

HUNGER IN OLDER ADULTS

CHALLENGES AND OPPORTUNITIES FOR THE AGING SERVICES NETWORK

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HUNGER IN OLDER ADULTS:

CHALLENGES AND OPPORTUNITIES FOR

THE AGING SERVICES NETWORK

A CALL TO ACTION

On July 27, 2016, the *Palm Beach Post* reported that the number of Florida seniors in Palm Beach County using SNAP benefits (formerly known as food stamps) had risen 27% since 2013. Still more worrisome, the number could have been even higher, since only 48% of eligible residents over age 60 were receiving these critical benefits.

Outreach efforts were helping, but older people who were homebound were especially vulnerable. There were home-delivered meals funded through the federal Older Americans Act, but the wait list was 900 people, almost double the 580 clients receiving service. A privately funded Meals on Wheels program provided meals to 583 people for a fee, yet some older adults could not afford that.¹

For many older adults, access to adequate, nutritious food is hardly a given. And the problem is growing as the older American population itself increases in size and diversity.

More than 10 million older Americans (16% of older adults) face hunger each year. Currently, vulnerable older Americans can get help through an array of national, state and local programs². However, these programs may be administered by different agencies, operate independently and lack funding, both public and private, to meet the need. Leaders and advocates across the aging, healthcare and anti-hunger networks have the opportunity to improve coordination and collaboration efforts to serve more older adults in need nutrition of services.

To understand the problem, it is important to understand the underlying factors contributing to an older person's vulnerability. Most important, older adults must be financially able to access adequate, safe and nutritious food without worrying about where the next meal will come from. They must be able to shop, select foods that are appropriate for health, and transport, prepare and store food safely. As they enjoy meals, it's also important to have appropriate social contact with others.

Food insecurity is not just worrying about getting the next meal, however. It is a *strong predictor* of chronic disease and diabetes, heart disease, stroke and lung disease. The resulting healthcare and medications add to the economic squeeze on low-income older adults. Poor nutrition can contribute to emotional distress, particularly depression.

As all these negative outcomes begin to snowball, they can affect a person's ability to remain at home, which burdens not only the individual, but society and the community overall. Medical costs linked to chronic conditions are high. But in order to address health and functionality related to managing these chronic conditions, older adults need to be able to access adequate, safe, quality food.

AARP Foundation, Caesars Foundation and Meals on Wheels America recognize that awareness of this issue and resources to understand it might be limited. They are providing this document as a resource to the Aging Services Network to build understanding of the characteristics of older adults, programs that assist them, factors that affect food insecurity, and promising practices and strategies. Within different national networks, we can strengthen our understanding about the connection between food insecurity, health and functionality. The hope is that dedicated and determined stakeholders can—collectively—more aggressively meet the needs of vulnerable older Americans.

For the first time in one place, the *Hunger in Older Adults* report:

- **Examines national programs that address these issues**, silos in these systems, and potential strategies;
- **Synthesizes publicly available research and information** from government, organizations, academic studies, aging services reports and technical assistance materials;
- **Examines the multiple ways that State Units on Aging (SUAs) tackle food insecurity** to better address senior hunger issues within their state;
- **Illuminates some of the challenges and opportunities** for the community-based nutrition services network in serving older adults; and
- **Recommends actions for leaders** and advocates to better improve communications, coordination or collaboration, and develop effective interventions.

The gaps in services for vulnerable older adults create both challenges and opportunities for social services, food assistance, nutrition and healthcare systems, and professionals. To reach more older Americans who face the threat of hunger, the *Hunger in Older Adults* report advocates that leaders and advocates within the Aging Services Network make specific changes to:

1. Enhance policy
2. Ramp up advocacy
3. Increase funding and resources
4. Build effective partnerships
5. Strengthen community action and
6. Undertake research and evaluation

When state and program leaders and advocates work together to maintain current programs and develop new or better interventions, then millions of older vulnerable Americans who need their help will reap the benefits.

CHARACTERISTICS OF OLDER ADULTS FACING FOOD INSECURITY

The United States Department of Agriculture (USDA) defines *hunger* as a “potential consequence of food insecurity that, because of prolonged, involuntary lack of food, results in discomfort, illness, weakness, or pain that goes beyond the usual uneasy sensation.”³

However, hunger is not easy to measure. So, USDA uses language to measure the household-level economic and social condition of limited or uncertain access to adequate food.

WHAT DO THE TERMS FOOD SECURITY AND FOOD INSECURITY MEAN?

The USDA defines food security as “access by all people at all times to enough food for an active, healthy life.” **Food insecurity** is divided into *low and very low food security*. For *low food security*, a person reports *reduced quality, variety or desirability in the diet* with little or no reduced food intake. For *very low food security*, a person reports *multiple disrupted eating patterns or reduced food intake*. National experts use these definitions in federal and academic surveys and literature.



Financial constraints are a primary factor that limits access to food. Other factors include poor physical health, mobility limitations, lack of adequate transportation, functional limitations (instrumental and activity of daily living, or IADL and ADL), cultural preferences and knowledge about appropriate food choices. Chronic health conditions and increased healthcare costs for older adults also play a role. Since none of these factors are measured in the USDA surveys, the surveys may either underestimate food insecurity among older adults or give a less nuanced view.^{4,5,6,7}

A 2016 National Foundation to End Senior Hunger (NFESH) report indicates that about 10 million or 16% of older adults face the “threat of hunger.” Characteristics of those at higher risk included living in the South and Southwest, racial minority, lower income, and between the ages 60 to 69. However, the majority were white and had incomes above poverty. The report also lists the top 10 states with



ABOUT **10 MILLION** OR **1 IN 6**
OLDER ADULTS FACE THE “THREAT OF HUNGER.”

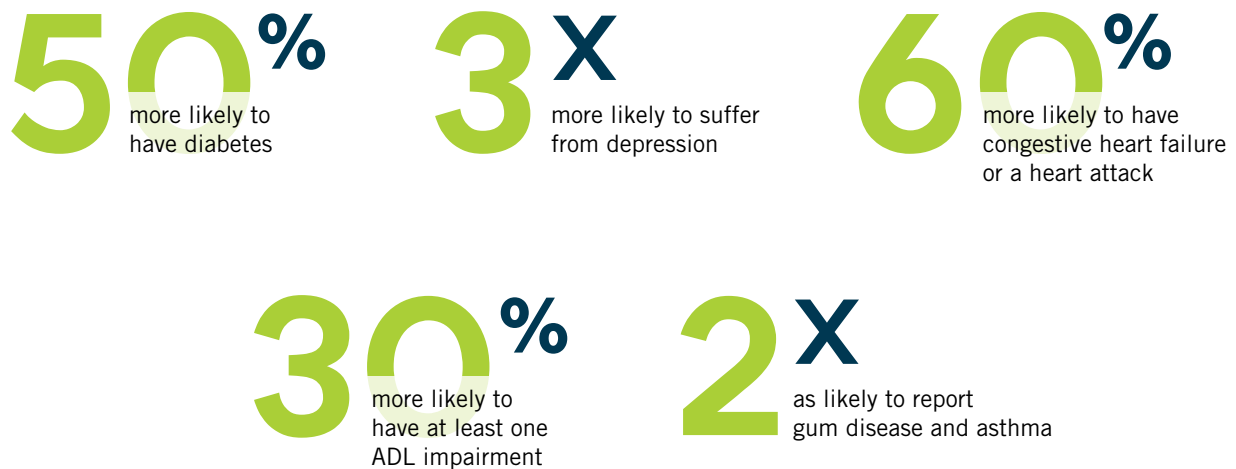
seniors facing the threat of hunger: Arkansas, Mississippi, Louisiana, New York, South Carolina, Texas, District of Columbia, North Carolina, Georgia and Ohio.^{7,8}

FOOD INSECURE OLDER ADULTS CONSUME FEWER NUTRIENTS

Food insecure older adults consume fewer calories and key nutrients needed to maintain health than those who are food secure. They consume less protein, iron, magnesium and vitamins C, A, B-6 and thiamin. As a result, that may lead to low muscle mass (thus increasing risk of falls, limited mobility, increased fatigue), less resistance, poorer wound healing, impaired cognitive functioning, and hypertension.

FOOD INSECURITY HARMS THE HEALTH OF MANY OLDER ADULTS AND THEIR ABILITY TO REMAIN IN THE COMMUNITY

Food insecurity among older adults is more likely to have adverse health consequences than in other age groups. For example, food insecure older adults are 50% more likely to have diabetes; three times more likely to suffer from depression; 60% more likely to have congestive heart failure or a heart attack; 30% more likely to have at least one ADL impairment; and twice as likely to report gum disease and asthma.⁸



These multiple chronic health conditions can reduce a person's ability to bathe or dress himself, or to shop and prepare meals. Health, functional and income limitations may lead to coping strategies such as eating less food or the wrong kinds of food, or making tradeoffs between buying food and medications or seeing the doctor. In turn, these poorer health outcomes may increase healthcare expenditures and the risk of nursing home placement.

FOOD INSECURITY MAY BE AN INDEPENDENT PREDICTOR OF NEGATIVE HEALTH AND NUTRITION OUTCOMES THAT AFFECT AN OLDER ADULT'S ABILITY TO REMAIN AT HOME

The academic literature consistently documents the link between food insecurity and poor health. A 2014 report from AARP Foundation summarized the literature stating that food insecurity is a *strong predictor* of poor health and disease, such as heart disease, stroke, lung disease and diabetes.⁵

Other studies identify poor nutrition as a source of chronic disease and contributor to emotional distress, particularly depression. Households with food insecurity have higher levels of long-term health problems, chronic disease, diabetes and depression. Data from the National Health and Nutrition Examination Survey also indicate that food insecure individuals have higher levels of depression and disability. The consensus is that poor nutritional intake, multiple chronic conditions, and limited access to healthy food affect older adults' ability to remain at home.⁸

FOOD INSECURE OLDER ADULTS HAVE SIMILAR SOCIO-ECONOMIC CHARACTERISTICS THAT MAY BE USED TO TARGET INTERVENTIONS

Food insecurity characteristics include being Black/African American or Hispanic, divorced or separated, a renter, living in the South, unemployed (for those who are not retired), disabled, less educated, or living alone. The youngest older adults, especially those 50-59, appear to have great rates of food insecurity than older groups; food insecurity tends to decline with age among adults 50 and older. Programs can apply such data to better target their services.⁵

OLDER ADULTS COPE WITH FOOD INSECURITY IN WAYS THAT ADVERSELY AFFECT THEIR NUTRIENT INTAKE, HEALTH AND ABILITY TO REMAIN AT HOME

Food insecure, low-income people face continual spending decisions and tradeoffs. Common strategies include buying the cheapest food even if it is unhealthy (77%); seeking help from family or friends (46%); watering down food or drink (38%); selling or pawning personal property (29%); and trying to grow food at home or in a community garden (24%). A report by AARP Foundation and Feeding America, *Baby Boomers and Beyond: Facing Hunger After Fifty*, examined such coping strategies.

Despite these attempts to cope, households made tradeoffs between food and paying for utilities (60%), transportation (58%), medical care (63%) or housing (49%). For those households with a family member over age 75, the most common strategy was a tradeoff between medications and food.⁶

One of the most vulnerable groups may be minority older adults. Minority groups are more likely to indicate skipping or eating smaller meals due to lack of money (39% Hispanic, 38% Black/African American and 26% White), according to a 2015 report, *Findings on Nutrition Knowledge and Food Insecurity Among Older Adults* by AARP Foundation. The same disparity held true for eating less nutritious meals due to lack of money (42% Hispanic, 40% Black/African American and 31% White).⁴

Eating unhealthy food or smaller meals, skipping meals, and watering down food compromise basic nutrition. Such coping strategies exacerbate chronic health conditions and contribute to poorer health and possible functional decline. Cutting back on rent, utilities and transportation may also decrease someone's ability to access food or the ability to remain at home in the community, and contribute to social isolation and depression.⁴

MALNUTRITION MAY ADVERSELY AFFECT ONE IN TWO OLDER ADULTS

Food, medication and healthcare tradeoffs also may lead to malnutrition. Malnutrition has been a clinical term used when the body does not get the right balance of nutrients and calories to stay healthy. It has recently been used simply to indicate "poor nutrition." There are estimates that up to 50% of older adults may be malnourished, a condition that increases costs for the healthcare system. These costs have been estimated to be increased by 300%.⁹

Malnutrition can be found in a nursing home, hospital or one's own home or community.^{9,10}

It is estimated that up to 33% of older adults admitted to the hospital may be malnourished. Malnourished older adults have increased hospital length of stays, increased readmissions, and greater mortality than older adults who were not malnourished.

Multiple clinical studies document that providing appropriate nourishment for malnourished patients may result in healthcare cost savings. Treating malnutrition has been shown to reduce avoidable hospital readmissions, length of stay in the hospital, pressure ulcer incidence and overall complications.

Nutrition interventions in malnourished older adults has been shown to decrease falls, which are the leading cause of both fatal and nonfatal injuries for those 65+. Although poor vision, medications, chronic health problems and unsafe home conditions are commonly cited as increasing fall risk, poor nutrition and sarcopenia (and possible lower limb weakness as a result) is often overlooked as a cause.^{5,9,10,11}

Older adults may be at higher risk of malnutrition if they are lower-income; have less access to adequate, safe, nutritious food; have functional limitations; are food insecure; practice coping mechanisms to "stretch" their food; and have multiple chronic conditions. Any older adult with multiple chronic diseases and recent hospitalizations is probably at risk for malnutrition.

33%



About 33% of older adults admitted to the hospital may be malnourished.

50%



Up to 50% of community-dwelling older adults may be malnourished.

300%



Malnutrition can increase healthcare costs by 300%.

THE U.S. POPULATION IS GROWING OLDER OVERALL, AND SOME OLDER ADULTS HAVE MORE DEMOGRAPHIC CHARACTERISTICS THAT MAKE THEM MORE VULNERABLE. THIS INCREASES THE NEED FOR COMMUNITY-BASED NUTRITION SERVICES

Since 2004, the number of older Americans increased by 10 million, or 28% compared to an increase of approximately 6% for the under-65 population. Demographic data project that by 2040, 22% or slightly more than one-fifth of the U.S. population will be over 65.¹² In 2014, one in seven Americans (or approximately 15%) was over age 65—and in some states (Florida, Maine and West Virginia), the rate was even higher—18%.¹²

Most older adults are living longer, healthier, more functional lives in the community. Multiple studies indicate an increase in healthy life expectancy in the past 20 years primarily due to improved healthcare. However, this improvement is not evenly distributed across all socio-economic groups and regions. Poorer individuals and those in the South are at higher risk of a shorter, less healthy lifespan.^{13,14}

The demographic changes mean that there will very likely be older Americans with characteristics that place them in need of services, particularly in states with a population that has lower incomes and more racial minorities, individuals living alone, functional impairments, chronic conditions and higher rates of food insecurity.

POVERTY, DIVERSITY AND DISABILITY IN THE OLDER ADULT POPULATION

Projections show racial and ethnic/racial diversity will continue to grow from 22% in 2014 to 28% in 2030. Currently about 29% of older adults live alone, with about twice as many older women living alone as men. Living alone may indicate the need for more support. Although about 10% of older adults lived in poverty, a greater proportion were women, those living alone and racial minorities. Living in poverty or even above poverty, but on a fixed income often forces the tradeoffs that compromise health, functionality and the ability to live a quality life.^{5,12,14}

Some people—women, ethnic/racial minorities, the poor, “older older” adults, those who live alone, those with functional limitations or multiple chronic conditions, and those who have higher out of pocket medical expenditures—may be less likely to obtain adequate, safe, nutritious food than others.



Some of these conditions such as poverty or poorer living conditions are known as social determinants of health. Social determinants of health include economic stability, education, neighborhoods and the built environment, social and community contexts, as well as health and healthcare. Also patterns of social engagement and a sense of security and well-being also affect health. These conditions affect a wide range of health, functioning, and quality-of-life outcomes and risks. As discussed in Healthy People 2020 from the

Centers for Disease Control and Prevention improving social and physical environments or “social determinants of health” promotes good health for all.¹⁵

In 2014, about 36% of older adults reported some sort of disability. Although some disabilities may be minor, many affect the ability to function independently. Thirty percent of Medicare beneficiaries reported difficulty with one or more ADL and about 12% reported difficulty with one or more IADLs. Older adults who cannot go outside the home by themselves, drive to a grocery store or prepare meals may be less able to access adequate, safe, nutritious food.^{5,12,13}

As people age, an increased number have multiple chronic conditions that affect healthcare costs and an individual’s financial status. Forty-four percent of noninstitutionalized people age 65+ assessed their health as excellent or very good (compared to 55% for persons aged 45-64 years). Minority older adults were less likely to rate their health as excellent or very good than were older Whites.

Many older persons have at least one chronic condition and many have multiple conditions. Nutrition interventions may be a primary treatment for hypertension, heart disease, diabetes and osteoporosis¹⁶, but even experts may overlook that individuals in poor nutritional health are at higher risk of falls.^{12,17,18}

Older adults with less income make tradeoffs between food, medications and healthcare. For the 66% of those 65+ who rate their health as fair or poor, there may be increased healthcare expenditures that affect their financial status as well as ability to access adequate, safe, nutritious food. Older adults spent 13% of total expenditures on healthcare expenses, compared to 8% of spending for all consumers.^{4,5,12}



PROGRAMS THAT ASSIST OLDER ADULTS

NATIONAL SYSTEMS

Multiple national systems address the food needs of vulnerable older adults;

- USDA nutrition assistance programs, such as the Supplemental Nutrition Assistance Program.
- National organizations that implement and advocate for nutrition assistance programs, home and community-based systems (HCBS) and medical/healthcare systems and local community efforts.
- Home-delivered meals (also known as Meals on Wheels programs), and congregate meals providers, are essential components of HCBS systems. These may be one of the first services that older adults obtain that keep them in their homes.



Because older adults and their communities have unique needs, no single system or program is sufficient to meet the needs. To effectively address the nutritional needs of an increasing older diverse population, their families and caregivers, these multiple systems should improve efforts to communicate, cooperate, coordinate and collaborate more.

Federal social or health programs provide benefits to address needs of the American population. Federal legislation spells out eligibility criteria and funding mechanisms. Programs then may be designated as entitlement or discretionary. Some programs are considered entitlement programs. Individual participation in these programs is based on specific eligibility characteristics such as low-income (Supplemental Nutrition Assistance Program (SNAP) or Medicaid) or age or disability (Social Security). To participate in these programs, an individual must demonstrate the eligibility characteristic outlined in the federal legislation authorizing the program. For example, SNAP imposes a “means-test” or income test to determine eligibility and Social Security imposes an age test such as age 62 for reduced benefits. If an individual meets the eligibility test, the individual is “entitled” to the benefit. Congress is required to fund these entitlement benefits through appropriations.

Other programs are considered discretionary or non-entitlement programs. These programs have different eligibility characteristics and Congress funds these programs yearly in varying amounts. Therefore, individuals are not “entitled” to the benefit even if they meet the eligibility characteristic. The Older Americans Act (OAA) is a discretionary program which lists targeting criteria for program participation and does not allow a “means-test.”

In the next section, the primary national entitlement and discretionary programs that provide nutrition assistance to older adults will be listed, including eligibility characteristics.

NATIONAL PROGRAMS PROVIDING NUTRITION ASSISTANCE AND INTERVENTIONS

TABLE 1. UNITED STATES DEPARTMENT OF AGRICULTURE PROGRAMS SERVING OLDER ADULTS

PROGRAM	ENTITLEMENT	DISCRETIONARY	LOW-INCOME OR MEANS-TEST ELIGIBILITY	OTHER ELIGIBILITY
SNAP	X		X	
SNAP-ED		X	X	
FDPIR	X		X	X
CSFP		X	X	X
CACFP	X		X	X
TEFAP		X	X	
SFMNP		X	X	X

TABLE 2. DEPARTMENT OF HEALTH AND HUMAN SERVICE PROGRAMS SERVING OLDER ADULTS

PROGRAM	ENTITLEMENT	DISCRETIONARY	LOW-INCOME OR MEANS-TEST ELIGIBILITY	OTHER ELIGIBILITY
OAA NP		X		X
Medicare	X			X
Medicaid Waiver	X		X	X

The following section provides a selected review of existing programs.

USDA NUTRITION ASSISTANCE

USDA nutrition assistance programs weave a safety net for millions of low-income people who have difficulty putting food on the table.

The USDA nutrition assistance programs are based on low-income as the primary reason for lack of access to adequate, safe, nutritious food. Of USDA nutrition assistance programs, seven include older adults: Child and Adult Care Food Program (CACFP), Commodity Supplemental Food Program (CSFP), The Emergency Food Assistance Program (TEFAP), Food Distribution Program on Indian Reservations (FDPIR), Senior Farmers Market Nutrition Program (SFMNP), SNAP Education (SNAP-ED), and Supplemental Nutrition Assistance Program (SNAP).

To assist in delivering this program, USDA relies on national partners such as Feeding America (FA), Food Action and Research Center (FRAC), AARP, and National Council on Aging (NCOA). Other organizations have raised awareness of the challenges of hunger and older adults; provided key research; developed interventions; informed and assisted consumers; and trained Aging Services Network partners. These organizations include National Association of States United for Aging and Disability (NASUAD), National Foundation to End Senior Hunger (NFESH), Meals on Wheels America, National Association of Nutrition and Aging Services Programs (NANASP), the Alliance for Aging Research, and others.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

(<http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap>)

SNAP is the largest program in the domestic hunger safety net. In 2014, SNAP offered nutrition assistance to approximately 47 million people. In 2014, an USDA report estimated that 4,118,324 older adults participated in SNAP, 10% of total SNAP participants. Although the percentage of older adults participating in SNAP varies by state, nationally, the average monthly number of older adults has increased by 85% from 2008 to 2014. All states experienced increases in SNAP participation by older adults with an increase from 33% of eligible older adults to 42% in 2014. During 2008 to 2014, the number of older adult SNAP participants increased over 50% in 40 states and by 100% or more in 21 states. Still, participation in SNAP alone may not be sufficient to decrease food insecurity in older Americans.^{4,19,20}

Individuals need to be pre-screened and complete an application. Those who qualify then receive an electronic benefit transfer card for a specific amount. They can use the card to buy eligible foods from retail stores and many farmers markets.

The Supplemental Nutrition Assistance Program (SNAP) is the largest program in the domestic hunger safety net. Participation in SNAP alone may not be sufficient to decrease food insecurity in older Americans.



14 MILLION

of all SNAP eligible individuals were 60 years of age or older in FY2011.

BETWEEN 2008 AND 2014, THE NUMBER OF OLDER ADULT SNAP PARTICIPANTS INCREASED OVER

50%

in 40 states

AND BY

100%

or more in 21 states.

RATE OF PARTICIPATION IN SNAP IN FY2012

42%

eligible older adults

92%

other non-elderly populations

REASONS FOR NOT APPLYING FOR SNAP

FEAR OF
"WELFARE
STIGMA"

EMBARRASSMENT

CULTURE

DIFFICULTY WITH THE
APPLICATION PROCESS

LIMITED
UNDERSTANDING
OF THE APPLICATION
PROCESS

INACCURATE
PERCEPTIONS OF THE
APPLICATION PROCESS

LOW PERCEIVED BENEFIT
FOR APPLYING

FRUSTRATION WITH
APPLICATION PROCESS

States administer SNAP and partner with multiple non-profit organizations and retail stores. There is flexibility in the way SNAP is delivered in each state, which may affect how programs specifically assist older adults. This can include longer certification and recertification periods; a simplified elderly application process; combined application in partnership with the Social Security Administration; online applications; categorical eligibility such as receipt of Supplemental Security Income (SSI); standard medical deduction; call centers and mobile messaging. Ten states use county-administered programs. In the other states, there is central office state administration that manages the program for the entire state, including enrollment and problem-solving.

For an Aging Services Network that wants to serve more food insecure older people, a good first step is understanding what is occurring in its state with SNAP enrollment and existing relationships. In some states, a local Area Agency on Aging (AAA) or nutrition service provider may need to establish a relationship with the state office to facilitate SNAP enrollment. Local food banks may already have that relationship established, so it might be helpful to work with them first. Elsewhere, local programs may be able to collaborate with county human services agencies.¹⁹

CAN MORE OLDER AMERICANS WHO ARE ELIGIBLE FOR SNAP SIGN UP?

SNAP benefits vary. The average monthly benefit is \$110 for an older adult living alone, and higher for older adults living with others.²¹ SNAP can make a critical difference for older adults who need food.

Yet the rate of participation for eligible older adults is about 42% - significantly lower than the participation of other eligible populations, which is 83%. There are multiple reasons for this, ranging from participants' feeling of stigma to frustration with the application process. So, multiple national organizations, both in the nutrition assistance network and the Aging Services Network, address the concerns in different ways.

Some emerging strategies may increase SNAP participation. For instance, some homebound older adults who receive SNAP benefits may not be able to use them to shop for themselves. In compliance with the 2014 Farm Bill, the USDA has proposed a regulation to expand the definition of a retailer to include governmental or private non-profit food purchasing and delivery services (P&D Services). The proposed rule would allow the P&D of food to households in which the head of household is unable to shop for food, is 60 years of age or older, or is physically or mentally handicapped or otherwise disabled.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

(<http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>)

CACFP provides aid to adult care centers for nutritious foods to older adults and those with disabilities. Adult care centers receive payments for serving nutritious meals to adults 60+, or who are physically or mentally impaired to the extent that limits their independence and ability to carry out activities of daily living. It serves about 120,000 adults daily.

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

(<http://www.fns.usda.gov/csfp/commodity-supplemental-food-program-csfp>)

CSFP works to improve the health of low-income people age 60+ by supplementing their diets with nutritious foods, purchased and distributed by USDA. USDA distributes food and administrative funds to 47 states, the District of Columbia and 2 ITOs. Applicants must be deemed to be at 130% of poverty or below. The food is delivered by public or private entities such as food banks, nutrition programs, or community action organizations. In some communities, the food packages may be delivered to homebound individuals.

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)

(<http://www.fns.usda.gov/tefap/emergency-food-assistance-program-tefap>)

TEFAP provides emergency food to supplement the diets of low-income people, including older adults, at no cost. USDA purchases and distributes food and administrative funds to states who implement the program, primarily through food banks, food pantries, and soup kitchens. Because of various limitations, individuals may be limited to one bag of groceries per month.

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)

(<http://www.fns.usda.gov/fdpir/food-distribution-program-indian-reservations-fdpir>)

FDPIR provides USDA-purchased foods to low-income households, including older adults living on Indian reservations, and to Native American families in designated areas near reservations and in the State of Oklahoma. This program is an alternative to SNAP and individuals may not participate in both. It is available to 276 tribes through 100 Indian Tribal Organizations (ITOs) and 5 states.

THE SENIORS FARMERS MARKET NUTRITION PROGRAM (SFMNP)

(<http://www.fns.usda.gov/sfmnp/senior-farmers-market-nutrition-program-sfmnp>)

SFMNP awards grants to states, U.S. Territories and ITOs to provide coupons to older adults who are at no more than 185% of poverty. Seniors may use these coupons, between \$20 to \$50 per year, to purchase eligible foods at farmers markets, roadside markets and community-supported agriculture programs. The SFMNP is often administered by a state's Department of Agriculture or SUA. Fifty-one state agencies and federally recognized ITOs received funding in 2014. There is a limited nutrition education component to this program.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)

(<http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-education-snap-ed>)

SNAP-ED is a nutrition education program. It aims to improve the ability of a SNAP-eligible person to make healthy food choices within a limited budget and to choose active lifestyles consistent with the Dietary Guidelines for Americans, MyPlate and MyPlate for Older Adults. MyPlate is a consumer icon that illustrates

the five food groups and how they build a healthy diet. MyPlate for Older Adults is a significant adjunct to MyPlate—adjusted to meet the needs and goals of older adults. It was developed by Tufts University, with support from AARP Foundation. USDA provides grants to states and other entities for nutrition education consistent with USDA core messages. Although most states choose to target groups other than older adults, some states target SNAP education to older adults, often through the Aging Services Network.

USDA PROGRAMS PROVIDE A NUTRITION ASSISTANCE SAFETY NET TO LOW-INCOME OLDER ADULTS.

SNAP is the largest USDA nutrition assistance program that includes older adults as a target population. Although older adults' participation is increasing, they still participate at significantly lower rates than other eligible populations. Participation may benefit low-income, food insecure older adults for a variety of reasons—economic, nutrition, health and functionality.

Other USDA programs are small, have limited funding, serve limited numbers of older people, are not available equally in all states and communities, and may provide limited benefits to older adults. However, these programs are part of a broader nutrition assistance landscape. Enrollment in smaller programs helps older adults put food on the table, increases their ability to make healthy food choices, and decreases their need to make economic tradeoffs. To improve access and break down barriers to participation, multiple national organizations attempt to reach eligible people.

NATIONAL ORGANIZATIONS

National organizations address food insecurity and older adults in multiple ways depending on their organizational mission.

Various membership and advocacy organizations and foundations have recognized that food insecurity, health, functionality and economic difficulties of older adults can be partially alleviated. They contribute to increasing visibility, participation, research and advocacy. Health organizations provide helpful data on the health, chronic disease and food insecurity of older adults. (See Appendix II.)

AARP / AARP FOUNDATION

(<http://www.aarp.org/>) / (<http://www.aarp.org/aarp-foundation>)

AARP is a non-profit, non-partisan organization that helps people age 50+ improve the quality of their lives. AARP also addresses research, data and public policy concerns.

AARP Foundation focuses on hunger as a health issue, among other social determinants of health. It seeks to increase awareness and understanding of hunger and food insecurity with older adults; promote and strengthen existing programs; and act on identified needs by convening events and discussions. AARP Foundation also issues reports and funds research, programs and workshops. As a convener, AARP Foundation helped to sponsor the National Academy of Medicine's workshop on Meeting the Dietary Needs of Older Adults. The organization helps older adults access SNAP through Benefits QuickLINK, which connects them to benefits,

state websites and hotlines. (See Appendix II for materials on perceptions, nutrition knowledge, food availability and SNAP enrollment.)

FEEDING AMERICA

(<http://www.feedingamerica.org/>)

As the nation's leading private, non-profit domestic hunger-relief organization, Feeding America operates through a network of 200 foodbanks and 60,000 food pantries. Partnering with USDA, many of its members receive administrative funds and food through TEFAP and CSFP. Locally, Feeding America members supply bags of food to low-income older adults to help them stretch their limited food dollars. (See Appendix II for reports, tools and materials from the Feeding America website.)

FOOD RESEARCH AND ACTION CENTER (FRAC)

(<http://frac.org/>)

FRAC is a leading non-profit organization working to improve public policies and public-private partnerships to eradicate hunger and undernutrition in the U.S. Although focused on populations other than older adults, FRAC does concentrate many of its advocacy efforts on USDA programs. It has published information on older adults in relation to food insecurity and SNAP. (See Appendix II for materials from the FRAC website.)

NATIONAL CONFERENCE OF STATE LEGISLATURES (NCSL) AND UNITED STATES CONFERENCE OF MAYORS

(<http://www.ncsl.org/>) / (<http://www.usmayors.org/>)

Although these organizations do not target older adults, members are elected officials who enable public policy at a state and local level. The NCSL provides information on older adults and food insecurity to inform legislators. The U.S. Conference of Mayors issues a yearly Hunger and Homeless report with data on hunger and older adults in major U.S. cities. (See Appendix II.)

NATIONAL COUNCIL ON AGING (NCOA)

(<https://www.ncoa.org/>)

NCOA is a national leader that helps people 60+ meet the challenges of aging. NCOA partners with non-profit organizations, government and business to provide innovative community programs and services, online help and advocacy.

An NCOA focus is economic security. NCOA sponsors Benefits Check-Up, a free online service to screen older adults for 2,000 public and private benefits in all 50 states and the District of Columbia. For professionals, it offers the Senior SNAP Enrollment Initiative to assist in SNAP enrollment; a Best Practices Handbook of lessons learned about SNAP enrollment; and outreach and enrollment tools and webinars. (See Appendix II.)

DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)

DHHS WORKS CLOSELY WITH STATE, LOCAL, U.S. TERRITORIAL GOVERNMENTS TO PROVIDE ESSENTIAL HUMAN SERVICES FOR ALL AMERICANS AT EACH LIFE STATE.

The Department of Health and Human Services (HHS) website indicates that the mission of the department is to enhance and protect the health and well-being of all Americans. It accomplishes this mission by providing effective health and human services, and developing and promoting advances in medicine, public health and social services. The HHS advances medicine and health through agencies such as the National Institutes of Health, the Food and Drug Administration and the Centers for Medicare and Medicaid Services (CMS). The HHS addresses public health issues primarily through the Centers for Disease Control and Prevention. Other HHS agencies compile and analyze data to help to guide public policy and program implementation. The Administration for Community Living (ACL) administers the Older Americans Act, a primary social service program for older Americans that incorporates supportive, nutrition, health promotion-disease prevention, and caregiver support services as well as addressing elder abuse, neglect and exploitation. All the relevant HHS agencies contribute in some way to the well-being of older adults. However, the HHS services and programs from ACL and CMS provide the federal basis for a national system of long-term services and supports (LTSS) and home and community-based services (HCBS). This system is a state-administered system that is different in every state using state public and private funding.



The partner organizations for LTSS and HCBS include the NASUAD, NFESH, the National Association of Area Agencies on Aging (n4a), Meals on Wheels America, and NANASP.

LONG-TERM SERVICES AND SUPPORTS (LTSS) AND HOME AND COMMUNITY-BASED SERVICES (HCBS)

LTSS describes a range of supportive services needed by people who have limitations in self-care due to physical, cognitive or mental disability or condition. These services apply regardless of age and can be provided in the community or an institution. HCBS, a subset of LTSS, are services provided in the community. These may be funded by public funds such as Medicaid, Older Americans Act (OAA), state or local funds as well as by private funds.²⁴

These services do not focus on food insecurity, but on functional limitations of the older person. Needs may include access to benefits and counseling, transportation, homemaker, shopping assistance and nutrition services. Nutrition services are an integral component of the HCBS partially funded through the OAA and administered through 56 State Units on Aging (SUAs), 618 Area Agencies on Aging (AAAs) and about 4,100 congregate nutrition providers and 3,500 home-delivered nutrition providers. The Meals on Wheels America national advocacy organization represents many of these providers.

(See Appendix II for information on older adults, health, hunger and food insecurity, as well as data on chronic conditions, food security related to health conditions, and state-level information. A table in Appendix

IV indicates whether OAA-funded SUAs focus on hunger and food insecurity. See Appendix III for a table indicating the mechanisms used by SUAs.)

OLDER AMERICANS ACT (OAA)

THE OAA SERVICES ENABLE VULNERABLE OLDER ADULTS TO REMAIN IN THE COMMUNITY.

The OAA is a partially federally-funded, state-administered social services program to assist older adults and their caregivers. Income is not a criterion for service. Rather, the OAA targets populations with the greatest social and economic need, paying particular attention to low-income, low-income minority, rural, those with limited English proficiency and those at risk for institutionalization.^{2,25}

OAA programs are broader in scope than USDA's. For example, individuals who are minority, low-income, live alone, and are functionally impaired are at greater risk of nursing home placement. Some of these characteristics are similar to the ones that place older adults at higher risk for food insecurity.

The largest community-based nutrition services program focused solely on older adults is the OAA Nutrition Program (OAA NP), administered by SUAs. It is not a stand-alone program but functions as part of comprehensive and coordinated HCBS. Services include safe, nutritious meals (usually five days a week), nutrition education and screening, and assessment and counseling (funded through Title III C-1, congregate nutrition services, Title III C-2 or home-delivered nutrition services, and Nutrition Services Incentive Program or NSIP).

Services may include meals to meet special needs (therapeutic, cultural/ethnic and religious) and the nutrition education necessary to help people purchase healthy foods on a limited budget, adopt healthy lifestyles and change behaviors to manage chronic health conditions. Both programs provide essential social contact to reduce social isolation and depression. Many participants in congregate and home-delivered programs are unable to transport themselves to a grocery store or prepare adequate, safe, nutritious meals. All older adults are eligible for congregate dining, but older adults who are frail, homebound, functionally impaired or isolated may be eligible for home-delivered services.^{25,26}

These nutrition and other supportive services help address the many factors that predispose older adults, even those above the poverty line, to food insecurity.

The purposes of the program are to reduce hunger and food insecurity; promote socialization, health and well-being; and delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.²

THE OAA NP SERVES POPULATIONS WHO ARE AT HIGHER RISK FOR INSTITUTIONALIZATION.

The OAA NP serves individuals who are older, poorer, more functionally impaired, and more likely to be women, minority, rural or to live alone. They are more likely to have more chronic health conditions, take more medications, and to have been in the hospital or nursing home in the past year. They also are at higher risk for long-term nursing home placement than the general older population.

PARTICIPANTS VALUE OAA NP AND INDICATE THE PROGRAMS ALLOW THEM TO REMAIN AT HOME.^{2,27}

Participants indicate the programs enable them to adopt healthier eating habits and bolster their food intake.

TABLE 3. SELECTED OAA NP PARTICIPANT PERCEPTIONS OF PROGRAM IMPACT

RESULT	CONGREGATE PARTICIPANTS (%)	HOME-DELIVERED PARTICIPANTS (%)
Eat healthier	77	85
Improve health	77	84
Feel better	85	90
Help stay in their homes	61	93

Some OAA NP participants need assistance in staying at home.

TABLE 4. SELECTED OAA NP PARTICIPANTS MET AND UNMET NEEDS WITH STAYING AT HOME

RESULT	CONGREGATE PARTICIPANTS (%)	HOME-DELIVERED PARTICIPANTS (%)
Have difficulty in walking, preparing meals or going outside the home	49	73
Receive help from family/friends	37	66
Did not receive help	13	13

Yet some OAA NP participants employ coping strategies.

OAA

- The OAA is a partially federally-funded, state-administered social services program to assist older adults and their caregivers.
- The OAA targets populations with the greatest social and economic need, especially low-income, low-income minority, rural, those with limited English proficiency and those at risk for institutionalization. Income is not a criterion for service.
- The largest community-based nutrition services program focused solely on older adults is the OAA Nutrition Program (OAA NP). Services include safe, nutritious meals, nutrition education and screening, and assessment and counseling.

Total federal spending for OAA nutrition services was about \$25 per older adult in 1990 compared to about \$12 per older adult in 2013.

\$51.3 BILLION

Disease-related cost of malnutrition

ALMOST NINE IN TEN FOOD INSECURE OLDER ADULTS RECEIVED NEITHER CONGREGATE NOR HOME-DELIVERED MEALS.



33%



About 33% of older adults admitted to the hospital may be malnourished.

60%



About 60% of older adults in emergency rooms are either malnourished or at risk of malnutrition

TABLE 5. COPING STRATEGIES OF CONGREGATE AND HOME-DELIVERED MEAL PROGRAM PARTICIPANTS

RESULT	CONGREGATE PARTICIPANTS (%)	HOME-DELIVERED PARTICIPANTS (%)
Meal provides one-half or more of their total food for the day	58	64
Do not have enough money for food	14	29
Choose between food and medications	12	19
Choose between food, rent and bills	9	16
Skip meals because there is no money for food	4	9

Home-delivered meals programs (HDMs) may offer “more than a meal.” Research sponsored by AARP Foundation with individuals enrolled in programs represented by Meals on Wheels America investigated the impact of meal delivery on the health and well-being of adults age 60+. It found that:

- Those receiving and/or requesting HDMs are significantly more vulnerable than a nationally representative sample.
- Those who received daily HDMs experienced the greatest improvements in health and quality of life.
- Those who received daily delivered meals reported greater benefits when compared to a group receiving frozen meals.
- Those who live alone and received HDMs were more likely to report decreases in worry about being able to continue to live at home, and improvements in feelings of isolation and loneliness compared to other groups.²⁸

OAA NP FUNDING HAS NOT KEPT PACE WITH INFLATION AND THE GROWING NUMBER OF OLDER ADULTS IN NEED OF SERVICE

Using constant dollars, total federal spending for OAA nutrition services was about \$25 per older adult in 1990 compared to about \$12 per older adult in 2013. The Congressional Research Service analyzed data from 1990 to 2013 and found that total funding has significantly decreased when adjusted for inflation. The number of meals served has consistently declined. Although the OAA NP receives federal money, only about 42% of the expenditure for congregate meals and 30% of the expenditure for HDMs is from OAA Title III. The rest of the funding is from other public and private sources.³⁰

In 2011, the Government Accountability Office reviewed federal nutrition assistance programs and found that about 89% of food insecure older adults received neither congregate nor home-delivered meals. It concluded that the growing need for meals, particularly for HDMs, surpassed resources.³⁰



FEDERAL MEDICAL INSURANCE AND ASSISTANCE PROGRAMS

NEITHER MEDICARE NOR MEDICAID FUNDS MEALS, FOOD OR NUTRITIONAL SUPPLEMENTS FOR INDIVIDUALS IN NEED

Administered by the Centers for Medicare and Medicaid Services (CMS), Medicare is a health insurance program for those 65+, those who are under age 65 but disabled, and those with end-stage renal disease regardless of age. Medicare pays for room and board during hospitalizations and in nursing homes as a part of short-term rehabilitation and covers food within those facilities. Medicare covers medical nutrition therapy.

Neither Medicare nor Medicaid funds meals, food or nutritional supplements for individuals in need.

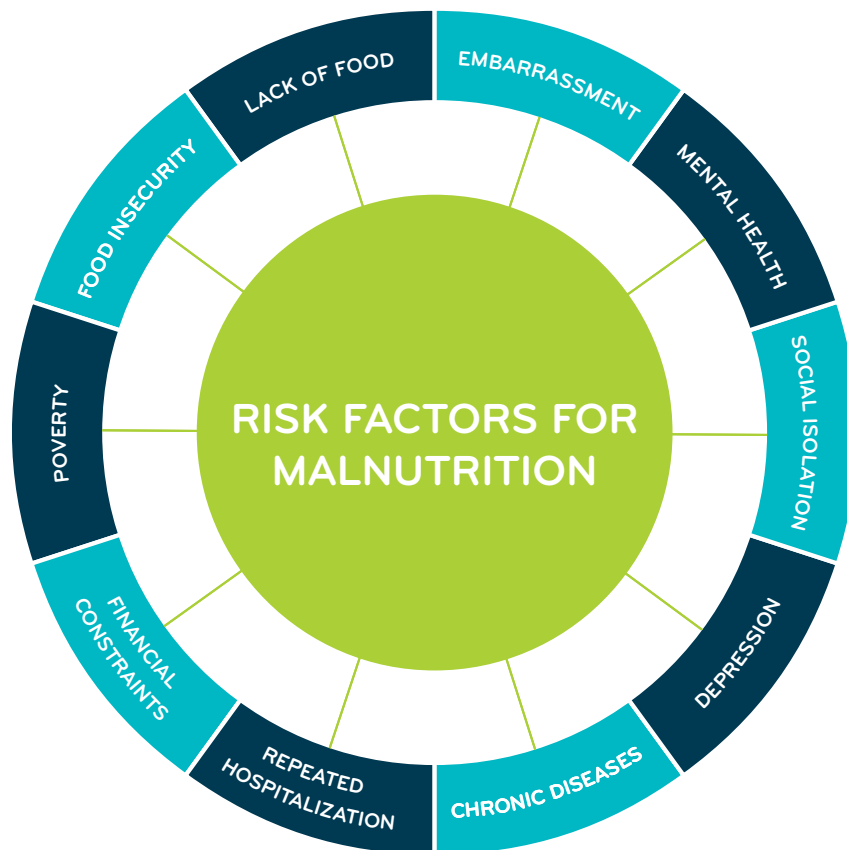


Although Medicare does not cover meals and/or nutrition supplements to reduce malnutrition or malnutrition risk and prevent readmission to hospitals as a routine part of transition care under the Affordable Care Act, some physicians and healthcare professionals recognize that access to safe, adequate, nutritious food is essential to health. Some Medicare Advantage Plans may provide meals after hospital discharge as an optional benefit. The National Commission on Hunger recommended that all Medicare Managed Care Plans include coverage for meal delivery based on a physician recommendation.^{31,32}

MALNUTRITION DUE TO CHRONIC DISEASES INCREASES HEALTHCARE COSTS

Research estimates the disease-related cost of malnutrition at approximately \$51 billion and up to 50% of all older adults may be considered malnourished. About 60% of older adults in emergency rooms are either malnourished or at risk of malnutrition. Research shows that malnutrition lengthens hospital stays, causes complications while in the hospital, increases readmissions and increases costs. Up to 33% of older adults admitted to the hospital may be malnourished.⁹





Individuals in nursing homes are also at high risk. Although a high percentage of older adults transition from hospitals back to nursing homes or home, nutrition support as a part of transition care is often not provided. Transitioning back into the community is complicated, especially now that hospitals may be financially penalized for readmissions of patients within 30 days of hospital discharge. CMS funded several evidence-based transition care models with protocols to help reduce hospital readmissions. Despite literature linking poor nutritional status and malnutrition to readmission, none of the care transition models implemented by the Aging Services Network included nutrition care, meals or nutritional supplements.^{9,10,33}

Older adults may be higher risk for malnutrition due to physiological changes, mental health, depression, social isolation, chronic diseases, repeated hospitalization, financial constraints, poverty, food insecurity and lack of food.

As a result of advocacy efforts, some physicians are screening for food insecurity in their offices. Two questions from the USDA food security survey have been recommended:

- “Within the last 12 months we worried whether our food would run out before we got money to buy more.”
- “Within the past 12 months the food we bought just did not last and we did not have money to get more.”

Advocates have recommended that if individuals respond yes, physicians refer them to SNAP, CSFP and OAA NP.³⁵

ProMedica, a locally-owned, non-profit health system providing services to 27 counties in Ohio and Michigan, screens for food insecurity and writes food prescriptions that can be filled at food pharmacies and community resources. Patients may receive a three-day supply of healthy food for all members of the household. Families may visit the food pharmacies once every 30 days for six months.³⁵

MOST MEDICAID WAIVER PROGRAMS FOR OLDER ADULTS INCLUDE MEALS, FOOD OR NUTRITIONAL SUPPLEMENTS FOR INDIVIDUALS IN NEED



Administered by states and jointly funded by CMS, Medicaid provides healthcare coverage to low-income people regardless of age. Medicaid is a primary funder of both facility-based (nursing homes and some assisted living) and community-based LTSS. The National Commission on Hunger recommended that Medicaid Managed Care Plans include coverage, with a physician recommendation, for meal delivery for individuals who are too young for Medicare, but who are at serious medical risk or have a disability.³²

Medicaid Waivers are tools that states can use to test ways to better deliver and pay for healthcare services, including community-based services to individuals who are “nursing home level of care.” States can target certain populations, determine what services to provide and how to manage services.³⁶

Medicaid Waivers may fund HCBS—which keeps older adults at home—rather than facility-based care. States also may include meals and nutritional supplements. Ten states do not include HDMs for older adults as a service.³⁷

Most OAA-funded SUAs do not focus on food insecurity—even in states with high levels of older adults facing the threat of hunger.



SUAS HAVE THE AUTHORITY AND ABILITY TO FOCUS STATE EFFORTS ON REDUCING FOOD INSECURITY

As the largest funded service of the OAA, nutrition services provide a foundation for HCBS in many states. As a social service program rather than a medical program, the OAA NP aims to reduce hunger and food insecurity and promote socialization. It is also charged with promoting health and delaying chronic conditions. So it intertwines both social and health functions.

OAA programs focus on helping older adults remain independent at home in the community for as long as possible. To accomplish that, SUAs may concentrate on delaying institutionalization and may either administer

or collaborate with the Medicaid Waiver Programs that provide “nursing home level of care” services to low-income individuals in the community. The SUAs may consider the OAA as a gap filler for services for older adults who are not yet eligible for Medicaid, but if sufficient community services are provided, individuals may be prevented from “spending down” to Medicaid status.

As a result, these states may focus on providing services to individuals who may not be eligible for Medicaid due to income, but may be significantly functionally impaired. Many SUAs limit their focus to providing HDMs as an in-home service to keep an individual out of a nursing home. These SUAs may not concentrate on the preventive aspects of congregate services or the food insecurity of either congregate or home-delivered meal participants.^{25,37} (Appendices III and IV)

Most SUAs do not focus on food insecurity in implementing the OAA NP in their regulations, policies and procedures, targeting/prioritization, State plan or initiatives. This is *despite*:

- Growing food insecurity among older adults
- The relationship between food insecurity and poor health outcomes
- The decreased functionality in food insecure older adults
- The relationship between multiple chronic disease and malnutrition
- The relationship between malnutrition and hospital readmissions
- The fact that most functionally-impaired older adults are not accessing either congregate or HDMs
- The stated purposes for the OAA NP to decrease hunger and food insecurity (See Appendices III and IV) and
- Inadequate public and private funding to meet the needs of the growing older adult population.



The websites of 42 SUAs were reviewed to determine the following:

- Referral to nutrition assistance programs
- Inclusion of food insecurity in regulations, policies and procedures governing the implementation of the OAA NP
- Use of food insecurity as a targeting/prioritization criteria in regulations, policies, procedures or intake protocols for congregate or HDMs
- Goals, objectives or strategies related to food insecurity or the OAA NP in the State plan, and
- Separate state initiative on food insecurity.

(See Appendix III for findings. Appendix IV summarizes the determination of whether a SUA focuses on food insecurity.)

Under the OAA, states have broad administrative authority to focus and administer HCBS services, including nutrition services. The analysis of SUA websites indicated that only 12 of the 42 SUA websites (or 29%) had some emphasis on food insecurity, however. Of the top 10 states with a high percentage of older adults facing the threat of hunger, only two, New York and Georgia, focused program administration or state initiatives on food insecurity. Some of the other eight (AR, MS, LA, SC, TX, DC, NC and OH) emphasized different policy objectives, such as Ohio's focus on consumer-directed service and choice of locations or meals.

The review included states that within the past two years had either 15% or more of older adults in poverty or had 10% or more of older adults facing the threat of hunger. Some states have met these criteria consistently over several years and have had several years to react, while others are new to this list. No data were analyzed on implementation by AAAs (618) or nutrition service providers (3,000 to 4,000).

WHEN STATES DO EMPHASIZE FOOD INSECURITY, IT MAY INCREASE ACCESS TO NUTRITION ASSISTANCE AND CONNECTIONS TO ADDITIONAL FOOD

Here are some strategies that state and local leaders have determined work for their settings.

CALIFORNIA <http://www.aging.ca.gov/>

The California Department of Aging (CDA) links readers to SNAP and SNAP-Ed on its website. It also provides outreach materials to target enrollment of older adults in SNAP (known as CalFresh), trains AAAs and local nutrition providers in the use of these materials, and encourages state and local collaborations. (See <http://www.cdss.ca.gov/calfreshoutreach/PG3213.htm>.)

Such state-specific materials are one way an SUA can enhance nutrition interventions; assist vulnerable older adults in accessing adequate, safe nutritious food; and develop a more comprehensive coordinated service system by enabling collaboration and partnership.

GEORGIA <http://aging.dhs.georgia.gov/>

The Georgia Division of Aging Services links readers to nutrition assistance programs, and addresses food insecurity in its policies and procedures, prioritization and State plan. The Georgia Division of Aging Services has developed a SNAP brochure for older adults and will be sponsoring a State Senior Hunger Summit. The Division of Family and Children's Services uses a simplified Senior SNAP application to make it easier for seniors to receive SNAP benefits.

The Georgia Division of Aging Services includes weblinks to food assistance programs, program administration emphasis and state initiatives, and collaborates with another state agency to assist vulnerable older adults. They are working to develop a more comprehensive coordinated service system.



IOWA <https://www.iowaaging.gov/>

The Iowa Department on Aging links readers to both public and private nutrition and food assistance programs, including SNAP, SNAP-ED, SFMNP, CSFP, food banks/pantries and SHARE IA. It addresses food insecurity in its regulations, targeting/prioritization and State plan. In conjunction with the Iowa Department of Health and the Iowa Nutrition Network, it implements a SNAP-ED program called Fresh Conversations.

Partnering with AARP, the IA Departments of Health and Agriculture held a 2014 Hunger Summit and published *2014 Hunger Profile: Older Iowans*, detailing health, cost and household impact. As a result, the Iowa Department of Aging and the Iowa Departments of Health and Agriculture are developing the Growing Bolder Initiative. They aim to create a strategic plan in partnership with AAAs to address food insecurity, including increased local collaboration, transportation, serving non-English speaking populations, and increased awareness and services. The Iowa Department of Aging's goal is developing a more comprehensive coordinated service system that better serves vulnerable older adults. They will identify Iowa models and collaborations and the University of Iowa will evaluate innovations.

MARYLAND <http://aging.maryland.gov/Pages/default.aspx>

The Maryland Department on Aging links readers to public food assistance programs and addresses food insecurity in its targeting and prioritization, State plan and initiatives. Maryland has partnered with the Maryland Food Bank and the Baltimore AAA to offer My Groceries to Go (local name for CSFP). This initiative will expand to other locations based on funds. In conjunction with a university researcher, the Maryland SUA has developed a tool to prioritize HDM recipients based on food insecurity and malnutrition risk. The Maryland Department of Aging prioritizes food insecurity through large and state initiatives.

NEW YORK <http://www.aging.ny.gov/>

The New York Office for the Aging links readers to SNAP and SFMNP on its website. It addresses food insecurity in its state regulations, prioritization and State plan. The New York Office for the Aging has addressed food insecurity as an ongoing component of its OAA NP administration.

TENNESSEE <http://www.tn.gov/aging/>

The Tennessee Commission on Aging and Disability addresses food insecurity in its program policies and procedures, prioritization and State plan. The Tennessee Commission on Aging and Disability encourages community gardens, especially at senior centers, and partners with AARP Foundation for the Fresh Savings Program. Fresh Savings enables older adults to purchase more fresh fruits and vegetables with their SNAP card at Kroger grocery stores or the farmers market. Research has indicated that incentivizing people to purchase fruits and vegetable results in more fruit and vegetable purchases.

The Tennessee Commission on Aging and Disability addresses food insecurity issues as part of OAA NP administration and encourages initiatives to increase older adults' access to fresh fruits and vegetables.

COMMUNITY OUTREACH AND ENROLLMENT ASSISTANCE CASE STUDIES

CARELINK, INC., NORTH LITTLE ROCK, ARKANSAS

CONTACT: BETH LANDON blandon@carelink.org

CareLink, Inc. is a private non-profit agency that has been serving homebound and active older adults for more than 37 years in central Arkansas. Functioning as the AAA, its mission is to connect older adults and their families with the resources to meet the opportunities and challenges of aging. CareLink provides funding for congregate meals at senior centers and hot or frozen home-delivered meals for those who are homebound.

CareLink received a grant from AARP Foundation through Meals on Wheels America to enroll homebound older adults in SNAP using computer technology. In Arkansas, SNAP is implemented by the county Department of Human Services (DHS). Different county DHS agencies require different documentation, but because CareLink has worked with the counties for many years, it understands those documentation needs. An AAA case manager interviews homebound older adults, completes the pre-screen and identifies the documentation needed. CareLink also obtains a release from the client to talk with the county DHS. The CareLink case manager completes the application, scans in documents and gets it to the county DHS.

BARRIERS TO ENROLLMENT:

1. Older adults don't want to deal with it, say it takes effort, don't remember, find the process burdensome, can't find the necessary documentation (nor can family caregivers sometimes).
2. Older adults find it difficult to apply at county DHS offices because of mobility and transportation; family members often work and cannot assist them during the day.
3. County DHS offices are understaffed. If older persons start the process, but don't complete within 30 days, they must start completely over. It is sometimes difficult for CareLink case managers to continually follow up with older adults to prevent this.

CareLink has been successfully enrolling older adults in SNAP because the organization is trusted in the community, helps older adults understand the benefit and assists them in obtaining full benefits, especially in using medical deductions, and assists the county DHS in dealing with older adults.



MEALS ON WHEELS OF NORTHWESTERN INDIANA

CONTACT: SANDRA NOE sandra@mownwi.org

Meals on Wheels of Northwestern Indiana (MOWN) is a private non-profit organization that operates both a publicly funded (OAA and Medicaid Waiver-funded) and privately funded Meals on Wheels program. In addition, temporary meals are provided through an agreement with a hospital for transition care after hospital discharge, as well as to the PACE program. Meals are delivered daily and meet heart-healthy guidelines. The program can accommodate requests for diabetic and cardiac diets as well as texture-modified meals for individuals with chewing or swallowing problems due to diagnoses such as stroke or Parkinson's Disease. About 415,000 meals are served to 3,000 clients annually. The local AAA provides case management for the home-delivered meal clients.

The Indiana Family and Social Services Administration (INFSSA) implements SNAP and ensures that federal regulations are implemented consistently in all counties. INFSSA operates SNAP through a call center, which presented barriers to enrolling some homebound older adults.

MOWNI received a grant from AARP Foundation to help enroll home-bound older adults in SNAP using computer technology. Although MOWNI arranged in-home meetings to assist older adults in SNAP enrollment, there were still a number of barriers:

1. Older adults didn't understand what benefits SNAP could provide.
2. Older adults had difficulty locating all the necessary documents; they felt it took considerable effort to apply and was not worth it.
3. At the call center, a different person answered calls each time and individuals were required to leave a name and telephone number. There was often a lapse of time until the call back.
4. No local centers provide assistance anymore, which had seemed friendlier to older adults.
5. Older adults found it difficult to complete the computer form online without assistance, which was provided by MOWNI.
6. There were problems with the computerized system and it was difficult for MOWNI to find help through the central call center.
7. MOWNI could determine a state contact for assistance.

MEALS ON WHEELS OF NORTHAMPTON COUNTY, PENNSYLVANIA

CONTACT: JOANNE NENOW joannn@mealsonwheelspa.org

Meals on Wheels of Northampton County, Pennsylvania is a private non-profit organization that operates a commercial central kitchen and a home-delivered meal program. It also serves as a caterer for congregate and home-delivered meal programs, adult day care and child care in surrounding counties. MOW of Northampton operates both a private pay program as well as an OAA-funded home-delivered meal program.

For the past 20 years, Meals on Wheels of Northampton County has assisted home-bound older adults in applying for SNAP benefits through the county welfare department. A case manager initiates this service during initial assessment for home-delivered meals and continues telephone follow-up later.

In addition to providing home-delivered meals, Meals on Wheels of Northampton County offers grocery shopping assistance by volunteers. Meals on Wheels of Northampton County is authorized to use SNAP benefits from older adults for foods purchased through grocery shopping and for the purchase of additional frozen meals for weekends and/or prepared foods such as soup by the home-bound individual. In partnership with the county welfare department, Meals on Wheels of Northampton County developed procedures to assist in the application.

Advocates suggest that there are several reasons for client reluctance to participate in SNAP. Chief among these, for older adults, are perceptions that SNAP is a “welfare” program, that others seniors need it more than they do, or that it is not worth the effort to apply. The PA SNAP application takes at least an hour to complete and it is difficult to get clients to collect the documentation required by the welfare department, even with the assistance of their adult children or caregivers. It then takes at least 2 hours to fax materials to the county welfare agency and answer questions.

UNITED WAY OF PALM BEACH COUNTY, FLORIDA

CONTACT: DANIELLE HANSON

daniellehanson@unitedwayPBC.org

Hunger Relief Plan [http://cdn.trustedpartner.com/docs/library/AreaAgingOnAgency2012/Centers%20of%20Excellence/Planning%20and%20Consumer%20Care/Palm%20Beach%20County%20Hunger%20Relief%20Strategic%20Plan\(1\).pdf](http://cdn.trustedpartner.com/docs/library/AreaAgingOnAgency2012/Centers%20of%20Excellence/Planning%20and%20Consumer%20Care/Palm%20Beach%20County%20Hunger%20Relief%20Strategic%20Plan(1).pdf)

The mission of the United Way of Palm Beach County (UWPBC) is to measurably improve the lives of individuals and families in Palm Beach County by uniting the resources of donors, volunteers, agencies and community. They act as a convener to connect sectors of the community to find solutions.

The UWPBC commissioned a county-wide needs assessment that identified hunger as a major concern. As a result, the UWPBC and County Commissioners initiated a five-year comprehensive, actionable hunger relief project (<http://cdn.trustedpartner.com/docs/library/UnitedWayPBC2012/2014-15/CI/Hunger%20Relief%20Strategic%20Plan%20RFP.pdf>).

FRAC and the University of South Carolina Center for Research in Nutrition and Health Disparities completed the Palm Beach County Hunger Relief Plan in October, 2015. Development began with an online survey of 151 stakeholders, 10 focus groups, 10 individuals struggling with hunger, and 21 interviews of people engaged in anti-hunger work. Aging service network organizations including the AAA, senior centers and local public and private nutrition service providers provided input on the needs of older adults as stakeholders, members of focus groups, and organizations working with hunger. The organizations interviewed older adults who were struggling with hunger.

Specific goals are in the Strategic Plan for nutrition assistance programs, home and community-based service agencies, and publicly and privately funded home-delivered meal service organizations. The Plan describes

populations at risk, needs, public and private programs, findings from community engagement, opportunities and threats, core principles, leadership and strategies to move forward. There is an emphasis on solving the issue through partnerships among the various organizations, including programs from the nutrition assistance network funded by USDA, and community-based senior nutrition services, such as the OAA NP funded through HHS and privately-funded MOW programs.

Some goals for hunger relief such as advocacy cut across population groups, but others are specific to an age group or availability of programs. Goal Five of the Strategic Plan addresses both nutrition assistance through USDA funded programs and community-based senior nutrition programs:

“Goal #5: Low-Income Older Residents of Palm Beach County Will Have Balanced, Nutritious Diets.

OBJECTIVE: All eligible Palm Beach County senior citizens at risk of hunger will receive federal benefits.

STRATEGIES: 1) Maximize senior citizen participation in SNAP, 2) Expand the congregate meal and home-delivered meals programs, and 3) Bring the Commodity Supplemental Food Program to Palm Beach County.

OBJECTIVE: The nutritional needs of Palm Beach County senior citizens will be better served through private sector networks, whose efforts are integrated with, and complement, the public sector.

STRATEGIES: 1) Identify innovative models to involve volunteers in addressing senior hunger, and 2) Build on and synthesize existing research to identify pockets of seniors most at risk of hunger and being under-served.”

The work plan includes strategies, tactics, measurement tools and proposed outcomes. Progress Report data is compiled for each workgroup based on specific progress to date and next steps. Partner workgroups include the Florida Department of Children and Families, Palm Beach County Board of County Commissioners, Your Aging and Disability Resource Center, senior citizen centers, senior housing complexes, senior citizen advocacy organizations such as AARP, meal sites, food banks, local senior citizen service providers, volunteer organizations, faith-based communities, academic institutions with research capabilities, and the Hunger Relief Task Force. Although some partners have worked together before, the written plan with specifics has enabled better communication and learning from each other.



Progress has been made in gathering data (by zip code, program participation, underserved populations, etc.) to determine the SNAP participation rate of congregate and home-delivered meal participants, location of congregate sites in relationship to areas of need, wait lists for home-delivered meals, etc.

The United Way leads the effort in collaboration with the County Commissioners and 183 stakeholders, including the AAA/Aging and Disability Resource Center, as well as local nutrition service providers.

CHALLENGES/OPPORTUNITIES IN ASSISTING OLDER ADULTS IN OBTAINING ADEQUATE, SAFE NUTRITIOUS FOOD

The USDA definition of food security is “access by all people at all times to enough food for an active, healthy life.” While income is a primary limiting factor, research indicates that it is not the only one. Other factors include mobility, service and program barriers, funding and homebound status.

LOW-INCOME AND POVERTY

Much of the literature, as well as the USDA programs use poverty as the primary limiting factor to obtaining adequate food. National organizations and one state have developed numerous materials and tools to increase access to SNAP, the largest of the programs. (See Appendix II.)

OAA NPs target services to those in greatest social and economic need. In addition, the OAA NP is meant to reduce hunger and food insecurity. Although the targeting criteria in the OAA are often reiterated in state regulations or policies, there is little evidence to indicate that most SUAs focus on food insecurity in their State plans or through state initiatives. Here are ways to increase attention:

- SUAs can incorporate a concentration on food insecurity in regulations, policies, program implementation guidance and State plans. (See Appendix III for states that include food insecurity in their program administration.)
- SUAs and state Medicaid agencies may want to incorporate one or two questions regarding food insecurity on intake forms for HDMs or Medicaid Waivers. Both SUAs and state Medicaid agencies focus in-home services on older adults who are lower-income, “nursing home level of care,” or have multiple chronic conditions and functional impairments. Such individuals are often found to be food insecure; nutrition services could be targeted to the most vulnerable. For example, Hunger Free Vermont provides information on both malnutrition and food insecurity to physicians and suggests two screener questions. As a result of the screen, vulnerable patients are to be referred to SNAP, CSFP or OAA NP. ProMedica also screens. (See Appendix II.)
- Most OAA NPs provide one meal a day, five days a week. OAA NPs may investigate how to provide meals and food for weekends and holidays. For example, local providers may open select congregate sites for Saturday brunch; provide restaurant vouchers to vulnerable mobile congregate participants or HDM clients whose family might take them out for a meal; or provide more than one meal per day or weekend meals to homebound older adults.
- The East Texas Food Bank (ETFB, <http://www.easttexasfoodbank.org/>) in Tyler, Texas, collaborates with several meals on wheels programs. The ETFB provides weekend food bags, enabling clients to eat seven days per week rather than five.
- SUAs, AAAs and local programs may work with their Information and Assistance Program or Aging and Disability Resource Centers (ADRCs) to screen older adults for SNAP and actively assist them in the application. In Seattle, the Korean Women’s Association (KWA, <http://www.kwacares.org/>) provides congregate meals at community centers for Korean, Cambodian and Vietnamese older

adults. The KWA screens food insecure older adults at the congregate meals and in lines at the food bank. After screening, the workers assist potentially eligible older adults in applying for SNAP.

- Because homebound older adults often have lower incomes, in-home workers may need to pay particular attention to ensure access to SNAP, including using tablets or other technology to effectively apply for benefits. SNAP administrative agencies are increasing their use of “smart technology” for applications and notifications which may pose a barrier to poorer older adults with limited technology access and limited knowledge about how to use it.

MOBILITY

Transportation remains a barrier everywhere. For instance, both CSFP and SFMNP are often limited to mobile individuals, and there is limited availability to homebound individuals. The OAA-funded transportation is in demand yet often limited in availability, especially in rural areas, despite collaboration at state and local levels. Continued coordination for paid as well as volunteer transportation is essential to get food insecure older adults to congregate sites and grocery stores. (See Appendix III for national transportation organizations.)

- If transportation is not available, there may be other options. To reach remote counties, the Montana Food Bank (<http://mfbn.org/>) ships a 50-pound box of food monthly to applicants in 25 counties. These counties may have few grocery stores or no public transportation. If a homebound individual has help in putting the food away, this service might even help homebound older adults remain in the community.

INADEQUATE SERVICES, PROGRAMS AND FUNDING

As noted earlier in the report, the OAA NP is limited by federal, state and local public funding as well as private funding and has not kept pace with inflation or the growing need. The aging network operates parallel to key health and nutrition assistance systems that also serve the older adult population. Increased awareness, understanding and partnership among programs leaders and advocates among these systems of care - at the federal, state and local levels - can address many of the resource limitations that lead to the inadequate provision of services and programs.



- SNAP and USDA-funded programs require applications and recertification that may be complicated. Older adults may find the pre-screening, application and use of the electronic benefit card difficult. The NCOA Senior SNAP Enrollment Initiative provides grants to community-based organizations for SNAP Outreach and Enrollment Assistance. Social service staff can use the Benefits-Check-Up Program in screening and enrolling individuals in SNAP.³⁸
- Food banks and food pantries may provide groceries only once a month to needy older adults as well as sponsor brown bag programs. Often individuals must be mobile enough to stand in line to obtain food. However, some programs have mobile pantries and deliver food to the homebound, especially at senior housing complexes. For example, in California, the brown bag program is a collaboration between local nutrition service providers and/or AAAs working with food banks

and food pantries. The collaboration may be funded through the aging network using community service block grant funds and through the food bank using TEFAP funds.³⁹

- There are grocery delivery programs operated by private non-profits or food banks. The Maryland SUA partnered with the MD Food Bank to offer My Groceries to Go in Baltimore City, which obtains participants through Baltimore Senior Centers. (<http://aging.maryland.gov/Pages/MDtoAMyGroceriesToGo.aspx>). Expansion depends on funding. The FA site provides locations of Senior Grocery Delivery Programs nationwide (<http://www.feedingamerica.org/about-us/helping-families-in-need/senior-grocery-program/>).
- A USDA proposed rule regarding purchase and delivery services may enable more homebound adults to use SNAP benefits (<http://www.fns.usda.gov/fr-071515>).
- HDMs are included in all but 10 Medicaid Waiver programs serving older adults. Advocating for services in these states may help vulnerable, frail older adults who are “nursing home level of care.” (See Appendix III, NASUAD State of the States in Aging and Disability, http://www.aoa.acl.gov/AoA_Programs/HPW/Nutrition_Services/index.aspx)
- Some programs such as CSFP and SFMNP have less funding than other USDA programs and are not available in every state.
- The OAA NP is limited by federal, state and local public funding as well as private funding and has not kept pace with inflation or population increases. In some states there are waiting lists for both congregate and home-delivered meals.²⁹
- Food waste minimization programs try to assist OAA NP in providing nutritious meals that appeal to older adults and minimize plate waste. For example, NFESH’s “What a Waste” program helps identify food waste, costs and solutions to help programs become more efficient. (See Appendix II, <http://www.nfesh.org/what-a-waste>.)
- Few states include food insecurity, nutrition or malnutrition risk in prioritization for those at highest risk. The MD SUA has developed an evidence-based targeting/prioritization tool using both factors.
- Programs expand limited public funding by utilizing community resources, including fund-raising and volunteerism. For instance, a St. Louis Meals (Missouri) on Wheels program uses teams of high school students and older adult volunteers to pack and deliver meals (http://agingmissouri.org/senior_center_south_county.php).

OLDER ADULTS MAY BE UNABLE TO ACCESS ADEQUATE, SAFE NUTRITIOUS FOOD AT ALL TIMES

Consider what a low-income adult may contend with. SNAP benefits may not be enough to provide adequate food for a month. Food banks may limit benefits to a single bag of groceries per month. The OAA NP may provide only one meal a day, five days per week. Meals for weekends, weather emergencies and holidays may not be available. The SFMNP provides limited benefits between \$20 and \$50 a year and they are only available during the agricultural growing season.

However, if a low-income older adult can access benefits from all these separate programs, she or he may be better able to meet total food and nutrition needs. Other resources may be available, too:

- Faith-based initiatives may expand programs as well as serve specific populations. Some OAA NP are operated by faith-based charities. In Oklahoma, the AAAs actively educate their faith-based communities, especially about the nutrition needs of older adults. Mobile Meals of Oklahoma

County started small but has grown to 80 entities serving 1,000 older adults (<http://www.wesleyokc.org/outreach>). Although meals are not served daily, they supplement other resources.

- Community gardens and gardens at senior centers may provide fresh fruits and vegetables for a short time during the growing season. Promoted by First Lady Michelle Obama, USDA and local communities, produce from gardens provides an additional, but limited resource.^{6,40}
- In six states, the Benefits Bank connects people to benefits. The Benefit Bank is an online service of Solutions for Progress, Inc. It simplifies and centralizes the process of applying for programs and resources such as food assistance, health coverage, home energy assistance and much more. (<https://www.thebenefitbank.org>, see Appendix II)

OLDER ADULTS MAY NOT BE ABLE TO ACCESS ADEQUATE SAFE, NUTRITIOUS FOOD TO HELP LEAD AN ACTIVE HEALTHY LIFE

Access to food helps reduce food insecurity, but food insecure adults also need adequate *information* about healthy food. Many older adults cope with food insecurity by consuming a less healthy diet of cheaper foods and consume fewer calories than are needed for health and activity.^{6,8}

Driving factors in food purchasing are cost and store location. Research indicates that older adults want information on how to select and prepare food that is less expensive, but still nutritious.⁴ SNAP-ED in many states may focus on populations other than older adults. Although nutrition education is a required service in OAA NP's, frequency of provision may be limited. Many SUAs, AAAs and local providers may choose to provide more meals rather than nutrition education because they may not realize that by influencing healthy behaviors and lifestyles, older adults may adopt behaviors that allow them to remain in the community longer.

In the OAA NP, services may not always be sensitive to cultural preferences, and in the CSFP, food banks/pantries may not always stock culturally appropriate foods. The healthcare system does not necessarily prioritize access to healthy food as necessary during routine appointments, times of transition between hospital to home, or part of the care necessary for older adults in Medicaid Waivers. Although there may be multiple opportunities to help older adults choose wisely, the social service, food and nutrition assistance, HCBS and healthcare systems may not focus on them. (See Appendix II for information on SNAP-ED IA, SNAP NCOA, Hunger Free Vermont, Pro Medica, and Generations United.)

SIX WAYS TO FILL GAPS IN SERVICE

The literature and national, state and local programs continue to reveal gaps in service. These gaps include a lack of understanding about the connection between food insecurity, health and functionality outcomes within different national networks. Nutrition assistance, aging services, HCBS and healthcare systems do not routinely communicate, cooperate, coordinate, and collaborate.

To help solve food insecurity and malnutrition in the community, leaders and advocates can pay renewed attention to advocacy, funding, policy, partnerships, community action and research. State and program leaders and advocates may want to select specific actions at national, state and local levels to enhance their program and the lives of older adults.

6 MAIN WAYS LEADERS AND ADVOCATES CAN ADDRESS
HUNGER, FOOD INSECURITY AND MALNUTRITION
EXPERIENCED BY OLDER ADULTS IN THE COMMUNITY

ADVOCACY

FUNDING

POLICY

PARTNERSHIPS

COMMUNITY ACTION

RESEARCH

ADVOCACY

Advocacy is the bedrock of programs that try to improve food access. Yet often the advocacy message may need to be crafted in a new way. For instance, many national and local organizations concentrate on women and children or working-age adults, not older adults. However, a lower-income middle-aged woman who is food insecure is unlikely to become middle-income and food secure just because she becomes older. Such individuals are likely the OAA NP participants of the future. There is continuity in need, which can communicate a fuller rationale as program leaders advocate for funding.

Consider these actions to expand the number of food insecure adults a program can serve:

- **Personally advocate for your program at national, state and local levels.** (See advocacy efforts for Meals on Wheels America.) Contact your Members of Congress, state legislators and city/county legislators through face-to-face visits and effective media use. See state fact sheets on the Meals on Wheels America website.
- **Put a human face on the data.** Use both data and participants' stories to focus decision-makers on the need and the outcomes of your program. Tell your story through the stories of others. Show what success looks like in human terms—policy-makers and funders want to know specifics.
 - Learn how to use public health data at federal, state and county levels. (See Appendix II.)
 - Publicize needs through a multiplicity of media, from news websites to social media.



- **Learn from the advocacy efforts of other nutrition/food assistance programs;** review their efforts, data and stories, and apply some of their successful techniques as appropriate.
- **Support advocacy efforts of organizations that address aging concerns,** such as Meals on Wheels America, NANASP, n4a, NCOA, NASUAD, and AARP Foundation.

FUNDING AND RESOURCES

Programs can get federal/state/local government funding, or receive private funds through foundation grants, charitable fund-raising and individual contributions.

- **PUBLIC FUNDS.** Understand how public funds are distributed and used at federal/state/local levels. The ACL website provides information on the distribution of OAA funds to states. Distribution of USDA funds is available on the USDA website.
- **NEW SOURCES OF FUNDING.** Explore social entrepreneurial efforts by selling products (meals, food service, food products, home-safety checks, nutrition education and counseling) at fair market value, not cost reimbursement, to other payers.
 - Become a CMS Medical Nutrition Therapy (MNT) provider and charge CMS for services at congregate sites or in-home visits.
 - Compete for third-party payment from healthcare such as Medicare Advantage programs or transition care from hospitals; payment from managed care Medicaid Waiver Programs; food catering for USDA programs such as after school food programs; or catered food service for county facilities like prisons.
- **GRANTS.** Learn about private organizations and foundations and how to more effectively understand and appeal to their needs. Strengthen grant writing skills.
 - Apply for grants to improve service, try new methods, connect with nutrition assistance resources, etc. As a start, search grants from federal sources and see Grant Makers in Aging in Appendix II. Also apply for grants from your own membership organization.
- **INCREASED BUSINESS ACUMEN AND STRATEGIC PARTNERSHIPS.** Approach your program administration more like a business for efficiency and effectiveness. Develop or refine a tightly focused business plan. Change program culture if needed. Negotiate contracts more rigorously. Be accountable and transparent with both public and private funds, and effectively apply your audit results. (See resources in Appendix II.)
 - Partner with healthcare organizations not as a charitable organization assisting the hospital in meeting the needs of discharged patients, but as a provider paid by the hospital to provide services to reduce patient readmission. (See resources in Appendix II.)
 - Partner with healthcare organizations to offer services for which the hospital or other healthcare entity (such as an insurance company) pays in addition to meals—safety checks, nutrition education and counseling, as appropriate.
- **VOLUNTEERS.** Recruit volunteers for service delivery or for your Board. Your volunteers influence others and can multiply your good work, so recognize their efforts. Train some of them as spokespeople with the public. Try sharing volunteers with other organizations to enhance understanding of their mission as well as yours.
 - Tap national programs such as Senior Corps, AmeriCorps and Learn and Serve from the National Corporation for Community Service.

- Consider an intergenerational approach to food insecurity issues. Encourage use of older and younger volunteers together. Engage high school and college students. (See Appendix II for Generations United suggestions.)
- Explore joint meal sites or co-location of services at schools where older adults mentor students, sites that involve both younger children (from child care) and older adults from a congregate nutrition program.
- **PARTICIPANT/FAMILY CONTRIBUTIONS.** Increase these to enhance participant ownership of the program, but understand the limitations of low-income program participants.

POLICY

Policy begins with the public law authorizing a publicly funded program as well as the mission, vision and values of federal, state, and local organizations and national organizations. Policies within the Aging Services Networks are different from those in nutrition assistance and healthcare networks because of different laws and different missions.

In trying to bridge the gaps among these systems, it is useful to be familiar with the driving forces for each system. In addition, keep abreast of changes in laws and regulations in different networks to understand how these might affect advocacy and funding.

- **Review federal, state, and local legislation that influences programs.** The ACL website provides the recently reauthorized OAA. USDA lists legislation and regulations on its website. Congress provides information on pending legislation and current law through <https://www.congress.gov/>. Most state legislatures do as well. (Please see Appendix II.) To help sort through this vast amount of information, rely on partners at national, state, and local levels to help. Meals on Wheels America also provides advocacy alerts.
- **Review and understand the overall policies that affect implementation** of programs such as those focusing on children and or on older adults.
- **Learn to distinguish between law, federal regulations, and the regulations, policies and procedures issued at state or local levels. *Learn how to influence each.***
 - Understand how different state agencies may approach the same issue differently based on their legislation. For example, the state agency administering the OAA NP approaches food insecurity and older adults differently than the agency that administers SNAP or the one that administers Medicaid Waivers (different federal laws, state agencies, regulations). Each has different requirements, targeted populations and fiscal constraints.
 - Read the newsletters and legislative bulletins of national advocacy groups. For example, the NASUAD publishes a Friday Update on issues affecting state HCBS programs. Meals on Wheels America publishes a monthly e-newsletter and provides information on federal



advocacy to its members. The Academy of Nutrition and Dietetics (www.eatright.org, AND) publishes a weekly federal update.

- Collaborate with other agencies (if in the public sector) or organizations (if in the private sector) to craft joint positions. Collaborative with hunger organizations at all levels. Collaborative organizations are stronger than those working in isolation.
- Use public comment avenues. For example, participate in the commentary on federal guidance, state/area plans, and national or state legislation. Advocate for changes in programs to strengthen, innovate, improve quality, enhance outreach, target at-risk populations and accomplish goals at different levels.
- **Support national/state/local organizations' efforts** to influence policy, regulations, procedures, guidance and program implementation.
- **Support state changes to assessment** for OAA congregate and home-delivered nutrition programs to include questions on food security and malnutrition. Support state changes to assessment for Medicaid Waivers to include questions on food security and malnutrition.
- **Advocate with professional health organizations as well as local hospitals** to include questions and referrals for food insecurity and malnutrition as a part of discharge planning and transition care.
- **Tap information and professionals from different professional organizations** such as the Academy for Nutrition and Dietetics or the National Association of Social Workers.

PARTNERSHIPS

No program can function in isolation. Forming partnerships with transportation providers and nutrition programs, for instance, or USDA-funded nutrition assistance programs, can multiply your results.

- **With hunger organizations and with healthcare organizations**, advocate for food prescriptions and food pharmacies. (See information on Hunger-Free Vermont and ProMedica in Appendix II.)
- **With your county human services agency**, enable SNAP enrollment of program participants, if your state administers SNAP at a county level.
- **With the state human services agency**, enable SNAP enrollment of program participants, if your state has centralized SNAP administration. Partner with local food banks/pantries to facilitate this since many may already have an established relationship.
- **With Registered Dietitian Nutritionists (RDN)**, strengthen nutrition education in healthcare, since RDNs “speak” healthcare language. Increase RDNs’ and healthcare professionals’ understanding of both the strengths and challenges of providing community-based nutrition services. Remind healthcare professionals that malnutrition does not end when the patient leaves the hospital.
- **Build awareness of older adults.** Most hunger advocates concentrate on populations other than older adults. Attend their meetings, and share data and stories of older adults. Increase awareness. For instance, the 40-year old mother participating in SNAP may be needing OAA services in 20 years. Discuss intergenerational aspects, including grandparents raising grandchildren.
- **Compile data for targeting.** Through partnerships, you can compile joint information about participants in OAA NPs, SNAP and CSFP. Use zip code and census information to identify pockets of underserved, at-risk populations.

- **Promote transportation** to grocery stores and pharmacies; form partnerships with local stores to pay for transportation. (See Appendix II for list of some organizations.)
- **Develop, participate in and collaborate on Hunger Summits.** (See Appendix II for states such as Georgia and Iowa that have held them.)

Partnerships are hard work. Discuss the desired end result of a proposed partnership and what success will look like for each party, and for participants. Work could include developing mutual consent forms, sharing data, minimizing competition, jointly applying for grants, sharing volunteers or serving on each other's board.

COMMUNITY ACTION

Since the 2000s, the aging network has succeeded in developing a cost-effective, patient-centered long-term care system that promotes quality of life and independence. Through network of 600 Area Agencies on Aging and several thousand small- to medium-size service providers, millions of older adults receive publicly supported home- and community-based services. The success of this network lies in the diversity of its members, their ability to directly impact the lives of older adults, and the public trust these organizations have garnered over the years. Going forward, strengthening the aging network to ensure the needs vulnerable older adults are met, rests in greater partnership across parallel systems of health, aging and nutrition services.

- **Promote “no wrong door” approach** for nutrition assistance.
- **Increase integration of technology** into all aspects of the program and improve the technology integration with nutrition assistance systems, healthcare programs, etc.
- **Provide programs and services to meet the needs of an increasingly diverse older population** (racial/ethnic, religious, functionality/disability, income, and health).
- **Ensure that AAA information and assistance (I&A) services and Aging and Disability Resource Centers (ADRCs) include information on benefits**, particularly nutrition assistance programs. Actively assist older adults in accessing the benefits. Ensure that I&A services and ADRCs track zip codes to understand the location of service needs.
- **Increase social service professionals’ understanding** of the role and impact of providing adequate, safe, nutritious food on health and functionality outcomes.
- **Provide regular nutrition education** tailored to meet identified needs as a routine part of the OAA NP. Focus on purchasing healthy food and buying it at lower cost, and coordinate with nutrition assistance programs such as SNAP-ED or the CSFP.
- **Co-locate nutrition education and shopping assistance** through grocery store tours and demonstrations, as well as involvement of the stores (particularly those with nutrition professionals) as sponsors.
- **Sponsor inter-program volunteer rotations** so that professionals and volunteers learn transferable skills and knowledge about how different programs function. This helps to broaden networks, forge better understanding and partnerships, and enhances community action.
- **Participate in community campaigns** for all nutrition assistance programs.

RESEARCH AND EVALUATION

Evidence-based program decisions can inform advocacy, funding, policy, partnerships and community action. But first, programs need evaluation and research. Evaluations ensure that programs demonstrate value, have a track record of results and make the most relevant data are available to policy-makers.

Research is different. Research aims to establish or confirm facts, solve problems, develop ideas and innovations, and enhance collaborations. Both evaluation and research drive change.

RESEARCH

- Use the reports from Appendix II to provide a basis for high-quality nutrition program interventions, and to bridge the gaps among nutrition assistance programs, healthcare professionals, aging network professionals and HCBS.
- Encourage researchers to apply for USDA research grants. Older adults appear to be an understudied population. A review of 1,042 research grant summaries indicated that only 3% addressed older adults; a review of 256 Research Innovation and Development Grants (RIDGE) indicated that 8% addressed older adults.
- Use researchers from local universities, including graduate students, to study local issues.
- Research rates of malnutrition in the community, in older adults recently discharged from the hospital or transition care, and older adults who are food insecure.
- Research the role of OAA NP's in decreasing healthcare costs and transition care, reducing hospital readmissions, and delaying institutionalization. ACL has contracted with Mathematica Policy Research for a national study that may address some of these issues (http://www.aoa.acl.gov/Program_Results/Program_Evaluation.aspx).

EVALUATION

- Evaluate current programs and methods to enroll eligible older adults in SNAP.
- Evaluate screening methodologies and nutrition interventions in healthcare settings, transition care and community settings. Determine what diagnoses, chronic conditions and patient characteristics to target.
- When funding is constrained, develop and evaluate tools for targeting and prioritizing OAA NP services such as HDMs.
- Evaluate health, functionality and food security of participants in OAA NP's. ACL has contracted with Mathematica Policy Research, Inc. for a national study (http://www.aoa.acl.gov/Program_Results/Program_Evaluation.aspx). State or local data may also be useful.
- Evaluate OAA NP innovations and the outcomes for structured nutrition education in SNAP-ED, CSFP and OAA NP's.
- Evaluate community partnerships in providing adequate, safe nutritious food to older adults.

CONCLUSION

Challenges and opportunities are facing the Aging Services Network in helping additional older adults obtain adequate, safe and nutritious food. As the population of vulnerable older Americans increases, national/ local program leaders and advocates can discover new opportunities for innovative services through greater communication, cooperation, coordination, and collaboration. Collectively, we can strengthen our understanding about the connection between food insecurity, health and functionality outcomes, and expand services to millions of vulnerable older Americans. When state and program leaders and advocates work together to maintain current programs and develop new or better interventions, millions of older vulnerable Americans will reap the benefits.

ABOUT MEALS ON WHEELS AMERICA

Meals on Wheels America is the oldest and largest national organization supporting the more than 5,000 community-based senior nutrition programs across the country that are dedicated to addressing senior hunger and isolation. This network exists in virtually every community in America and, along with more than two million volunteers, delivers the nutritious meals, friendly visits and safety checks that enable America's seniors to live nourished lives with independence and dignity. By providing funding, leadership, research, education and advocacy support, Meals on Wheels America empowers its local member programs to strengthen their communities, one senior at a time.

ABOUT AARP FOUNDATION

AARP Foundation works to ensure that low-income vulnerable older Americans have nutritious food, affordable housing, a steady income, and strong and sustaining social bonds. We collaborate with individuals and organizations who share our commitment to innovation and our passion for problem solving. Supported by vigorous legal advocacy, we create and advance effective solutions that help struggling older adults transform their lives. AARP Foundation is AARP's affiliated charity.

ABOUT CAESARS FOUNDATION

Caesars Foundation is a private foundation funded by a portion of operating income from resorts owned or operated by Caesars Entertainment. The Foundation is the entity through which Caesars Entertainment funds programs and projects of \$10,000 or more, as well as not-for-profit giving requirements imposed by certain operating jurisdictions. The Foundation's objective is to strengthen organizations and programs in the communities where our employees and their families live and work.

For more information on this report, contact research@mealsonwheelsamerica.org.

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APPENDIX I

KEY ACRONYMS

AAA	Area Agency on Aging	n4a	National Association of Area Agencies on Aging
ACA	Affordable Care Act	NANASP	National Association of Nutrition and Aging Services Programs
ACL	Administration for Community Living	NASUAD	National Association of States United for Aging and Disabilities
AoA	Administration on Aging	NCOA	National Council on Aging
ADL	Activities of Daily Living	OAA	Older Americans Act
ADRC	Aging and Disability Resource Centers	OAA NP	Older Americans Act Nutrition Program
CACFP	Child and Adult Care Food Program	RDN	Registered dietitian nutritionist
CMS	Center for Medicare and Medicaid Services	SFMNP	Senior Farmers Market Nutrition Program
CSFP	Community Supplemental Food Program	SNAP	Supplemental Nutrition Assistance Program
FDPIR	Food Distribution on Indian Reservations	SSI	Supplemental security income
HCBS	Home and community-based services	SUA	State Unit on Aging
HDM	Home-delivered meal	TEFAP	The Emergency Food Assistance Program
IADL	Instrumental Activities of Daily Living	USDA	United States Department of Agriculture
LTSS	Long term services and supports		
MCO	Managed care organizations		

APPENDIX II

AARP • <http://www.aarp.org/>

AARP is a nonprofit, nonpartisan membership organization for people age 50 and over.

AARP Benefits Quick Link

https://www.benefitscheckup.org/cf/index.cfm?partner_id=22

Older Americans Act

http://www.aarp.org/content/dam/aarp/research/public_policy_institute/health/2014/the-older-americans-act-AARP-ppi-health.pdf

AARP Public Policy Institute <http://www.aarp.org/ppi/>

The AARP Public Policy Institute promotes the development of sound, creative policies to address our common need for economic security, healthcare and quality of life.

Perceptions of Hunger Among Adults 50+

<http://assets.aarp.org/rgcenter/econ/hunger-perceptions-11.pdf>

AARP FOUNDATION • <http://www.aarp.org/aarp-foundation/>

AARP Foundation serves vulnerable people 50+ by creating and advancing effective solutions that help them secure the essentials.

Learn about Senior Hunger

<http://www.aarp.org/aarp-foundation/our-work/hunger/learn-about-hunger/>

Our work with hunger

<http://www.aarp.org/aarp-foundation/our-work/hunger.html>

Food Insecurity and Older Adults 2015 Update

http://www.aarp.org/content/dam/aarp/aarp_foundation/2015-PDFs/AF-Food-Insecurity-2015Update-Final-Report.pdf

Securing the Essentials: Food Insecurity Among Older Adults: Full Report 2015 Update

<http://assets.aarp.org/rgcenter/econ/hunger-perceptions-11.pdf>

Findings on Nutrition Knowledge and Food Insecurity Among Older Adults

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

INFOGRAPHICS

For Baby Boomers Hunger is a Health Issue

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

Assessing Food Security

http://www.aarp.org/content/dam/aarp/aarp_foundation/2015-02/Assessing-food-insecurity.png

Food Availability

http://www.aarp.org/content/dam/aarp/aarp_foundation/2015-02/food-availability-Dec2014.png

Tools for Helping Older Adults Access SNAP

<http://pdf.aarpfoundation.org/i/397003-snap-toolkit>

AARP Foundation Forum: Addressing Food Security Among Older Adults

<http://www.aarp.org/aarp-foundation/our-work/hunger/info-2015/addressing--food-security-among-older-americans.html>

ADMINISTRATION FOR COMMUNITY LIVING (ACL) / ADMINISTRATION ON AGING (AOA)

<http://www.aoa.acl.gov/>

The Administration for Community Living is an agency within the federal Department of Health and Human Services. The Administration on Aging (AoA) is within the ACL and provides leadership and expertise on program development, advocacy and initiative affecting older Americans and their families and caregivers. The AoA administers the OAA.

Nutrition Services Programmatic Fact Sheet

http://www.aoa.acl.gov/AoA_Programs/HPW/Nutrition_Services/index.aspx

Older Americans Benefit from the Older Americans Nutrition Program

http://www.aoa.acl.gov/Program_Results/docs/2015/AoA-Research-Brief-8-2015.pdf

Aging Integrated Data Base contains State Program Reports, National Survey of Older Americans Act Program Participant's, American Community Survey information

<http://www.agid.acl.gov>

Process Evaluation of the Older Americans Title III-C Nutrition Services Program

http://www.aoa.acl.gov/Program_Results/docs/2015/AoA-Research-Brief-8-2015.pdf

Older Americans Act Nutrition Programs Evaluation: Meal Cost Analysis

http://www.aoa.acl.gov/Program_Results/docs/Program_Eval/III_C_Assessment/NSP-Meal-Cost-Analysis.pdf

Older Americans Act Evaluation Activities

http://www.aoa.acl.gov/Program_Results/Program_Evaluation.aspx

Profile of Older Americans 2015

http://www.aoa.acl.gov/Aging_Statistics/Profile/index.aspx

ALLIANCE FOR AGING RESEARCH • <https://www.agingresearch.org>

The Alliance for Aging Research is the leading nonprofit organization dedicated to accelerating the pace of scientific discoveries and their application to vastly improve the universal human experience of aging and health.

Information on malnutrition

<https://www.agingresearch.org/health-information>

ALLIANCE TO ADVANCE PATIENT NUTRITION • <http://malnutrition.com>

The Alliance to Advance Patient Nutrition is an interdisciplinary consortium dedicated to championing effective patient nutrition practices; members of the Alliance include Academy of Medical-Surgical Nurses, Academy of Nutrition and Dietetics, Society of Hospital Medicine and Abbott Nutrition.

ALLIANCE TO END HUNGER • <http://alliancetoendhunger.org>

The Alliance to End Hunger engages diverse institutions to build the public and political will to end hunger at home and abroad. The Alliance to End Hunger is a coalition of over 90 members—corporations, non-profits, faith-based organizations, universities, foundations, international organizations, and individuals.

Advocacy Playbook

<http://alliancetoendhunger.org/advocacy-playbook/>

AMERICAN SOCIETY ON AGING • <http://www.asaging.org/>

Founded in 1954, the American Society on Aging is an association of diverse individuals bound by a common goal: to support the commitment and enhance the knowledge and skills of those who seek to improve the quality of life of older adults and their families. The membership of ASA is multidisciplinary. The webpage may be searched for blogs and webinars addressing hunger, food insecurity, and nutrition.

AMERICAN SOCIETY OF PARENTERAL AND ENTERAL NUTRITION • <http://www.nutritioncare.org>

ASPEN is an interdisciplinary membership organization dedicated to improving patient care by advancing the science and practice of clinical nutrition and metabolism. The website includes information on malnutrition.

BENEFITS BANK • <http://www.thebenefitbank.org>

The Benefit Bank online service simplifies and centralizes the process of applying for programs and resources such as food assistance, health coverage, home energy assistance and much more. It is used in North Carolina, Ohio, Pennsylvania, South Carolina, Texas and Virginia.

BREAD FOR THE WORLD • <http://www.bread.org>

Bread for the World is a collective Christian voice urging our nation's decision makers to end hunger at home and abroad.

Hunger Fact Sheet with information about older adults

<http://hungerreport.org/2016/wp-content/uploads/2015/12/HR2016-Fact-Sheet.pdf>

CALIFORNIA DEPARTMENT ON AGING • <http://www.aging.ca.gov>

The California Department of Aging (CDA) administers programs that serve older adults, adults with disabilities, family caregivers, and residents in long-term care facilities throughout the State. The Department administers funds allocated under the federal Older Americans Act, the Older Californians Act, and through the Medi-Cal program. It has developed materials to increase SNAP participation which is called CalFresh in California.

CalFresh Outreach Toolkit – Older Adult Handbook

<http://www.cdss.ca.gov/calfreshoutreach/PG3213.htm>

Brochures and Materials

<http://www.cdss.ca.gov/calfreshoutreach/PG3212.htm>

CalFresh Outreach Elderly/Disabled Deductions Checklist

http://www.cdss.ca.gov/calfreshoutreach/resToolkit/Worksheets/Worksheet_I_Elderly-DisabledDeductionsChecklist.pdf

CalFresh Outreach Prescreening Form

http://www.cdss.ca.gov/calfreshoutreach/res/pdf/E_PrescreeningForm.pdf

Videos

<http://www.cdss.ca.gov/calfreshoutreach/PG3320.htm>

Golden Advantage Nutrition Program PM 14-10

<http://www.aging.ca.gov/PM/#2014>

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) • <http://www.cdc.gov>

The CDC is a major federal agency within the federal Department of Health and Human Services. The CDC works to protect America from health, safety, and security threats both domestic and foreign.

General Information on Older Adults

<http://www.cdc.gov/aging/emergency/general.htm>

HEALTHY AGING DATA PROFILE • <http://www.cdc.gov/aging/agingdata/index.html>

The Healthy Aging Data Portal provides easy access to CDC data on a range of key indicators of health and well-being, screenings and vaccinations, and mental health among older adults at the national and state levels.

Fast Stats on Older Persons

<http://www.cdc.gov/nchs/fastats/older-american-health.htm>

State of Aging and Health in America 2013

<http://www.cdc.gov/aging/pdf/State-Aging-Health-in-America-2013.pdf>

CENTER FOR HEALTH LAW AND POLICY INNOVATION – HARVARD LAW SCHOOL

<http://hls.harvard.edu/dept/clinical/clinics/health-law-and-policy-clinic-of-the-center-for-health-law-and-policy-innovation/>

Students enrolled in the Health Law and Policy Clinic of the Center for Health Law and Policy Innovation participate in a broad range of national and state law and policy initiatives aimed at achieving a more equitable and just individual and public health environment.

Food is Medicine

<http://www.chlpi.org/wp-content/uploads/2013/12/6.5.2014-Food-is-Medicine-Report-FINAL.pdf>

Community Transportation Association of America

<http://web1.ctaa.org/webmodules/webarticles/anmviewer.asp?a=24&z=2>

CORPORATION FOR NATIONAL COMMUNITY SERVICE • <http://www.nationalservice.gov>

The Corporation for National and Community Service, a federal agency that helps more than 5 million Americans improve the lives of their fellow citizens through service. The Corporation sponsors AmeriCorp, Senior Corps, Volunteer Generation Fund, and the Social Innovation Fund.

DEFEAT MALNUTRITION • <http://defeatmalnutrition.today>

Defeat Malnutrition is a coalition of 37 local, state, and national organizations dedicated to fight senior malnutrition.

Webinar

http://defeatmalnutrition.today/files/9214/6437/5201/DMT_webinar.pdf

FEEDING AMERICA • www.feedingamerica.org

Feeding America is the nation's leading domestic hunger-relief organization through a nation-wide network of 200 foodbanks and 60,000 food pantries.

Mobile Food Pantry

<http://www.feedingamerica.org/about-us/helping-families-in-need/mobile-food-pantry-program/>

Senior Hunger Fact Sheet

<http://www.feedingamerica.org/hunger-in-america/impact-of-hunger/senior-hunger/senior-hunger-fact-sheet.html>

Impact of Senior Hunger

<http://www.feedingamerica.org/hunger-in-america/impact-of-hunger/senior-hunger/>

Senior Hunger Research

http://www.feedingamerica.org/hunger-in-america/our-research/senior-hunger-research/?s_src=W1650RGSC&s_referrer=yahoo&s_subsrc=http%3A%2F%2Fwww.feedingamerica.org%2Fhunger-in-america%2Fimpact-of-hunger%2Fsenior-hunger%2F

Senior Grocery Program

<http://www.feedingamerica.org/about-us/helping-families-in-need/senior-grocery-program/>

Spotlight on Senior Hunger

<http://www.feedingamerica.org/hunger-in-america/our-research/senior-hunger-research/spotlight-on-senior-hunger.pdf>

Health, Hunger and Older Adults – blog

<http://www.feedingamerica.org/hunger-in-america/news-and-updates/hunger-blog/health-hunger-and-older.html>

FOOD RESEARCH AND ACTION CENTER (FRAC) • <http://frac.org>

The Food Research and Action Center (FRAC) is the leading national nonprofit organization working to improve public policies and public-private partnerships to eradicate hunger and undernutrition in the United States.

Combatting Food Insecurity: Tools for Helping Older Adults Access SNAP 2014

<http://frac.org/combating-food-insecurity-tools-for-helping-older-adults-access-snap/>

SNAP Matters for People with Disabilities July 2015

http://frac.org/pdf/snap_matters_people_with_disabilities.pdf

SNAP Publications

<http://frac.org/reports-and-resources/supplemental-nutrition-assistance-program-snap/>

Food Hardship Publications

<http://frac.org/reports-and-resources/food-hardship-data/>

SNAP Publications

<http://frac.org/reports-and-resources/supplemental-nutrition-assistance-program-snap/>

GENERATIONS UNITED (GU) • <http://www.gu.org>

Since 1986, Generations United is the only national membership organization focused solely on improving the lives of children, youth, and older people through intergenerational strategies, programs, and public policies.

Hunger and Nutrition: What's at Stake for Children, Youth, and Older Adults

<http://www.gu.org/RESOURCES/Publications/HungerandNutrition.aspx>

Infographic

<http://www.gu.org/RESOURCES/Publications/HungerandNutritionInfographic.aspx>

Programs

<http://www.gu.org/OURWORK/Programs.aspx>

GRANT MAKERS IN AGING (GIA) • <http://www.giaging.org>

Grant Makers in Aging is an inclusive and responsive membership organization that is a national catalyst for philanthropy, with a common dedication to improving the experience of aging.

Hunger

<http://www.giaging.org/issues/senior-hunger/>

HUNGER FREE VERMONT • <https://www.hungerfreevt.org>

Incorporated in 1993, Hunger Free Vermont is a statewide nonprofit education and advocacy organization with the mission to end the injustice of hunger and malnutrition for all Vermonters.

Senior Hunger and Outreach Education

<https://www.hungerfreevt.org/what/senior-hunger-outreach-a-education.html>

Hunger Education for Health Professionals

https://www.hungerfreevt.org/images/stories/pdfs/Health_Professional_Hunger_Ed_Proj/hunger_screening_algorithm_primary_care_senior.pdf

KAISER FAMILY FOUNDATION (KFF) • <http://kff.org>

Kaiser is a non-profit organization focusing on national health issues, as well as the U.S. role in global health policy. Data is available on health costs, state health facts, including graphs and charts.

MEALS ON WHEELS AMERICA • <http://www.mealsonwheelsamerica.org>

Meals on Wheels America is the oldest and largest national organization supporting the more than 5,000 community-based senior nutrition programs across the country that are dedicated to addressing senior hunger and isolation.

Research

<http://www.mealsonwheelsamerica.org/theissue/research>

Senior Isolation and Hunger

<http://www.mealsonwheelsamerica.org/theissue/problemandsolution>

The Impact of Meal Service Delivery on the Health and Well-Being of Our Seniors

<http://www.mealsonwheelsamerica.org/theissue/research/more-than-a-meal>

Senior Facts Maps

<http://www.mealsonwheelsamerica.org/theissue/facts-resources/senior-facts-map>

National and State Fact Sheets

<http://www.mealsonwheelsamerica.org/factsheets>

NATIONAL ACADEMIES OF SCIENCES, ENGINEERING AND MEDICINE HEALTH AND MEDICINE DIVISION (previously the Institute of Medicine)

The Health and Medicine Division (HMD) is a division of the National Academies of Sciences, Engineering, and Medicine (the Academies). The Academies are private, nonprofit institutions that provide independent, objective analysis and advice to the nation and conduct other activities to solve complex problems and inform public policy decisions related to science, technology, and medicine.

Meeting the Dietary Needs of Older Adults: A Workshop (2016)

<http://nationalacademies.org/hmd/activities/aging/dietary-needs-older-adults.aspx>

NATIONAL AGING AND DISABILITY TRANSPORTATION CENTER

<http://www.nadtc.org>

The Center promotes the availability and accessibility of transportation options for older adults, people with disabilities and their caregivers. The Center provides resources, publications, training and webinars for professionals.

NATIONAL ALLIANCE FOR NUTRITION AND ACTIVITY (NANA)

<http://www.cspinet.org/nutritionpolicy/nana.html>

The National Alliance for Nutrition and Activity (NANA) advocates policies and programs to promote healthy eating and physical activity. The NANA is part of the Center for Science in the Public Interest.

NATIONAL ASSOCIATION OF NUTRITION AND AGING SERVICES PROGRAMS (NANASP)

<http://www.nanasp.org>

Founded in 1977, NANASP is recognized by policy makers and others as an effective advocate for their members and the older adults they serve. NANASP is proud to be a leading organization advocating for community-based senior nutrition programs and their staff.

NATIONAL ASSOCIATION OF STATES UNITED FOR AGING AND DISABILITIES (NASUAD)

<http://www.nasuad.org>

The National Association of States United for Aging and Disabilities (NASUAD) was founded in 1964 under the name National Association of State Units on Aging (NASUA). NASUAD represents the nation's 56 state and territorial agencies on aging and disabilities and supports visionary state leadership, the advancement of state systems innovation and the articulation of national policies that support home and community-based services for older adults and individuals with disabilities.

Hunger Report Release

<http://www.nasuad.org/newsroom/nasuad-news/nasuad-nfesh-release-senior-hunger-report>

America's Health Ratings Senior Report

http://www.nasuad.org/sites/nasuad/files/2015_Am_Health_Ranking.pdf

State of the States in Aging and Disability; 2015 Survey of State Agencies

<http://www.nasuad.org/hcbs/article/2015-state-states-aging-and-disabilities>

NATIONAL COMMISSION ON HUNGER

To identify solutions to hunger, Congress created the bipartisan National Commission on Hunger “to provide policy recommendations to Congress and the United States Department of Agriculture Secretary to more effectively use existing programs and funds of the Department of Agriculture to combat domestic hunger and food insecurity.”

Report to Congress, two recommendations on older adults

https://mcgovern.house.gov/sites/mcgovern.house.gov/files/Hunger_Commission_2016_Report.pdf

NATIONAL COUNCIL ON AGING (NCOA) • <https://www.ncoa.org>

NCOA is a respected national leader and trusted partner to help people aged 60+ meet the challenges of aging. NCOA partners with nonprofit organizations, government, and business to provide innovative community programs and services, online help, and advocacy.

Facts about Food Insecurity and Senior Hunger

<https://www.ncoa.org/news/resources-for-reporters/get-the-facts/senior-hunger-facts/>

Benefits for Seniors

<https://www.ncoa.org/economic-security/benefits>

Senior Hunger and SNAP

<https://www.ncoa.org/economic-security/benefits/food-and-nutrition/senior-hunger-snap/>

Food Assistance Benefits

<https://www.ncoa.org/economic-security/benefits/food-and-nutrition/food-assistance-benefits/>

SNAP Resources

<https://www.ncoa.org/?s=SNAP>

Next Steps to Better Nutrition

<https://www.ncoa.org/economic-security/benefits/food-and-nutrition/next-steps-to-better-nutrition-program/>

Healthy Eating Tips for Seniors

<https://www.ncoa.org/economic-security/benefits/food-and-nutrition/senior-nutrition/>

NATIONAL CONFERENCE OF STATE LEGISLATURES (NCSL) • <http://www.ncsl.org>

Since 1975, NCSL has been the champion of state legislatures. NCSL has helped states remain strong and independent by giving them the tools, information and resources to craft the best solutions to difficult problems.

Hunger Among Older Americans

<http://www.ncsl.org/research/human-services/hunger-among-older-americans.aspx>

NATIONAL FOUNDATION TO END SENIOR HUNGER (NFESH) • <http://www.nfesh.org/>

The NFESH is a national nonprofit organization that engages diverse partners in the fight to end senior hunger by fostering collaborations on both a local and national level. It publishes The State of Senior Hunger in the United States on a yearly basis.

Current Research

<http://www.nfesh.org/research>

The State of Senior Hunger in the United States 2014

<http://www.nfesh.org/wp-content/uploads/2016/05/State-of-Senior-Hunger-in-America-2014.pdf>

What a Waste

<http://www.nfesh.org/what-a-waste>

NATIONAL INSTITUTE ON AGING (NIA) OF THE NATIONAL INSTITUTES OF HEALTH

<https://www.nia.nih.gov>

The National Institute on Aging is one of 27 centers of the National Institutes of Health, a federal government research entity. This site provides basic information on healthy eating and health.

NATIONAL RESOURCE CENTER ON NUTRITION AND AGING (NRCNA)

<http://nutritionandaging.org>

The NRCNA is hosted by Meals on Wheels America as part of a cooperative agreement with the Administration on Aging. It is designed to assist the national aging network in the implementation of the nutrition portion of the Older Americans Act.

Food, Nutrition and Health

<http://nutritionandaging.org/nutrition-food-health/>

Promising Practices

<http://nutritionandaging.org/promising-practices/>

Proceedings of Perspectives on Nutrition and Aging: A National Summit

<http://summit.nutritionandaging.org>

Public Policy

<http://nutritionandaging.org/public-policy/>

Resources and Tools

<http://nutritionandaging.org/tools-forms-templates/>

PROMEDICA • <https://www.promedica.org/pages/home.aspx>

ProMedica is a locally-owned, nonprofit health system providing quality healthcare services to 27 counties in northwest Ohio and southeast Michigan.

Hunger as a Health Issue

<https://www.promedica.org/Pages/service-to-the-community/default.aspx#hunger>

Come to the Table

<https://www.promedica.org/Pages/service-to-the-community/come-to-the-table.aspx>

ROBERT WOOD JOHNSON FOUNDATION (RWJF) • www.rwjf.org

The RWJF is the nation's largest philanthropy dedicated solely to health.

County Health Ratings and Roadmaps

<http://www.countyhealthrankings.org>

RURAL HEALTH INFORMATION HUB • <https://www.ruralhealthinfo.org>

The Rural Health Information Hub, formerly the Rural Assistance Center, is funded by the Federal Office of Rural Health Policy to be a national clearinghouse on rural health issues.

<https://www.ruralhealthinfo.org/topics/food-and-hunger>

ROOT CAUSE COALITION • <http://www.rootcausecoalition.org>

The Root Cause Coalition is a national member-driven nonprofit organization dedicated to addressing the root causes of health disparities by focusing on hunger and other social determinants leading to nationwide epidemic of preventable chronic health conditions. It was founded by ProMedica and the AARP Foundation.

A Case for Becoming True Care Integrators to Improve Population Health

<http://www.rootcausecoalition.org/wp-content/uploads/2015/10>

[BecomingTrueCareIntegratorsToImprovePopulationHealth.pdf](#)

Tackling Hunger – CDC Research Partnership

<http://www.rootcausecoalition.org/research/tackling-hunger-to-improve-health-in-americans/>

Data Repository

<http://www.rootcausecoalition.org/research/data-repository/>

SUSTAINABILITY • <https://www.sustainabilityconsortium.org>

A global organization transforming the consumer goods industry to deliver more sustainable, consumer products. It is composed of a spectrum of organizations, including corporations, non-governmental organizations, academic institutions, trade organizations, and experts.

UNITED HEALTH FOUNDATION • <http://www.unitedhealthfoundation.org>

United Health Foundation was established by UnitedHealth Group in 1999 as a not-for-profit, private foundation dedicated to improving health and healthcare. To date, United Health Foundation has committed nearly \$315 million to programs and communities around the world. The mission of the United Health Foundation is to build healthier communities.

AMERICA'S HEALTH RATINGS SENIOR REPORT

<http://www.americashealthrankings.org/reports/Senior>

State by state data, including information on food insecurity, obesity, underweight, social support.

THE UNITED STATES CONFERENCE OF MAYORS (USMC) • <http://usmayors.org>

The United States Conference of Mayors (USCM) is the official non-partisan organization of cities with populations of 30,000 or more. There are 1,407 such cities in the country today.

<http://usmayors.org/publications>

Hunger and Homelessness Survey December 2015

<http://usmayors.org/pressreleases/uploads/2015/1221-report-hhreport.pdf>

UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)

<http://www.usda.gov/wps/portal/usda/usdahome>

The United States Department of Agriculture is a federal department that provides leadership on food, agriculture, natural resources, rural development, nutrition, and related issues based on public policy, the best available science, and effective management.

Press release from 2015 providing information on USDA support for older adults

<http://www.fns.usda.gov/pressrelease/2015/020215>

COMMUNITY GARDENING RESOURCES

Community Garden Checklist

<http://www.letsmove.gov/community-garden-checklist>

National Agricultural Library Resources

<https://www.nal.usda.gov/afsic/community-gardening>

ECONOMIC RESEARCH SERVICE (ERS) • <http://www.ers.usda.gov/home.aspx>

ERS is USDA's principal social science research agency. ERS communicates research results and socioeconomic indicators via briefings, analyses for policymakers and their staffs, market analysis updates, and major reports.

Food Assistance and Nutrition Research Program (FANRP) Database

<http://www.ers.usda.gov/data-products/food-and-nutrition-assistance-research-reports-database.aspx>

Research Reports and Articles

<http://www.ers.usda.gov/data-products/food-and-nutrition-assistance-research-reports-database/research-reports-articles-database.aspx>

Research on Older Adults/Elderly

Of 1042 listed, 27 or 2.6% addressed older adults or the elderly, access the reports through the link listed

<http://www.ers.usda.gov/data-products/food-and-nutrition-assistance-research-reports-database/research-reports-articles-database.aspx?type=1&sortBy=&year=&topic=8&dataset=&search=>

Research Innovation and Development Grants in Economic Programs (RIDGE)

Project Summaries

<http://www.ers.usda.gov/topics/food-nutrition-assistance/food-nutrition-assistance-research/extramural-research.aspx#RIDGE>

Of 256 funded projects, eight or 3% of the grants addressed issues of older adults. The project number, date and title are listed below:

- Project 9. 2002. “A Study of Older Adults on the Waiting List for Home-Delivered Meals in North Carolina”
- Project 97. 2008. “Food Stamp Use Among the Elderly: Evidence from Panel Data”
- Project 101. 2009. “Food Stamps, Blood Sugar Control, and Medicare Costs of Older Diabetics”
- Project 102. 2012. “Food Stamps, Food Sufficiency, and Diet-Related Disease Among the Elderly”
- Project 206. 1999. “The Impact of Food Stamp Reforms on Elderly in Mississippi”
- Project 220. 2009. “Study The Longitudinal Impact of Food Assistance Program Participation on Food Insecurity and Nutritional Risk in Low-Income Community-Dwelling Older Adults in Georgia”
- Project 237. 2008. “Understanding Nutrition Challenges Faced by Older Americans in Rural Areas: The Role of the Food Environment and Neighborhood Characteristics”
- Project 252. 2009 “Why Do So Few Elderly Use Food Stamps?”

Food Security Portal – Overview & Links

<http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us.aspx>

Household Food Security in the United States in 2015

<http://www.ers.usda.gov/publications/err-economic-research-report/err215.aspx>

Food Environment Atlas

<http://www.ers.usda.gov/data-products/food-environment-atlas.aspx>

Readings on Food Security/Insecurity

<http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/readings.aspx>

Readings on Food Security/Insecurity, including Older Adults

<http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/readings.aspx>

Food Access

<http://www.ers.usda.gov/topics/food-choices-health/food-access.aspx>

Food Choices and Health

<http://www.ers.usda.gov/topics/food-choices-health.aspx>

FOOD AND NUTRITION SERVICES (FNS) • <http://www.fns.usda.gov>

FNS increases food security and reduces hunger in partnership with cooperating organizations by providing children and low-income people access to food, a healthy diet, and nutrition education in a manner that supports American agriculture and inspires public confidence.

Programs and Services

<http://www.fns.usda.gov/programs-and-services>

Includes information on SNAP, CSFP, FDPIR, TEFAP, CACFP, SFMNP

SNAP

<http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap>

SNAP Nutrition Education

<http://www.fns.usda.gov/snap/nutrition-education>

Outreach

<http://www.fns.usda.gov/snap/outreach>

SNAP for Researchers

<http://www.fns.usda.gov/snap/snap-researchers>

State Options

<http://www.fns.usda.gov/snap/state-options-report>

Proposed Regulation for Implementation of the Agricultural Act of 2014 Purchasing and Delivery Services for the Elderly and Disabled – SNAP

<http://www.fns.usda.gov/fr-071515>

Office of Research and Analysis

<http://www.fns.usda.gov/ops/research-and-analysis>

Research & Evaluation Plan 2016

<http://www.fns.usda.gov/sites/default/files/ops/study-and-evaluation-plan-2016.pdf>

Among other projects in 2016, the Office of Research and Analysis will evaluate alternatives to improve elderly access to SNAP (increase access; reduce churning; simplify program access) and study technology modernization. The results of these evaluations may provide guidance to FNS on how to best address access issues for older adults.

SNAP Community Characteristics

<http://www.fns.usda.gov/ops/snap-community-characteristics>

Utilization of this data from the American Community Survey by AAAs and local nutrition service providers may help them in their outreach efforts for SNAP and older adults. The data is provided by Congressional District and lists percentage of households with individuals receiving SNAP.

Reaching the Underserved Elderly and Working Poor in the SNAP: Evaluation Findings from Fiscal Year 2009 Pilots – Summary

<http://www.fns.usda.gov/sites/default/files/SNAPUnderseved-Elderly2009-Summary.pdf>

This report summarizes information about 3 pilot state projects which targeted low-income older adults to increase participation in SNAP.

GRANTS TO HELP SNAP PARTICIPANTS AFFORD HEALTHY FOODS

<http://www.usda.gov/wps/portal/usda/usdahome?contentidonly=true&contentid=2015/04/0084.xml>

This press release lists the pilot projects (large and small) funded to increase fresh fruit and vegetable consumption among the current SNAP population, including older adults, funded by the Food Insecurity Nutrition Incentive (FINI) Program.

NATIONAL INSTITUTE OF FOOD AND AGRICULTURE • <https://nifa.usda.gov>

NIFA's mission is to advance knowledge for agriculture, the environment, human health and well-being, and communities by supporting research, education, and extension programs in the Land-Grant University System and other partner organizations. NIFA helps fund research at the state and local level and provides program leadership in these areas.

Adult Development and Aging Programs

<https://nifa.usda.gov/program/adult-development-and-aging-programs>

Community Food Projects

<https://nifa.usda.gov/program/community-food-projects-competitive-grant-program-cfpcgp>

Health and Wellness

<https://nifa.usda.gov/program/health-and-wellness>

UNITED STATES CONGRESS • <https://www.congress.gov>

The United States Congress passes federal legislation. Its website includes pending legislation, as well as current public law.

UNIVERSITY OF TEXAS DIGITAL LIBRARY • <http://digital.library.unt.edu/explore/collections/CRSR>

The Congressional Research Service does not provide direct public access to reports that have been sent to Congress. However, some Congressional members and organizations that have received reports post them on their websites. This website compiles reports from these sources from the 1990s.

WHOLESOME WAVE • <http://www.wholesomewave.org>

Wholesome Wave is a national nonprofit organization founded in 2007 and in 2008 piloted our premier program—matching the value of SNAP (food stamps) when spent on produce at farmers' markets, through something called nutrition incentives. The Network has expanded to include program innovations, such as those that are working with healthcare providers to write prescriptions that can be redeemed for produce.

WHYHUNGER • <http://www.whyhunger.org>

WhyHunger is a leader in building the movement to end hunger and poverty by connecting people to nutritious, affordable food and by supporting grassroots solutions that inspire self-reliance and community empowerment.

APPENDIX III

STATE UNIT ON AGING MECHANISMS FOCUSING ON FOOD INSECURITY OR THREAT OF HUNGER

STATE WEBSITE	LINKS TO NUTRITION ASSISTANCE PROGRAM INFORMATION	STATE REGULATIONS	STATE POLICIES & PROCEDURES	STATE TARGETING/ PRIORITIZATION CRITERIA	STATE PLAN	STATE INITIATIVES
AL http://alabamaageline.gov					X	Simplified SNAP Application for older adults
AR http://www.daas.ar.gov/about_us.htm	SFMNP					
AZ https://des.az.gov	SNAP, TEFAP, CSFP				X	
CA http://www.aging.ca.gov	SNAP, SNAP-Ed	X			X	CalFresh (SNAP) Outreach Manual, Training, state & local collaboration
CO https://sites.google.com/a/state.co.us/cdhs-cai-aas/state-unit-on-aging			X	X	X	

STATE WEBSITE	LINKS TO NUTRITION ASSISTANCE PROGRAM INFORMATION	STATE REGULATIONS	STATE POLICIES & PROCEDURES	STATE TARGETING/ PRIORITIZATION CRITERIA	STATE PLAN	STATE INITIATIVES
CT http://www.ct.gov/agingservices	SNAP, CSFP, TEFAP				X	Regular meetings with other state food assistance agencies
DC http://dcoa.dc.gov	SNAP, CSFP, TEFAP, SFMNP, Benefits Check Up, Hunger Solutions, SHARE Network					
FL http://elderaffairs.state.fl.us/index.php	SNAP, SNAP-Ed, CSFP, SFMNP, CACFP		X	X		Simplified SNAP Application; SUNCAP (automatic eligibility for persons on SSI)
GA www.aging.ga.gov	SNAP, SNAP-Ed		X	X	X	Simplified SNAP Application; SNAP brochure; Developing a State Senior Hunger Summit
HI http://health.hawaii.gov/eoa						
IA https://www.iowaaging.gov	SNAP, SNAP-Ed, SFMNP, CSFP, CACFP, Food pantries/ Food Banks, SHARE Iowa	X		X	X	Hunger Profile for older adults, Hunger Summit 2014, Growing Bolder Initiative, SNAP-Ed- Fresh

STATE WEBSITE	LINKS TO NUTRITION ASSISTANCE PROGRAM INFORMATION	STATE REGULATIONS	STATE POLICIES & PROCEDURES	STATE TARGETING/ PRIORITIZATION CRITERIA	STATE PLAN	STATE INITIATIVES
ID http://www.aging.idaho.gov	CSFP, Hunger Relief Task Force which links to SNAP				X	Participates in biannual hunger summit
IL http://www.illinois.gov/aging/Pages/default.aspx	Linkages to CACFP, SFMNP	X		X		
IN http://www.in.gov/fssa/2329.htm	SNAP					
KS http://www.kdads.ks.gov	SNAP, CSFP, TEFAP, SFMNP referenced in ADRC Guide				X	
KY http://chfs.ky.gov/dail					X	
LA http://goea.louisiana.gov				X	X	
MA http://www.mass.gov/elders	SNAP, CSFP					Simplified SNAP Application, referral to SNAP
MD http://aging.maryland.gov/Pages/default.aspx	SNAP, CSFP, SFMNP			X	X	CSFP Groceries to Go, Development of prioritization for HDM clients based on food insecurity & malnutrition risk

STATE WEBSITE	LINKS TO NUTRITION ASSISTANCE PROGRAM INFORMATION	STATE REGULATIONS	STATE POLICIES & PROCEDURES	STATE TARGETING/ PRIORITIZATION CRITERIA	STATE PLAN	STATE INITIATIVES
ME http://www.maine.gov/dhhs/oads	CSFP, SFMNP			X	X	
MI http://www.michigan.gov/osa	SFMNP					
MN http://www.mnaging.org						
MS http://www.mdhs.state.ms.us/aging-adult-services/	SNAP, TEFAP					
MO http://health.mo.gov	CSFP, SFMNP, SNAP				X	AAA/CSFP Plan coordination, CSFP homebound priority; increase HDMs in Med. Waiver
MT http://dphhs.mt.gov/sltc/services/aging/index	CSFP, SFMNP, SNAP				X	Interventions for NSI Checklist questions, ask about other resources, State plan ADRC goal: establish an internet system for food assistance; enews letter survey on food insecurity

STATE WEBSITE	LINKS TO NUTRITION ASSISTANCE PROGRAM INFORMATION	STATE REGULATIONS	STATE POLICIES & PROCEDURES	STATE TARGETING/ PRIORITIZATION CRITERIA	STATE PLAN	STATE INITIATIVES
NC http://www.ncdhhs.gov/divisions/daas	SFMNP				X	
NE http://dhhs.ne.gov/Pages/default.aspx	CSFP, TEFAP/ Food pantries, SNAP, SFMNP				X	Outreach for food assistance
NH http://www.dhhs.nh.gov/dcbcs/beas						
NJ http://www.state.nj.us/humanservices/doas/home						
NM http://www.nmaging.state.nm.us	SNAP, TEFAP/ Food banks, FDPIR, SFMNP				X	Yearly participation in state Hunger Summit (all ages) Objectives in State & Strategic Plan
NY http://www.aging.ny.gov	SNAP, SFMNP, CSFP	X		X	X	Facilitate partnership with local farmers to encourage use of local produce
OH http://www.aging.ohio.gov/home	SFMNP					State Faith Based Office & Feeding America, Partner with Ohio Benefit Bank

STATE WEBSITE	LINKS TO NUTRITION ASSISTANCE PROGRAM INFORMATION	STATE REGULATIONS	STATE POLICIES & PROCEDURES	STATE TARGETING/ PRIORITIZATION CRITERIA	STATE PLAN	STATE INITIATIVES
OK http://www.okdhs.org/services/aging/Pages/AgingServicesMain.aspx	SNAP, SFMNP			X	X	
OR http://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/index.aspx						
PA http://www.aging.pa.gov/Pages/default.aspx	SNAP, SFMNP		X	X		
RI http://www.dea.ri.gov	CSFP, SNAP		X	X		
SC http://aging.sc.gov/Pages/default.aspx	SNAP, CSFP, TEFAP, SFMNP, CACFP in Senior Handbook					Simplified SNAP Application
SD http://dss.sd.gov/asa	SNAP					
TN http://www.tn.gov/aging	SNAP		X	X	X	Community Gardens, AARP Foundation Fresh Savings Program at Farmers' Markets

STATE WEBSITE	LINKS TO NUTRITION ASSISTANCE PROGRAM INFORMATION	STATE REGULATIONS	STATE POLICIES & PROCEDURES	STATE TARGETING/ PRIORITIZATION CRITERIA	STATE PLAN	STATE INITIATIVES
TX http://www.dads.state.tx.us	SNAP, CSFP, TEFAP					
UT http://daas.utah.gov						
VA http://www.vda.virginia.gov			X		X	
VT http://dail.vermont.gov	CSFP, SNAP, SFMNP				X	
WA https://www.dshs.wa.gov/altsa			X	X		
WI https://www.dhs.wisconsin.gov/aging/index.htm	SNAP, CSFP, TEFAP		X	X	X	
WV http://www.wvseniorservices.gov	SFMNP, SNAP, Benefits Check Up			X		
WY http://health.wyo.gov/aging/index.htm	SNAP			X		

METHODOLOGY

1. States were selected for inclusion in the table based on
 - Total state population of older adults 2 million or more: CA, FL, NY, PA, TX
 - States with a poverty rate of 15% or more of the older adult population, 65+, in the past 2 years
 - States with a % of seniors facing hunger of 10% or more, in the past 2 years
 - In some cases, states met more than 1 of the criteria.
2. State Unit on Aging websites were reviewed for weblinks to nutrition assistance or benefit programs.
3. State Unit on Aging websites were reviewed for weblinks to state regulations for the Older Americans Act Programs, including any specific for the nutrition program. In many states, there were no linkages to state regulations. Some states did not post any information.
4. State Unit on Aging websites were reviewed for weblinks to state policies/procedures for implementation of the Older Americans Act Programs, including the nutrition program. In many states where there was no link to state regulations, there was a link to state policies and procedures. Some states did not post any information.
5. The documents for either state regulations or policies and procedures were reviewed to determine whether the state emphasized nutrition assistance referrals or assistance for vulnerable older adults, whether there was an emphasis on food insecurity and whether the state specified targeting/prioritization criteria requirements. States that reiterated the targeting criteria specified in the Older Americans Act were included. States that included the targeting criteria in the Older Americans Act with its emphasis on risk characteristics (that may serve as a proxy for food insecurity) were included. Some states had additional criteria, including dealing with waiting lists, prioritizing who received services first, etc.
6. State Unit on Aging websites were reviewed for the current State plan and the inclusion of any emphasis on food insecurity or nutrition assistance programs. Some states did not post their current State plan.
7. State Unit on Aging websites were reviewed for any state initiative(s) regarding food insecurity, food assistance programs.

APPENDIX IV

STATE UNIT ON AGING WEBSITES THAT INCLUDE A FOCUS ON FOOD INSECURITY OR THREAT OF HUNGER

State Units on Aging use various phrases to address the concept; some use the words, 'hunger or food insecurity, or risk or threat of hunger' and some do not address it. The 'yes' column indicates that the State Unit on Aging addresses the concept in some fashion; the 'no' indicates that the concept is not addressed.

NATIONAL & STATE WEBSITES	NUTRITION CONTACT	65+ POPULATION AS A % OF ALL AGES IN 2014 ¹	% OF 65+ POPULATION AT OR BELOW POVERTY IN 2014	% SENIORS FACING THREAT OF HUNGER IN 2014 ²	STATE FOCUS ON FOOD INSECURITY OR THREAT OF HUNGER IN 2014 ³	
					YES	NO
U S Total (50 states + DC) http://www.acl.gov/Index.aspx	Holly Greuling Holly.greuling@acl.hhs.gov	14.5	10.0			
AL http://alabamaageline.gov	Bobbie Morris Bobbie.Morris@ADDSS.alabama.gov	15.3	11.2	17.22		X
AZ https://des.az.gov/services/aging-and-adult/division-aging-and-adult-services	Mark Radan MRadan@azdes.gov	15.9	9.4	15.93		X

(FOOTNOTES)

1. U.S. Department of Health and Human Services Administration for Community Living, Administration on Aging. Profile of Older Americans. Accessed at http://www.aoa.acl.gov/Aging_Statistics/Profile/index.aspx on 30 May 2016.
2. Ziliak JP, Gundersen C. The state of senior hunger in America 2014. National Foundation to End Senior Hunger. Accessed at <http://www.nfesh.org/wp-content/uploads/2016/05/State-of-Senior-Hunger-in-America-2014.pdf> 10 June 2016.
3. Lloyd, JL. Based on State Unit on Aging Mechanisms Focusing on Food Insecurity, Appendix III .

NATIONAL & STATE WEBSITES	NUTRITION CONTACT	65+ POPULATION AS A % OF ALL AGES IN 2014 ¹	% OF 65+ POPULATION AT OR BELOW POVERTY IN 2014	% SENIORS FACING THREAT OF HUNGER IN 2014 ²	STATE FOCUS ON FOOD INSECURITY OR THREAT OF HUNGER IN 2014 ³	
					YES	NO
AR http://www.daas.ar.gov/about_us.htm	Beverly Dunlap Beverly.dunlap@arkansas.gov	15.7	10.6	24.85		X
CA http://www.aging.ca.gov	Sharon Hawkins Sharon.Hawkins@aging.ca.gov	12.9	10.6	15.91	X	
CO https://sites.google.com/a/state.co.us/cdhs-cai-aas/state-unit-on-aging	Leighanna Konetski Leighanna.konetski@state.co.us	12.7	7.1	13.72	X	
CT http://www.ct.gov/agingservices/site/default.asp	Jannett Haughton Jannett.haughton@ct.gov	15.5	7.8	15.43	X	
DC http://dcoa.dc.gov	Jackie Geralnick Jackie.geralnick@dc.gov	11.3	14.5	18.96		X
FL http://elderaffairs.state.fl.us/index.php	Ginnifer Barberg Barberg@elderaffairs.org	19.1	10.5	15.09	X	
GA www.aging.ga.gov	Allison Bernal Albernal@dhr.state.ga.us	12.4	10.4	17.80	X	
HI http://health.hawaii.gov/eoa	Caroline Cadirao Caroline.cadirao@doh.hawaii.gov	16.1	8.2	13.99		X
ID http://www.aging.idaho.gov	Birgit Luebeck Birgit.luebeck@aging.idaho.gov	14.3	9.5	11.29	X	

NATIONAL & STATE WEBSITES	NUTRITION CONTACT	65+ POPULATION AS A % OF ALL AGES IN 2014 ¹	% OF 65+ POPULATION AT OR BELOW POVERTY IN 2014	% SENIORS FACING THREAT OF HUNGER IN 2014 ²	STATE FOCUS ON FOOD INSECURITY OR THREAT OF HUNGER IN 2014 ³	
					YES	NO
IL http://www.illinois.gov/aging/ Pages/default.aspx	Betsy Creamer Betsy.Creamer@illinois.gov	13.9	8.8	14.00		X
IA https://www.iowaaging.gov	Carlene Russell Carlene.russell@iowa.gov	15.8	7.4	10.64	X	
IN http://www.in.gov/fssa/2329.htm	Lakeisha McCarter LakeishaMcCarter@fssa.in.gov	14.3	7.0	15.86		X
KS http://www.kdads.ks.gov	Karen Seymour Karen.Seymour@kdads.ks.gov	14.3	7.9	15.73		X
KY http://chfs.ky.gov/dail	Kathryn Tucker Kathryn.Tucker@ky.gov	14.8	11.3	17.45		X
LA http://goea.louisiana.gov	Beverly Armstead bharmstead@goea.la.gov	13.6	12.8	23.72		X
MA http://www.mass.gov/elders	Shirley Chao Shirley.Chao@state.ma.us	15.1	9.3	9.87	X	
MD http://aging.maryland.gov/ pages/aboutmdoa.aspx	Judy Simon JSimon@ooa.state.md.us	13.8	7.4	12.41	X	
ME http://www.maine.gov/dhhs/oads	David Collins David.Collins@maine.gov	18.3	8.9	16.96	X	

NATIONAL & STATE WEBSITES	NUTRITION CONTACT	65+ POPULATION AS A % OF ALL AGES IN 2014 ¹	% OF 65+ POPULATION AT OR BELOW POVERTY IN 2014	% SENIORS FACING THREAT OF HUNGER IN 2014 ²	STATE FOCUS ON FOOD INSECURITY OR THREAT OF HUNGER IN 2014 ³	
					YES	NO
MI http://www.michigan.gov/osa	Sherry King Kings1@michigan.gov	15.4	8.1	14.99		X
MN http://www.mnaging.org	Mary Hertel Mary.hertel@state.mn.us	14.3	7.5	10.15		X
MS http://www.mdhs.state.ms.us/aging-adult-services/	Tamika Forkner Tamika.forkner@mdhs.ms.gov	14.3	13.2	24.30		X
MO http://health.mo.gov	Charisse Pappas Charisse.pappas@health.mo.gov	15.4	9.0	16.61	X	
MT http://dphhs.mt.gov/sltc/services/aging/index	Jackie Stoeckel jstoeckel@mt.gov	16.7	8.3	8.99		X
NE http://dhhs.ne.gov/Pages/default.aspx	Erik White Erik.white@nebraska.gov	14.4	7.9	14.94	X	
NH http://www.dhhs.nh.gov/dcbcs/beas	Cathy Cormier Catherine.a.cormier@dhhs.state.nh.us	15.9	5.1	10.11		X
NJ http://www.state.nj.us/humanservices/doas/home	Patricia Matthews Patricia.matthews@dhs.state.nj.us	14.7	8.6	12.78		X

NATIONAL & STATE WEBSITES	NUTRITION CONTACT	65+ POPULATION AS A % OF ALL AGES IN 2014 ¹	% OF 65+ POPULATION AT OR BELOW POVERTY IN 2014	% SENIORS FACING THREAT OF HUNGER IN 2014 ²	STATE FOCUS ON FOOD INSECURITY OR THREAT OF HUNGER IN 2014 ³	
					YES	NO
NM http://www.nmaging.state.nm.us	Debra Trujillo Debra.Trujillo@state.nm.us	15.3	13.2	10.78	X	
NC http://www.ncdhhs.gov/divisions/daas	Audrey Edmisten Audrey.edmisten@dhhs.nc.gov	14.7	9.7	17.98		X
OR http://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/index.aspx	Sarah Hout sarah.d.hout@state.or.us	16.0	8.8	15.70		X
PA http://www.aging.pa.gov/Pages/default.aspx	Jill Campbell c-jicampbe@pa.gov	16.4	8.5	13.14	X	
RI http://www.dea.ri.gov	Aleatha Dickerson Aleatha.dickerson@dea.ri.gov	15.7	9.7	14.53		X
SC http://aging.sc.gov/Pages/default.aspx	Katherine Shavo kshavo@aging.sc.gov	15.8	9.3	19.28		X
SD http://dss.sd.gov/asa	Dan McGinnis Dan.mcginis@state.sd.us	15.3	10.6	11.86		X
TN http://www.tn.gov/aging		15.1	10.1	15.81	X	
TX http://www.dads.state.tx.us	Kacie Glosson kacie.glosson@hhsc.state.tx.us	11.5	10.9	19.04		X

NATIONAL & STATE WEBSITES	NUTRITION CONTACT	65+ POPULATION AS A % OF ALL AGES IN 2014 ¹	% OF 65+ POPULATION AT OR BELOW POVERTY IN 2014	% SENIORS FACING THREAT OF HUNGER IN 2014 ²	STATE FOCUS ON FOOD INSECURITY OR THREAT OF HUNGER IN 2014 ³	
					YES	NO
UT http://daas.utah.gov	Michael Styles mstyles@utah.gov	16.9	7.1	13.58		X
VT http://dail.vermont.gov	Mary Woodruff Mary.woodruff@vermont.gov	16.9	7.1	15.38		X
VA http://www.vda.virginia.gov	Nicole Keeney Nicole.Keeney@dars.virginia.gov	13.8	7.8	11.96		X
WA https://www.dshs.wa.gov/altsa	Rosemary Biggins Rosemary.Biggins@dshs.wa.gov	14.1	8.4	11.65		X
WI https://www.dhs.wisconsin.gov/aging/index.htm	Sara Koenig Saras.koenig@wisconsin.gov	15.2	7.2	11.51	X	
WV http://www.wvseniorservices.gov	Julie Craigo Julie.Craigo@WV.gov	17.8	9.3	15.18		X
WY http://health.wyo.gov/aging/index.htm	Debbie Walter debbie.walter@wyo.gov	14.0	6.2	11.11		X

STATE SELECTION METHODOLOGY

States were selected for inclusion in the table based on the following criteria:

1. Total state population of older adults two million or more: CA, FL, NY, PA, TX
2. States with a poverty rate of 15% or more of the older adult population, 65+, in the past two years
3. States with a % of seniors facing hunger of 10% or more, in the past two years
4. In some cases, states met more than one of the criteria