



Real Possibilities

**TESTIMONY BEFORE THE  
HOUSE AGRICULTURE COMMITTEE, SUBCOMMITTEE ON NUTRITION**

**“The Past, Present, and Future of SNAP: Special Populations.”**

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Chairman Conway, Subcommittee Chairman Walorski, Ranking Member McGovern, and members of the Subcommittee, thank you for holding today's hearing on the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), and for inviting AARP to speak about program's positive impact on older Americans. My name is Eric Schneidewind, and I am the AARP President-elect. AARP is a non-profit, non-partisan organization, with a membership of nearly 38 million ages 50+, that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families.

### **Overview of SNAP**

SNAP is a critical part of the nutrition safety net available to low-income families and people in need, including the elderly and people with disabilities. It has been shown that participating in SNAP can lead to improvements in a household's food security status, especially for those with very low food security.<sup>1</sup> The mechanism by which SNAP reduces food insecurity is simple — it increases a household's food budget and enables them to buy more food than they would otherwise be able to purchase. Further studies show that while SNAP households see improved dietary intakes, there is still much work to be done, particularly with those on low benefit levels.<sup>2</sup>

### **Why SNAP is Effective**

SNAP is exceptionally effective and efficient at achieving its mission of reducing food insecurity. In Fiscal Year (FY) 2014, an average of 45.9 million individuals in 22.4 million households received SNAP benefits every month. The average SNAP household had an income of only 58 percent of the federal poverty line in 2014, with 82 percent of SNAP benefits going to households with a child, elderly, or disabled person.<sup>3</sup> At the same time, program performance is better than it ever has been. In FY 2014, SNAP error rates stood at record lows with over 99 percent of participating households meeting all the program's eligibility requirements.<sup>4</sup>

Along with helping low-income persons eat healthier, more nutritious food, SNAP also helps stimulate the economy — up to \$9 for every \$5 in SNAP benefits spent.<sup>5</sup> This is not an unintentional effect. SNAP was designed to help more Americans during times of economic crisis and increased need, blunting the larger macroeconomic effects — including but not limited to reduced consumer spending on even essential items such as food — that are typically a result of higher unemployment and lower household incomes. The recent economic recession demonstrated the importance of SNAP in providing food assistance for families that would have otherwise gone without food.

### **Public-Private Partnership Fighting Senior Hunger**

While SNAP is at the cornerstone of all public food assistance in the United States, we would be remiss if we do not mention other programs under the jurisdiction of this

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<sup>1</sup> <http://www.fns.usda.gov/sites/default/files/Measuring2013.pdf>

<sup>2</sup> [http://www.ajpmonline.org/article/S0749-3797\(15\)00226-3/pdf](http://www.ajpmonline.org/article/S0749-3797(15)00226-3/pdf)

<sup>3</sup> <http://www.fns.usda.gov/sites/default/files/ops/Characteristics2014.pdf>

<sup>4</sup> <http://www.fns.usda.gov/snap/quality-control>

<sup>5</sup> [http://www.ers.usda.gov/media/134117/err103\\_1\\_.pdf](http://www.ers.usda.gov/media/134117/err103_1_.pdf)

Subcommittee that also address the issue of senior hunger in tandem with the vast private charitable network that assists seniors every day. Programs such as the Commodity Supplemental Food Program (CSFP)<sup>6</sup>, the Emergency Food Assistance Program (TEFAP), the Senior Farmers Market Nutrition Program (SFMNP)<sup>7</sup>, as well as home-delivered and congregate meals authorized under Title III of the Older Americans Act<sup>8</sup>, serve millions of seniors.

According to Feeding America, approximately 28 percent of their food banks' clients — 13 million Americans — are over the age of 50.<sup>9</sup> However, many of these federal programs are appropriately targeted to seniors with significant limitations in their activities of daily living (ADLs), such as the ability to shop for and prepare their own meals, as well as seniors who are homebound. And while the significant charitable response is admirable, there is no replacement for SNAP when it comes to fighting hunger in all population groups - and older Americans are no exception.

### **Importance of SNAP to Seniors**

Elderly households, which are defined as those with an individual over age 60, represented 19 percent of all SNAP recipients in FY 2014. Out of this cohort, 85 percent received either Supplemental Security Income (SSI) or Social Security, and 82 percent of elderly households receiving SNAP consisted of an elderly individual living alone. On average, elderly SNAP households received an average benefit of \$129 per month.<sup>10</sup>

According to research by AARP Foundation — a charitable affiliate of AARP — over 17 percent of adults over the age of 40 are food insecure. Among age cohorts over age 50, food insecurity was worse for the 50-59 age group, with over 10 percent experiencing either low or very low food security. Among the 60-69 age cohort, over 9 percent experienced similar levels of food insecurity, and over 6 percent among the 70+ population. This emphasizes the fact that the younger segment of older Americans are often at deeper risk for food security than their older counterparts, primarily because they have yet to receive Social Security benefits and — even if they have specialized needs or limitations — might not qualify for other nutrition assistance programs geared toward older Americans.

However, low-income seniors face problems that younger low-income Americans do not, namely reduced ability to re-enter the workforce, fixed incomes in retirement, as well as significantly higher medical costs. AARP research shows that older job seekers are more

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<sup>6</sup> CSFP served approximately 573,000 individuals in FY 2014: <http://www.fns.usda.gov/sites/default/files/pfs-csfp.pdf>

<sup>7</sup> SFMNP served 787,139 in FY 2014:

<http://www.fns.usda.gov/sites/default/files/sfmnp/SFMNP%20Profile%20for%20Participating%20State%20Agencies%20-%20FY2014.pdf>

<sup>8</sup> OAA home-delivered and congregate meals served 2,405,394 seniors in FY 2013

<http://www.agid.acl.gov/CustomTables/SPR/Results/>

<sup>9</sup> <http://www.feedingamerica.org/hunger-in-america/our-research/senior-hunger-research/baby-boomers-executive-summary.pdf>

<sup>10</sup> <http://www.fns.usda.gov/sites/default/files/ops/Characteristics2014.pdf>

likely to look for work longer, and when they do re-enter the workforce, often have no choice but to take part-time or low-paying jobs.<sup>11</sup>

In 2012, 88 percent of SNAP households with seniors reported medical expenses.<sup>12</sup> The typical amount was \$550 for the year, equivalent to \$46 a month. AARP Foundation research shows that 2 in 5 American adults over age 50 had to cut down or skip meals in the last year because of a lack of food, and 1 in 5 have difficulty buying nutritious food.<sup>13</sup>

According to the Centers for Disease Control and Prevention (CDC), the cost of health care of someone 65 and older is upwards of three to five times higher than the cost of care for someone in a younger cohort. And among the population over 65, nearly 95 percent of health care costs go toward treating and managing chronic illnesses.<sup>14</sup>

### **Positive Impact on Health and Quality of Life**

For many seniors, food security can mean better management of a whole range of chronic diseases, and it can make the difference in being able to age-in-place with dignity or face no choice but to enter institutional care. Put in different terms, a marginally food-secure senior has a reduced nutritional intake equivalent to having \$15,000 less in annual income when compared to food-secure seniors.<sup>15</sup>

Compared to food-secure seniors, those facing food insecurity are 53 percent more likely to die of a heart attack, 40 percent more likely to have congestive heart failure, 22 percent more likely to face limitations of ADLs, and are 60 percent more likely to suffer from depression.<sup>16</sup> Overall, seniors struggling with food security were over twice as likely to report being in poor health.<sup>17</sup> For example, as food insecurity worsens, health care utilization and total health care costs increases. Researchers recently discovered that severely food insecure individuals required an average of \$4,000 in care, compared to \$2,806 for moderately food insecure individuals and \$1,608 for food secure individuals.<sup>18</sup>

Given the costs of chronic disease management to the health care system, particularly programs such as Medicare and Medicaid, there is a strong incentive for policymakers to look at hunger as a health issue. If we ensure that SNAP is accessible and sufficient, it can be a key strategy to bending the health care cost curve, especially for seniors. One such example of how these causes are inexorably linked is a recent study that showed that risk for hospital admissions for hypoglycemia spiked 27 percent in the last week of the month

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<sup>11</sup> [http://www.aarp.org/content/dam/aarp/ppi/2015-03/The-Long-Road-Back\\_INSIGHT.pdf](http://www.aarp.org/content/dam/aarp/ppi/2015-03/The-Long-Road-Back_INSIGHT.pdf)

<sup>12</sup> <http://www.cbpp.org/sites/default/files/atoms/files/8-20-14fa.pdf>

<sup>13</sup> <http://pdf.aarpfoundation.org/i/455086-aarp-foundation-findings-on-nutrition-knowledge-and-food-insecurity-among-older-adults>

<sup>14</sup> [http://www.cdc.gov/features/agingandhealth/state\\_of\\_aging\\_and\\_health\\_in\\_america\\_2013.pdf](http://www.cdc.gov/features/agingandhealth/state_of_aging_and_health_in_america_2013.pdf)

<sup>15</sup> <http://content.healthaffairs.org/content/34/11/1830.full.pdf+html>

<sup>16</sup> <http://www.feedingamerica.org/hunger-in-america/our-research/senior-hunger-research/or-spotlight-on-senior-health-executive-summary.pdf>

<sup>17</sup> <http://www.ncbi.nlm.nih.gov/pubmed/11340107>

<sup>18</sup> <http://www.cmaj.ca/content/early/2015/08/10/cmaj.150234>

— as compared to the first week of the month — when food and SNAP budgets of low income populations have often been exhausted.<sup>19</sup>

Furthermore, SNAP benefits help recipients afford other basic necessities, such as housing and utility expenses, by freeing up household resources otherwise needed for food costs. There may also be a positive effect on other health related problems associated with food insecurity, such as postponing needed medical care, delaying or not taking prescribed medications, increased emergency room use, and more frequent hospitalizations among low-income adults.<sup>20</sup>

Another study showed that the costs of hunger to the entire health care system were an estimated \$160 billion dollars.<sup>21</sup> As the senior population continues to grow, along with the incidence of chronic disease, food security issues will only continue to put more pressure on the public and private health care system.

By providing SNAP benefits to those in need, we can help people live at home and age-in-place, helping to delay or prevent more costly institutional care and unnecessary hospitalizations, saving taxpayer dollars. Research demonstrates states that invest in home and community-based services, over time, slow their rate of Medicaid spending growth, compared to states that remain reliant on nursing homes. On average, the Medicaid program can provide services to help roughly three older adults and adults with physical disabilities live independently in their homes and communities for the cost of serving one person in a nursing home.<sup>22</sup>

### **Barriers to Senior Participation**

While the public and private implications of food security might be most significant for seniors, they participate in SNAP at a lower rate than any age cohort. Where the overall participation rate for eligible households is 85 percent, only 41 percent of eligible elderly households participate in SNAP. While the participation rate is slightly higher for households with only one elderly individual, at 54 percent, these rates remain woefully low, despite recent increases.<sup>23</sup>

Many barriers to older adults' participation in SNAP are societal — some seniors are under the misconception that if they accept SNAP benefits they will exclude other people, many are embarrassed to accept public assistance, and others might not know they are eligible. However, promising practices can remove policy-related barriers such as arduous application length, in-person interviews for initial benefits and recertification which are

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<sup>19</sup> <http://content.healthaffairs.org/content/33/1/116.full.pdf+html>

<sup>20</sup> M. Kushel et al., 2005. "Housing Instability and Food Insecurity as Barriers to Health Care Among Low-Income Americans," *Journal of General Internal Medicine* 21:71-77.

<sup>21</sup> <http://hungerreport.org/2016/wp-content/uploads/2015/11/HR2016-Full-Report-Web.pdf>

<sup>22</sup> A. Houser, W. Fox-Grage, & K. Ujvari, *Across the States: Profiles of Long-Term Term Services and Supports 2012* 16 (AARP PPI, 2012),

[http://www.aarp.org/content/dam/aarp/research/public\\_policy\\_institute/ltc/2012/across-the-states-2012-full-report-AARP-ppi-ltc.pdf](http://www.aarp.org/content/dam/aarp/research/public_policy_institute/ltc/2012/across-the-states-2012-full-report-AARP-ppi-ltc.pdf)

<sup>23</sup> <http://www.fns.usda.gov/sites/default/files/ops/Trends2010-2013.pdf>

difficult for homebound individuals, confusing medical expense deductions, and asset tests.

USDA has taken steps to implement programs such as the Elderly Simplified Application Project — which shortens applications, waives interviews, and lengthens recertification periods — as well as the Standard Medical Deduction Demonstration, which allows elderly and disabled adults with more than \$35 in out-of-pocket medical expenses to deduct a standard amount from their gross income in order to qualify for benefits.

However, additional pilots, such as the Combined Application Projects — which screens individuals applying for Social Security and other benefits for eligibility in SNAP — create government efficiency while also improving outcomes for older Americans that might otherwise struggle with food security. And while asset tests have been phased out in most states, elderly individuals struggling with high medical expenses and limited incomes should not have to face such tests, especially when some states have asset tests as low as \$3,250 for elderly and disabled adults.

### **SNAP Outreach and Education Efforts**

SNAP outreach that can connect consumers directly to programs that serve the SNAP population can be effective. For example, in Chicago, AARP Foundation has launched a physical mailer encouraging SNAP registration in specifically targeted areas to link SNAP recipients with fresh fruits, vegetables, and proteins. The Foundation is also connecting fresh food supplies into food deserts — defined as urban neighborhoods and rural towns without ready access to fresh, healthy, and affordable food<sup>24</sup> — providing both SNAP application assistance and an ability to more easily use those funds on nutritious foods delivered to their community. Based on this learning, the Foundation is exploring how to create a SNAP application on smartphones and easy pathways to utilize benefits at SNAP approved grocery stores or food delivery that can maximize the volume of nutritious food available on a SNAP budget. The goal of this work is to create easily replicable application pathways and immediately connect the recipient to healthy food options.

### **New Innovative Approaches**

While addressing the issues of access to SNAP benefits is essential, it is also our belief that we must empower low-income older adults to be smarter, healthier consumers. To that end, it is important to implement and evaluate innovative programming that demonstrates addressing hunger as a health issue pays both private and public dividends.

One of the AARP Foundation programs is a SNAP fruit and vegetable incentive program called Fre\$h Savings. This program incentivizes the purchase of fresh fruits and vegetables by SNAP shoppers in Mississippi and Tennessee, where according to USDA 22 percent (Mississippi) and over 16 percent (Tennessee) of households are food insecure. Among those households with members age 50 and older, over 16 percent in Mississippi are food insecure, as well as over 10 percent in Tennessee.<sup>25</sup>

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<sup>24</sup> <https://apps.ams.usda.gov/fooddeserts/fooddeserts.aspx>

<sup>25</sup> [http://www.aarp.org/content/dam/aarp/aarp\\_foundation/2015-PDFs/AF-Food-Insecurity-2015Update-Final-Report.pdf](http://www.aarp.org/content/dam/aarp/aarp_foundation/2015-PDFs/AF-Food-Insecurity-2015Update-Final-Report.pdf) via DataExplorer

At the 10 currently participating grocery stores, for every \$10 spent by a SNAP consumer on fresh fruits and vegetables, a coupon will print at check-out for 50 percent off the next purchase of fresh fruits and vegetables, with a maximum coupon value of \$10 (maximum of two coupons per SNAP household, per month). At 16 currently participating farmers markets, when a SNAP customer spends up to \$10 with their SNAP card, they will get the same amount in Fre\$h Savings tokens to spend on fresh fruits and vegetables. In both stores and farmers markets, educational materials are available to inform consumers about the Fre\$h Savings program and its value for SNAP shoppers.

Since September of last year, the program has distributed over 11,000 coupons at stores and over \$2,500 in tokens at farmers markets. The coupons have been redeemed at a rate of 27 percent, almost twice the typical redemption rate for a normal coupon program at the participating stores. The program is already slated to expand into an additional 15 farmers markets and 12 more stores in Mississippi and Tennessee, and is beginning to build a business case for retailers to implement such programs on their own.

Previous research on incentives at farmers markets<sup>26, 27</sup> and from a retail pilot by USDA<sup>28</sup> have demonstrated these programs are effective at a much smaller scale; however, Fre\$h Savings is one of the first such SNAP incentive programs to be implemented with a major, national retail grocer, which is where approximately 33 percent of all SNAP benefits are spent and where 87 percent of all older Americans say they shop for food on a regular basis.<sup>29, 30</sup> The potential to scale this program could have significant implications not only for the health and well-being of low-income Americans, but for retailers of any size.

## **2014 Farm Bill**

The 2014 farm bill included the following major changes and outcomes:

- Limited cuts to SNAP — larger cuts would have led to a less effective program to continue fighting hunger and food insecurity;
- Maintained “expanded categorical eligibility,” preserving benefits for over 2 million people in households, including low-income working families and seniors;<sup>31</sup>
- Modified the Low-Income Home Energy Assistance Program (LIHEAP), but ensured that no current SNAP recipient was removed from the program;
- Permitted non-profits that purchase and deliver foods to the elderly and people with disabilities to accept SNAP as payment;
- Authorized Community Supported Agriculture Organizations (CSAs) to become authorized SNAP retailers, expanding potential grantee connections;
- Temporary Emergency Food Assistance Program (TEFAP) received an extra \$200 million for commodities that will flow primarily through the food bank network;

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<sup>26</sup> [http://www.wholesomewave.org/wp-content/uploads/2014/07/2013\\_healthy\\_food\\_incentives\\_cluster\\_evaluation.pdf](http://www.wholesomewave.org/wp-content/uploads/2014/07/2013_healthy_food_incentives_cluster_evaluation.pdf)

<sup>27</sup> <http://www.fns.usda.gov/sites/default/files/FarmersMarkets-Shopping-Patterns-Summary.pdf>

<sup>28</sup> <http://www.fns.usda.gov/sites/default/files/HIP-Final-Summary.pdf>

<sup>29</sup> <http://www.fns.usda.gov/sites/default/files/snap/2014-SNAP-Retailer-Management-Annual-Report.pdf>

<sup>30</sup> <http://pdf.aarpfoundation.org/i/455086-aarp-foundation-findings-on-nutrition-knowledge-and-food-insecurity-among-older-adults>

<sup>31</sup> <https://www.fas.org/sgp/crs/misc/R42054.pdf>

- The Commodity Supplemental Food Program (CSFP) now exclusively serves seniors, as pregnant and postpartum women and children have shifted to WIC;
- Improved Access to Healthy Food: Food Insecurity Nutrition Incentive (FINI) grants were authorized with \$100 million to states and community-based organizations to increase the purchase of fresh produce where nutrition education is part of the anti-hunger strategy;
- New data exchange standards to help ensure SNAP can share data with other key federal and state programs more efficiently and effectively; and
- Strengthened program integrity provisions while adding tools to combat trafficking and other program abuses, and restored bonus payments to reward program accuracy.

### **Future Opportunities to Strengthen SNAP**

As the debate over SNAP moves forward, AARP recommends that we:

- Refrain from making any further benefit cuts under SNAP that would jeopardize the program's ability to carry out its important mission and avoid making any structural changes that would weaken SNAP's ability to respond to increased needs due to changes in the economy; (Research suggests that policies which increase SNAP benefits have been shown to improve food security among low-income households.<sup>32</sup>)
- Resist expanded work requirements under SNAP above those already in place, particularly any new requirements on workers 50+ who typically take longer than younger workers to find new permanent employment after being unemployed;
- Continue to protect categorical eligibility — as was done in the last farm bill — it is essential to improving access to SNAP for low-income Americans of all ages;<sup>33</sup>
- Invest in community-based initiatives to assist older adults and other vulnerable populations in better managing chronic conditions through nutrition and physical activity;
- Simplify and improve the application process for SNAP: Preliminary evidence from USDA pilots show that simplifying applications, lengthening recertification periods, and screening seniors applying for other public benefits are improvements to the administration of SNAP that create more efficient and effective government while also improving the quality of life of low-income older Americans. Some other programs, such as the Standard Medical Deduction Demonstration, help to give a more accurate estimate of medical costs' impact on a senior's income, thereby giving them more sufficient benefits;
- Allow grandparent and other non-parent caregivers to apply for benefits on behalf of the children in their care;
- Provide additional incentives to states to undertake reforms to expand SNAP eligibility for low-income households, such as eliminating asset tests for low-income older households and/or expanding income and resource deductions; and

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<sup>32</sup> M. Nord and M. Prell, *Food Security Improved Following the 2009 ARRA Increase in SNAP Benefits*, USDA Economic Research Report Number 116, 2011. <http://www.ers.usda.gov/media/127913/err116.pdf>.

<sup>33</sup> <https://www.fas.org/sgp/crs/misc/R42054.pdf>



- Closely monitor restrictions on outreach included in the 2014 farm bill to evaluate whether they are having a negative impact on SNAP for vulnerable populations that already face barriers to participation.

Again, thank you for holding this hearing and for understanding the important role of SNAP in addressing food insecurity among low-income seniors. I am happy to answer any questions.