Older Adult Hunger

Older adults were hit particularly hard by the economic and public health crisis caused by COVID-19. Millions of older adults struggled to put food on the table, with some groups disproportionately impacted by increased rates of food insecurity. Long-existing and stark racial and ethnic disparities in food insecurity rates among Black and Latinx older adults only worsened.¹

Food-insecure households with older adults do not have the resources to afford enough nutritious food to fully meet basic needs at all times. Because of a lack of money, households may reduce the quality or variety of foods in their diets, cut the size of meals, or skip meals altogether.

According to Food Research & Action Center estimates, 8.2 percent² of the more than 47.6 million households with adults age 60 and older were food insecure on average each year from 2018–2020. No geographical community is immune from food insecurity among older adults; however, rates do vary across the nation, with the highest rate in Washington, D.C., and the lowest rate in North Dakota.³

Food Insecurity Rates for Households 60+ (2018–2020)
Hunger is a **significant health** issue for older adults. Food insecurity often coexists with lower nutrient intake, greater likelihood of mental health problems, increased levels of depression and diabetes, and limitations on daily activities. Food-insecure older adults are more likely to have to choose between paying for food or medicine, postponing medical care, or forgoing food needed for special doctor-prescribed diets.

**SNAP: A Highly Effective Tool for Addressing Hunger Among Older Adults**

The Supplemental Nutrition Assistance Program (SNAP) is the nation’s first line of defense against hunger. SNAP participants receive monthly benefits on an EBT card (which works like a debit card) to purchase food at grocery stores, corner stores, farmers’ markets, and other participating food retailers.

SNAP is the only nutrition program available to all eligible older adults in every part of the country. Across the nation, approximately, one out of 10 households with older adults participates in SNAP. Nationally, SNAP reached **5.3 million** low-income households with individuals age 60 or older, on average each month in fiscal year 2019 (latest year for which data are available). The percentage of SNAP households with older adults has increased by more than 10 percentage points over the last 25 years.

**SNAP Participation Among Households With Older Adults (age 60+) on Average Each Month, Fiscal Year (FY) 2015–2019**

<table>
<thead>
<tr>
<th>FY</th>
<th>Number of SNAP Households With Older Adults</th>
<th>Increase From Previous FY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>5.3 million</td>
<td>3.9%</td>
</tr>
<tr>
<td>2018</td>
<td>5.1 million</td>
<td>2.0%</td>
</tr>
<tr>
<td>2017</td>
<td>5 million</td>
<td>6.4%</td>
</tr>
<tr>
<td>2016</td>
<td>4.7 million</td>
<td>6.8%</td>
</tr>
<tr>
<td>2015</td>
<td>4.4 million</td>
<td>2.3%</td>
</tr>
</tbody>
</table>


Participation in SNAP among all older adult households is fairly consistent for all types of counties — rural, small town, and metropolitan.
While SNAP is available to individuals of all ages, the program is particularly well-suited to benefiting older adults:

- **SNAP protects older adult health and helps maintain independence**: The health benefits that result from an adequate diet can support older adults in their efforts to remain active, socially integrated, and independent. Older adults often have special diets, texture sensitivities, and food restrictions. With SNAP, older adults can purchase nutritional shakes, doctor-recommended foods, and foods that meet their needs and preferences.

- **SNAP is flexible**: SNAP can be used at tens of thousands of locations across the country—in regular commercial channels—at grocery stores, farmers’ markets, and retail outlets. The EBT card (on which SNAP benefits are loaded) works like a bank card, and does not stigmatize or single out recipients.

- **SNAP boosts older adult income**: SNAP lifts millions of people out of poverty each year. Moreover, by giving older adults additional food-purchasing power, SNAP can mitigate some of the hardships of rising food costs for those with fixed incomes. When older adult consumers are confronted with rising costs without an increase in income, their nutrition is the first to suffer.

In fiscal year 2019, the average benefit for an older adult (60+) was $104 per month. SNAP enrollment also can serve as a platform for older adults to get supplemental benefits funded by states, such as is the case in the District of Columbia, Maryland, and New Mexico.

### Too Many Eligible Older Adults Are Missing Out on SNAP

Even though millions of older adults benefit from SNAP, too many eligible older adults are not enrolled in the program. In fiscal year 2019, only an estimated 48 percent of the nation’s approximately 10 million eligible older adults participated in SNAP on average each month.

Participation rates for older adults living alone and older adults not living alone vary greatly. The participation rate for older adults living alone (63 percent) was more than twice the rate for those not living alone (28 percent) in fiscal year 2019.

Additionally, many older adults who do receive SNAP are missing out on the full amount of SNAP benefits for which they are eligible. Two main factors contribute to this. First, a state may not have adopted and implemented policies that can help older adults more readily report their true expenses and deductions from countable income so as to trigger a higher SNAP benefit. Second, older adults may not know of existing policies that can help increase their benefit amount.
Best Practices for Increasing SNAP Participation Among Older Adults

Because of its entitlement structure, SNAP can reach any eligible older adult with a benefit that is 100 percent federally funded. This structure provides a unique opportunity to grow participation in the program. Through concerted application assistance and adoption of inclusive policies, states (as well as localities and nonprofit programs) can connect more eligible older adults to SNAP and its benefits to their health, nutrition, and well-being.

The following are examples of key best practices that states should adopt and implement to connect more older adults to SNAP:

- **Adopt the elderly simplified application projects (ESAP):** States can apply for demonstration project waivers that allow them to simplify SNAP applications for households with adults (age 60 and older) with fixed incomes; make use of data matches to reduce the amount of verifications demanded from applicants; and certify households for 36-month benefit periods.

- **Adopt categorical eligibility to eliminate the asset test:** States can eliminate the asset test for SNAP eligibility using categorical eligibility. This reduces paperwork, cumbersome processes for verification of modest resources, and allows struggling households with modest savings to become eligible for SNAP. **Most states, the District of Columbia, Guam, and the U.S. Virgin Islands** have eliminated the asset test for almost all households (a few types of households are not eligible for such treatment under federal rules).  

- **Extend certification periods:** If a state is not applying for an ESAP demonstration waiver, states can still adopt policies to extend certification periods (up to 24 months, not 36 months as allowed for ESAP states) in ways that can benefit older adults. For instance, households in which all members are older adults and/or people with disabilities with no earned income may be given a 12-month certification without periodic reporting, or a 24-month certification with a 12-month periodic reporting requirement.

- **Develop a standard medical deduction:** States can apply for a standard medical deduction that helps older adults deduct out-of-pocket medical expenses from countable income while reducing verification burdens. This can help older adults more seamlessly receive the full SNAP benefit for which they are eligible, save SNAP case workers and households from the task of collecting proof of fluctuating medical expenses, and reduce a state’s potential for errors.

- **Capture the true value of medical expenses:** States not using the standard medical deduction can adopt several policies to help older adults and people with disabilities better capture the true value of their medical expenses. This includes defining broadly what deductions are allowed, and creating systems that assure that SNAP workers screen for deductible medical costs.

- **Help older adults afford to heat and eat:** States can coordinate between SNAP and low-income energy assistance programs to help households, including older adults, receive more adequate SNAP benefits.

- **Implement voice/telephonic signature policies:** States can implement processes to allow for acceptance of a telephonic signature (an individual’s recorded verbal assent) in place of an ink or electronic signature. This allows an older adult to receive application (or recertification) assistance from a State agency, community-based organization, or other trusted contact over the phone without requiring an additional and cumbersome step of procuring the ink signature from older adults.

- **Implement SNAP application assistance plans that include effective strategies to educate older adults about SNAP:** States can engage in efforts to ensure SNAP education and application assistance efforts engage senior-serving partners. Building SNAP partnerships with state area agencies on aging, AARP chapters, and community organizations that can help reach new older adults and cross-promote programs is one of the most effective ways for states to close the older adult SNAP participation gap, reduce hunger, strengthen SNAP services, and maximize federal reimbursement.

- **Promote the best use of authorized representative opportunities:** States can adopt policies to allow older adults (or any SNAP applicant) to designate a trusted friend, family
member, neighbor, or other individual to help assist with applying for SNAP, submitting forms, and/or using the older adult’s SNAP EBT card to buy food for the senior. The older adult may have one authorized representative or separately authorized representatives for applying to receive SNAP benefits and making SNAP purchases. Allowable authorized representative policies can particularly benefit older adults who may have trouble visiting a SNAP office or shopping for food.

- **Offering older adults the option to participate in the Restaurant Meals Program:** The Restaurants Meals Program (RMP) recognizes that purchasing and preparing food can be a challenge for older SNAP participants. States have the option to operate a SNAP RMP for persons who are elderly, have a disability, or are homeless. Under this program, states can authorize restaurants that offer a low-cost meal option to participate in the program.

- **Encouraging health care providers to screen and intervene to address food insecurity:** States can promote opportunities to encourage health providers to screen older adults for food insecurity, and intervene by connecting older adults to SNAP.

### Strengthening SNAP

Despite SNAP’s many positive attributes, the standard benefit is inadequate, and access and eligibility barriers limit the program’s ability to do even more to improve food security, health, and well-being.

Research has shown that increasing benefits to more adequate levels would have important positive health impacts for participants. The U.S. Department of Agriculture’s reevaluation of the Thrifty Food Plan that increased standard SNAP benefits, starting in October 2021, was an important step toward providing a more adequate SNAP benefit. However, even with these improvements in the Thrifty Food Plan, SNAP maximum allotments fall short of the amounts needed to afford moderately-priced meals in many U.S. counties, according to an analysis from the Urban Institute.

Administrative and legislative actions to permanently strengthen SNAP benefit amounts and eligibility provisions are needed as well as strategies to promote efficient and equitable SNAP access and good customer service. For more on FRAC’s Agenda to Strengthen SNAP, refer to two-part blog series ([Part 1](#) and [Part 2](#)).

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### Increase Older Adult SNAP Participation:

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**Educate**

policy makers on the importance of SNAP in addressing senior hunger

**Partner**

with health care providers, senior centers, faith-based organizations, and retailers to counsel seniors on SNAP benefits and to provide application assistance

**Adopt**

state practices and policies to help ease barriers to SNAP enrollment and to ensure seniors receive the maximum amount of SNAP benefits to which they are entitled
Additional Resources

For more information about addressing hunger among older adults, please visit the following on the Food Research & Action Center’s website:

Interactive Maps and Tables
- Interactive State Map: Share of Older Adult Households Participating in SNAP
- Interactive Table: SNAP Matters to Older Adults in Every Community—Metros, Small Towns, and Rural Areas
- Interactive Map: Households With Older Adults Facing Food Insecurity

Resources
- FRAC Best Practices
- Screen & Intervene: Addressing Food Insecurity Among Older Adults
- The Case for Making SNAP Benefits Adequate: Reflections From Interviews With Older Adults
- Combating Food Insecurity: Tools for Helping Older Adults Access SNAP

This primer was authored by FRAC’s Alexandra Ashbrook, Root Causes and Specific Populations director, with assistance from Susan Beaudoin, Root Causes and Specific Populations program manager, with contributions from Ellen Vollinger, SNAP director, Andrew Cheyne, SNAP deputy director, and intern, Chelsi Rhoades.

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3 Ibid.
6 Ibid.
7 Ibid.
13 In California, during this period, the value of CalFresh (the state’s name for SNAP) benefits is included within recipients’ Supplemental Security Income/State Supplementary Payment (SSI/SSP). This makes SSI/SSP recipients—many of whom include seniors—ineligible for CalFresh, and is one of the factors in California’s low rate. California changed this policy in
2019, which will make it possible for more low-income seniors to participate in SNAP.


