, may be pursued to provide food to the elderly in their homes. One path would be to develop projects that take advantage of the rapid growth in managed care enrollment within Medicaid. One vehicle for the expansion of managed

care is the waiver process under the Social Security Act which affords states increased authority and flexibility to develop and implement creative alternatives to placing Medicaid-eligible individuals in hospitals, nursing facilities, or intermediate care facilities for persons with mental retardation. The Home and Community Based Services Waivers (HCBS) are premised on the belief that many individuals at risk of being placed in these facilities can be cared for in their homes and communities, preserving their independence and ties to family and friends at a cost no higher than that of institutional care.

Under Section 1915 (c) of the Act, states may request waivers of certain federal requirements to develop Medicaid-financed community-based treatment alternatives. While the law specifically lists seven health-focused services that may be provided in HCBS waiver programs, the state can provide other services -- such as non-medical transportation, in-home support services, and minor home modifications -- that would be needed by waiver participants to avoid being placed in a medical facility. For many senior Medicaid recipients, these services arguably could include home-delivered meals, nutrition supplements, and nutrition counseling. While most ENP home-delivered meals programs provide one meal a day during the week and a package of two meals for the weekend, the broad language in Section 1915 (c) can be interpreted to allow a state to provide nutrition services consisting of two meals a day for seven days a week.

California has proposed some waiver programs with regard to who can provide Medi-Cal health care services, but the state has not pursued waivers under Section 1915 (c) to actually provide in-home services. Though the current state budget crisis will probably result in cuts in Medi-Cal funding, the state may be able to leverage federal funds to implement these waivers without having to provide more state funds. Advocacy and policy work that seeks to have the state provide more services to the home bound – and include nutrition among the services – would help many Medi-Cal recipients overcome their nutritional risks.

California Food Policy Advocates is grateful to our Board Member, Ed Steinman, who researched and prepared this background paper. For more information, please contact CFPA at 415-777-4422 or visit our website at www.cfpa.net.