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Service

3101 Park Center Drive
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FINAL RESULTS

OF THE

ELDERLY PROGRAMS STUDY

Evaluation of the Food Assistance Needs of the Low-Income Elderly and their Participation in USDA Programs

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QUICK RESPONSE STUDY II

EVALUATION OF THE FOOD ASSISTANCE NEEDS OF THE LOW-INCOME ELDERLY AND THEIR PARTICIPATION IN USDA PROGRAMS (ELDERLY PROGRAMS STUDY)

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"I tell you, when you get old, some people treat you nice but some people don't. Some people say, they got old [and] let them go because they can't use anything or don't need nothing, they got too old. I say old people need things just like young people do, irregardless of income. I say old people be just like young people. They're just old, that's all. They can't move like the young people. But God has blessed them to stay here so they can help and teach those younger than them. So I say, treat them like you want to be treated yourself."

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EXECUTIVE SUMMARY

The number of older Americans is increasing rapidly and is projected to more than double over the next forty years. Concomitant with the aging of the population, the overall economic status of elderly persons has been improving. One measure of the improved economic status is the decline in the poverty rate among the elderly from 29.5 percent in 1966 to 12.5 percent in 1986. Although difficult to project, the poverty rate among the elderly is expected to continue to decline, to less than 9 percent by 2020.

Despite the improved economic status of the elderly as a group, a substantial number of elderly persons presently have incomes that are below or near poverty. A disproportionate number of these poor and near-poor elderly are women, members of minority groups, those who live alone, and persons age 85 and older. With the possible exception of the elderly who live alone, these groups of the elderly population are projected to grow rapidly in the next several decades. And, while the economic status of the rest of the elderly population is projected to improve over the next three decades, poverty rates among these groups of elderly are expected to decline marginally.

Age and poverty tend to be strongly related to inadequate diets. In turn, proper diet is believed to be important in extending life expectancy and prolonging good health. Therefore, these trends in the aging of the U.S. population and the economic status of the elderly are important developments to those interested in food and nutrition issues and policy.

A network of public and private food assistance programs has evolved over the past few decades to help low-income elderly persons meet their nutritional needs. Yet very little is actually known about the food assistance needs of the low-income elderly population, their participation in available food and nutrition programs, and the overall effectiveness of available programs at meeting their food and nutrition needs. The objective of the Elderly Programs Study was to initiate examination of these issues through literature review, reanalysis of existing data, and focus-group research in three cities. The principal goals were to construct a preliminary picture of elderly characteristics, available food assistance programs, elderly participation, and program impacts.

While the study is able to provide insight into a number of key issues underlying both policy concerns and program needs, the findings can be considered only preliminary. The analyses were based largely on existing data, much of which were subject to serious limitations or were quite dated. Answers to many of the questions addressed in the present study will be possible only from follow-up studies. And, although some of the issues can be addressed with the forthcoming 1987-88 Nationwide Food Consumption Survey, many will require further data collection.

The principal findings of the Elderly Programs Study may be summarized according to four broad categories as follows:

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A. CHARACTERISTICS OF THE LOW-INCOME ELDERLY

- The low-income elderly have a high prevalence of characteristics related to poor nutrition. Over 13 million persons age 60 and older live in households whose incomes are less than 185 percent of the federal poverty threshold. Compared with the higher-income elderly population, the low-income elderly population shows a greater prevalence of characteristics that are directly or indirectly related to poor nutritional status: they are more likely to be living alone, to be older than age 85, and not to have completed high school; they also exhibit higher rates of functional impairment and chronic illness and have substantially fewer assets than higher-income elderly.

- The low-income elderly population is demographically and socioeconomically heterogeneous. As a group the low-income elderly share a greater prevalence of characteristics that puts them at nutritional risk. Despite this, low-income elderly persons are very different from each other. The low-income elderly population comprises several diverse groups who exhibit different financial situations, living arrangements, health circumstances, and functional limitations, and, hence, food and nutrition assistance needs. When the low-income elderly are distinguished by age and living arrangements, we find important differences in the prevalence of characteristics related to food and nutrition needs.

B. FOOD ASSISTANCE AVAILABILITY AND IMPACT

- The food assistance network has responded to the demographic and socioeconomic diversity of the low-income elderly population by developing a diverse set of approaches for providing food and nutrition assistance. Food and nutrition assistance is provided to low-income elderly persons through several federal programs, each with different goals, target populations, delivery systems, and benefit forms. For example, the benefits provided by the major federal programs range from coupons redeemable for food at authorized retail food stores (the Food Stamp Program) to food packages (the Temporary Emergency Food Assistance Program and the Elderly Commodity Supplemental Food Program) and prepared meals (the Title III Meals Program), the latter either home-delivered or served in group settings. In addition, many of the federal food assistance programs serve both the low-income elderly and nonelderly populations. These programs often include provisions that take into consideration some of the special needs of the elderly (e.g., applications for food stamps may be taken by telephone or in-home interviews, or commodity distribution programs may deliver pre-packaged commodities to the homebound elderly or set special distribution hours for the elderly).

- The major federal food assistance programs appear to be well-targeted toward those elderly who have the greatest need of food and nutrition assistance. The Food Stamp Program (FSP) is reaching elderly persons who have very low incomes and few assets. The home-delivered meal component of the Title III Meals Program

is reaching the frail elderly who have low incomes, are the oldest-old, and are in poor health and have severe mobility impairments. A substantial majority of elderly participants in the Temporary Emergency Food (TEFAP) and Commodity Supplemental Food (CSFP) programs have incomes below the poverty line or live alone.

- The measured impacts of USDA food assistance programs on nutritional outcomes of elderly participants are positive, but generally small. Low-income elderly FSP participants spend about $5 to $10 more on food per month than do nonparticipants, and their intake of nutrients is 3 to 6 percent higher for each nutrient. The dietary intake of several critical nutrients is greater for participants in the Title III meal programs than for nonparticipants and former participants. The CSFP-Elderly food package contributes significantly to the monthly RDA of several critical nutrients. But because virtually all of the studies reviewed are subject to substantial limitations (e.g., measurement errors and nonrepresentative samples) the food expenditure and nutrient impact findings should be considered tentative and may understate the impact of USDA programs on the nutritional status of elderly persons.

C. PROGRAM PARTICIPATION

- A significant minority of low-income elderly persons participate in more than one USDA food assistance program. For example, in October 1986, 20 percent of TEFAP households headed by an elderly person also received food stamps; in 1983, 19 percent of home-delivered meal recipients and 13 percent of congregate-meal recipients also participated in the FSP. However, given the limited nature of current data, the extent of multiple program participation is unclear, as is whether its existence leads to appropriate, or excess, benefit levels for those elderly persons involved.

- While estimates of nonparticipation are subject to considerable imprecision, many presumably eligible low-income elderly do not participate in USDA programs. In August 1984, elderly FSP participants represented 35 percent of the estimated pool of eligible elderly. The corresponding estimates of presumably eligible elderly participating in the other major USDA programs are as follows: Title III congregate meals, 25 percent; Title III home-delivered meals, 31 percent; and TEFAP, 25 percent. For each program, the proportion of the elderly served whose incomes are below 100 percent of the poverty line is substantially higher. However, all these estimates of participation rates should be considered lower bound estimates of the reach of each program, since many of the elderly that are estimated to be eligible may not in fact be eligible, or if eligible, may not perceive they need food assistance.

- While the data have serious limitations, taken together, the major USDA food assistance programs are probably reaching about half the estimated eligible low-income elderly. The proportion of estimated eligible elderly reached by the

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providers in New Orleans, Los Angeles, and Detroit to ascertain their views about the operation of and interaction among the major food assistance programs in their city:

- Respondents perceived that the mix of USDA programs provided critical food assistance, but underserved their low-income elderly target populations. With the exception of the FSP, limited funding was cited as the primary reason that needy elderly individuals were not receiving the food and nutrition assistance they need.

- Respondents from the state and local program levels perceived that the operations and services of local public and private programs generally complement, and do not overlap or duplicate, the assistance provided by federal programs. The private and nonprofit sectors were perceived to have a major role in providing food assistance, especially in response to very specialized local needs (e.g., providing assistance to the homeless, or to ethnic minorities).

- Respondents perceived that services were coordinated across programs, and across sites that offer the same program, but local providers perceived that the degree of coordination was inadequate.

- Some program managers reported that they were helping elderly participants obtain food assistance from a second program when they perceived that their program alone was not providing sufficient food and nutrition assistance; however, local providers perceived that the number of such referrals was low relative to the needs of the low-income elderly.

- Respondents perceived that many of the low-income elderly who are currently unserved or underserved by USDA food assistance programs may be difficult to reach. Local providers indicated that many of the elderly persons who have more than minimal need but are unserved by the FSP are those who are isolated or homebound, residing in suburban or rural areas. They also reported that relatively few Title III services are provided for socially impaired elderly, homeless elders, residents in single-room occupancy dwellings, alcoholic or abusers of other substances, or those who may have been deinstitutionalized.

- Providers believed that some elderly food program participants may not be receiving as much assistance as or all the types of assistance that they need. For example, many sites that provide home-delivered meals do not offer weekend meals or provide more than one meal a day. Only a minority of congregate-meal sites offer meals at times of the day other than noon, or provide modified meals or special diets.

In conclusion, it is useful to consider the needs of the low-income elderly relative to other program-eligible groups. Federal food programs serve both the elderly and nonelderly populations in need. Given the present concern with reducing the federal deficit, competition for both program and research dollars may be expected among the various target groups served

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I. INTRODUCTION

One of the most dramatic changes occurring in the nation is the aging of the population. Whereas only 6 percent of the U.S. population was aged 65 and older in 1930, current population estimates show that the elderly now constitute 12.5 percent of the total population and are projected to represent 21.2 percent of the population by the year 2030 (U.S. Senate Special Committee on Aging, 1987-88). The oldest-elderly, those age 85 and older, is one of the fastest-growing age groups, and is expected to increase from 2.9 to 8.7 million, or 200 percent, between 1987 and 2030 (U.S. Bureau of the Census, 1984). The minority elderly population--nonwhites and Hispanics--is also expected to grow rapidly, from 13 percent of the elderly population in 1985 to 24 percent in 2030 (U.S. Bureau of the Census, 1986).

At the same time that the population has been aging, the economic status of the elderly has been improving. The median income for households headed by a person 65 years of age and older rose in constant (1986) dollars by over 60 percent--from $12,315 in 1966 to $19,932 in 1986 (U.S. Senate, Special Committee on Aging, 1987-88). During this period, the poverty rate among elderly households fell by more than one-half, declining from 28.5 percent in 1966 to 12.5 percent in 1986 (U.S. Senate, Special Committee on Aging, 1987-88). While difficult to project, the percentage of elderly households with incomes below the poverty threshold is expected to continue to decline, down to 8.2 percent by 2020 (Commonwealth Fund Commission, 1987).

However, despite the improved economic status of the elderly population overall, a substantial number of elderly persons have incomes below or near the federal poverty line. In 1987, 3.1 million elderly Americans (11.8 percent of the elderly population) were poor, with money income below 100 percent of the federal poverty level, and another 4.3 million elderly

individuals (16 percent) were near-poor, with income between 100 and 150 percent of the poverty threshold (Commonwealth Fund Commission. 1987). Thus, 28 percent of the elderly were living either below or near poverty. The poor and near-poor elderly are not representative of the entire elderly population: a disproportionate number are women, members of minority groups, those who live alone, and persons age 85 and older (Rowland and Lyons, 1988). Moreover, these groups of elderly are projected to continue to have low incomes, few financial assets, and high poverty rates during the next several decades (U.S. General Accounting Office, 1986).

Among the many factors that affect the health and longevity of older persons is their nutrition, which has extensive effects on both their morbidity and mortality (U.S. Department of Health and Human Services, Public Health Services, 1988). Indeed, it is believed that improving the nutritional status of the elderly is the most practical of all approaches for extending life expectancy and compressing the period between morbidity and mortality (Blumberg, 1989). Since age and low income are strongly related to poor dietary habits, these recent and projected trends pertaining to the aging of the U.S. population and the economic status of the elderly are important developments to those concerned with food and nutrition issues and policy.

A variety of food and nutrition programs at the federal, state, and local level have been implemented during the past few decades to address the nutritional needs of the low-income population, including the low-income elderly. The Food Stamp program (FSP) is the USDA-FNS food assistance program that serves the largest number of low-income elderly. The elderly are also eligible for a number of other federal programs, including the Temporary Emergency Food Assistance Program (TEFAP), the Nutrition Program for the Elderly (Title III meals), the Commodity Supplemental Food Program (Elderly-CSFP), and the Child and Adult Day Care

Food Program. The benefits provided by these programs range from coupons which can be redeemed for food, to food packages and prepared meals, the latter served either in group settings or home-delivered.

Despite the variety of food assistance programs that serve the low-income elderly, very little actually is known about the food assistance needs of this population, their participation in each food and nutrition program and across programs, and the effectiveness of available programs at meeting their food and nutrition needs. The purpose of this report is to address these issues. While we are able to obtain useful insight into a number of key issues related to both policy/budget concerns and program/operations needs, the findings should be considered preliminary, since the analyses are based largely on existing data, much of which has serious limitations or are quite dated.

A. OBJECTIVES OF THE STUDY

Three major objectives formed the basis for this report: (1) to profile the socioeconomic circumstances, health status, and nutritional needs of the low-income elderly; (2) to describe the federal programs that provide food and nutrition-related services to the elderly, and to identify complementary programs that have been implemented in selected states and localities; and (3) to assess the effectiveness of USDA food assistance programs at meeting the food and nutrition needs of the low-income elderly. The remainder of this section provides a brief overview of each component of the study, identifying the key research questions addressed within each component, and describes how the study objectives were addressed.

1. The Characteristics and Nutritional Needs of the Low-Income Elderly

Having detailed information on the characteristics and needs of the low-income elderly population is crucial if we are to understand the particular programmatic needs of the target groups of low-income elderly and to assess how well USDA programs meet their food and nutrition needs. This component of the analysis provides a systematic and comprehensive profile of the demographic and socioeconomic characteristics, functional limitations, health status, and food and nutritional needs of the low-income elderly.

The following are the major research questions addressed in this component of the study:

- What are the demographic and socioeconomic characteristics, health circumstances, and food and nutrition needs of the low-income elderly?
- How do demographic and socioeconomic characteristics, health circumstances, and food and nutrition needs vary across subgroups of the low-income elderly?
- How does the low-income elderly population differ from the low-income nonelderly population?
- How is the low-income elderly population expected to change over time in ways that will influence the types and size of USDA food assistance programs designed to meet their food and nutrition needs?

The profile of the demographic, functional, and health characteristics and the economic circumstances of the low-income elderly was based on tabulations of data from April and August extracts of the 1984 Survey of Income and Program Participation (SIPP). Our examination of the nutritional requirements and status of the low-income elderly was based on a review of existing data and special research on the elderly. Sources included major nationally representative household surveys (such as the Health and Nutrition Examination Surveys, the Nationwide Food Consumption Surveys, and the Survey of Food Consumption in Low-Income

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state and local food assistance program and provider staff and local advocacy group representatives.

3. How Well Do USDA Food Assistance Programs Meet the Needs of the Low-Income Elderly

This component of the analysis examines the effectiveness of USDA food assistance programs at meeting the food and nutritional needs of the low-income elderly. This objective encompasses several issues, including: the extent to which the low-income elderly participate in USDA programs, how well the programs serve particular subgroups of the low-income elderly, the extent of multiple benefit receipt, the characteristics of participants and the factors that affect participation, and the impacts of the programs on the food expenditures and nutrient intake of elderly participants. Two analytical approaches were used to address these issues. The remainder of this section describes the two approaches in more detail.

a. The Low-Income Elderly Served by USDA Programs and the Impacts of Those Programs

The participation decisions of eligible elderly individuals are crucial determinants of the degree to which the food assistance needs of the low-income elderly are met by available USDA food and nutrition programs. In addition, these programs must generate their intended effects--to increase participant's nutrient intakes or to effect some other nutrition-related outcome. Thus, this component entailed assessing how well USDA programs reach eligible elderly persons and examined evidence on the impacts of the food assistance programs on participants' food expenditures, nutrient availability, and nutrient intake.

The following research questions are addressed in this subcomponent of the study:

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- To what extent do elderly persons eligible for USDA food assistance programs actually participate? Are participation rates of particular subgroups of elderly higher than others? Which groups are unserved or underserved?

- How prevalent is multiple participation in food assistance programs by the elderly? Does multiple program participation lead to appropriate, or excess, food assistance benefits for elderly recipients?

- What are the determinants of participation or nonparticipation by the elderly in USDA food assistance programs?

- What are the impacts of USDA food assistance programs on elderly participants' food expenditures, nutrient availability, and nutrient intake?

Due to limits of study resources, we could only use SIPP data and USDA food assistance program data to assess the extent to which USDA programs serve the low-income elderly. Our examination of multiple food assistance program participation, the impact of USDA food assistance programs on the food expenditures, nutrient availability, and nutrient intake of low-income elderly persons, and reasons for nonparticipation was based on a review of published studies using nationally representative household surveys (such as Nationwide Food Consumption Survey and the National Evaluation of the Nutrition Program for the Elderly) and other smaller-scale studies, such as the Food Stamp SSI/Elderly Cashout Demonstration.

b. Perceptions About How Well the Food and Nutrition Needs of the Elderly are Being Served by USDA Programs

The primary objective of this subcomponent of the research is to provide a better understanding of how the features of available programs and the type of benefits provided satisfy the needs and preferences of the low-income elderly. This entailed examining perceptual data on the elderly's decisions to participate or not to participate in available food assistance

programs, and the perceived benefits and food assistance coverage provided by USDA food assistance programs.

The specific questions addressed in this section include:

- To what extent are program features linked to participation in USDA food assistance programs by the elderly? Which program features encourage or discourage participation?
- How satisfied are elderly participants with the services provided by USDA food assistance programs? What are the perceptions of program staff and advocacy groups about program benefits and service delivery to the elderly?
- What are the perceptions of program staff and advocacy groups about the magnitude of and reasons for unmet need? What are the perceptions of program staff and advocacy groups about overlaps or gaps in services to the elderly among federal, state, and local food assistance programs?

The sources of our perceptual data were focus group discussion sessions with low-income elderly USDA program participants and nonparticipants in Detroit, Los Angeles, and New Orleans, and interviews both with state and local program and provider staff.

B. ORGANIZATION OF THE REMAINDER OF THE REPORT

The remainder of the report is organized into five chapters. Chapter II provides a descriptive profile of the low-income elderly. The types of food assistance programs available at the federal, state, and local levels to meet the food and nutritional needs of the low-income elderly are described in Chapter III. This chapter also examines the interaction among federal, state, and local food assistance programs in three major cities. The next two chapters address how well the needs of the low-income elderly are being met by available food assistance programs. Chapter IV examines the extent to which the elderly participate in USDA food assistance programs and the impact of the programs on their food expenditures and nutrient

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intake; and Chapter V presents perceptual evidence on how well the needs of the low-income elderly are served by USDA food assistance programs. The principal conclusions of the study appear in Chapter VI.

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II. THE CHARACTERISTICS AND NUTRITIONAL NEEDS OF THE LOW-INCOME ELDERLY

The objective of this chapter is to provide a comprehensive profile of the demographic and socioeconomic characteristics, functional limitations, health status, and the food and nutritional needs of the low-income elderly, and to examine how those characteristics and circumstances are associated with their needs for particular food assistance programs.

Under this objective, we address the following questions:

- What are the demographic characteristics, financial circumstances, functional limitations, and health status of the low-income elderly?
- Do economic circumstances, limitations in functioning, and health status vary across subgroups of the low-income elderly?
- How does the low-income elderly population differ from the low-income nonelderly population?
- What factors affect the elderly's nutritional status, and how?
- What are the nutritional requirements of the elderly?
- What is the nutritional status of the low-income elderly?
- What are the food choices and eating behavior of the low-income elderly?
- What is the size of the target groups of low-income elderly potentially needing food assistance? How is the low-income elderly population expected to change over time?

The remainder of this chapter consists of three main sections. The first section describes the socioeconomic characteristics, functional limitations, and health circumstances of the low-income elderly, focusing on those characteristics and circumstances most closely related to their food and nutrition needs. In that section, we also examine the characteristics of subgroups of

the low-income elderly population, and differences between the low-income elderly and low-income nonelderly populations. The next section identifies the factors that affect the nutritional status of the elderly and appraises that status. Combining the findings of the first two sections, the third section provides estimates of the number of low-income elderly persons potentially needing food assistance. In that section we also examine how the low-income elderly population is expected to change in the next few decades in ways that could influence the types and size of federal food assistance programs designed to meet their food and nutrition needs.[1]

A. THE SOCIOECONOMIC CHARACTERISTICS AND HEALTH OF THE LOW-INCOME ELDERLY

While an extensive body of literature exists on the demographic, economic, health, and functional characteristics of the elderly, considerably less is known about the characteristics of the low-income elderly. Data are often tabulated by age or by income, but seldom by both characteristics. This section attempts to fill this gap by providing information on the demographic and socioeconomic characteristics, functional limitations, and health status of the low-income elderly and subgroups of low-income elderly. To place these results in perspective, we also present tabulations for the high-income elderly and the low-income nonelderly.

1. Who Are the Low-Income Elderly?

In 1984, there were over 30 million persons age 60 and older. Over 13 million, or 40 percent, lived in households whose monthly money income was below 185 percent of the monthly federal poverty threshold.

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[1]Appendix A describes the data sources and their limitations, and the subgroups and concepts referred to throughout this chapter. It also presents tabulations for the complete set of tables underlying the analyses of this chapter.

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Demographic Characteristics. Compared with the high-income elderly,[2] the low-income elderly are more likely to be living alone, to be less educated, and to be older (Table II.1).

- Forty-six percent of the low-income elderly are unmarried and live alone, compared with only 12 percent of the high-income elderly
- Sixty-eight percent of the low-income elderly have less than a high school education, compared with 28 percent of the high-income elderly
- Eight percent of the low-income elderly are age 85 and older, compared with only 3 percent of the high-income elderly.

The literature has found that each of these factors is linked to actual malnutrition or to an increased risk of malnutrition.[3]

Functional Limitations and Health Status. Compared with the high-income elderly, the low-income elderly exhibit higher rates of functional impairment and chronic illness (Table II.1).

- Fifty-nine percent of the low-income elderly experience difficulty with one or more activities of daily living (ADLs), compared with 31 percent of the high-income elderly
- Twenty percent of the low-income elderly need help with one or more ADLs, compared with 10 percent of the high-income elderly
- Fifty-nine percent of the low-income elderly report that their health is fair or poor, compared with 29 percent of the high-income elderly
- The low-income elderly spend an average of 9 days per year confined to bed (including hospital stays), compared with only 3.5 days for the high-income elderly.

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[2]The high-income elderly are persons age 60 and older whose monthly household incomes are greater than 300 percent of the monthly federal poverty threshold.

[3]See Section II.B for a discussion on how these factors affect the nutritional status of the elderly.

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TABLE II.1

SELECTED CHARACTERISTICS OF THE LOW-INCOME AND HIGH-INCOME ELDERLY, 1984

Characteristic	Low-Income Elderly	High-Income Elderly
Female	67%	50%
Black or Hispanic	18	5
85 Years Old and Older	8	3
Completed Less than 12 Grades	68	28
Unmarried, Living Alone	46	12
Difficulty with 1 or More ADLs	59	31
Needs Help with 1 or More ADLs	20	10
Poor or Fair Health	57	29
Average Number Days Spent in Bed	9	3.5
Median Monthly Household Income	$602	$2,705
Median Monthly Income/Poverty	1.22	4.56
Median Total Net Worth	$27,500	$125,800
Median Net Worth Excluding Home and Vehicles	1,500	58,100
Median Financial Net Worth	900	41,900
Sample Size	2,942 (2,910)	3,100 (3,182)

SOURCE: 1984 SIPP Wave 3, April extract; Wave 4 August Extract.

NOTE: All tabulations are based on weighted data. Sample sizes are unweighted. Sample sizes in parentheses refer to the August extract (i.e., income and wealth measures); other sample sizes refer to the April extract (demographic and health limitation measures). A person is defined as "low-income" if household money income is less than 185 percent of the official poverty line; "high income" if household money income is greater than 300 percent of the poverty line. "Elderly" is defined as those persons age 60 years and older. The median monthly household income and income/poverty ratio includes the value of food stamps, energy assistance, WIC benefits, and subsidized school breakfasts and lunches.

Existing data link the incidence of mobility restrictions and chronic health conditions to actual malnutrition or an increased "risk" of malnutrition.[4]

In-Kind Income. Goods and services available to the elderly without expenditure of money or at prices below their market value represent in-kind income. Examples of in-kind income that the elderly may receive from public programs include health care services from Medicare and Medicaid, FSP food coupons that can be used to purchase food in retail stores, rent subsidies, and energy assistance. Since the low-income elderly may receive sizable amounts of in-kind benefits from public programs, it is important to include these benefits when measuring their economic status.

We find that valuing food and housing benefits only increases the low-income elderly's level of money income slightly; however, if Medicare and Medicaid benefits are taken into account, their money income increases appreciably. The median monthly household money income of the low-income elderly equaled $592 in August 1984. The median ratio of monthly household income to the monthly poverty threshold for the low-income elderly equaled 1.2.[5] The median monthly household money income of the low-income elderly increases from $592 to $602 when the value of food stamps and energy assistance are included in the definition of

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[4]See Section II.B for a discussion on how functional limitations and chronic illness affect the nutritional status of the elderly.

[5]Dividing monthly household income by the household's monthly poverty threshold measures how much income is potentially available to each person in the household. This measure, however, assumes that full income-sharing exists among all related members or all members of the same household, an assumption that may or may not be correct in all instances. While 78 percent of the low-income elderly live either alone or with a spouse only, and hence satisfy this assumption, 22 percent live in households with other persons, either related or unrelated. Thus, the economic well-being of the low-income elderly will be overstated to the extent that members of these households are not sharing expenses.

money income. Valuing Medicare and Medicaid benefits at their insurance value further increases the income of the low-income elderly by $145 (from $602 to $747 per month).[6] Thus, taking into account the major in-kind benefits received by the elderly, such as food stamps, Medicare, Medicaid, and energy assistance increases the income of low-income elderly by about $155 per month, or 26 percent. The median ratio of monthly household money income to the monthly poverty threshold similarly increases, from 1.2 to 1.5.

Assets. Assets can be sold and converted to money that can be used to purchase goods and services. Since many low-income elderly own assets, it is important to include the value of assets (less debts) when measuring their economic status. Clearly, though, some assets, such as bank deposits or bonds, are relatively easy to convert, whereas others, such as equity in owner-occupied housing, require more time to convert. Thus, when examining the impact of assets on the low-income elderly's economic status, it is important to consider both amounts and types of assets held.

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[6]The literature commonly values Medicare and Medicaid benefits at their insurance value (U.S. Bureau of the Census, 1982; and Ruggles, 1987). The U.S. Bureau of the Census (1984) reported that the average insurance value net of institutional care benefits for Medicaid was $418. The insurance value net of institutional care expenditures for Medicare was $1,215. Appendix Table A.4 shows that two percent of the low-income elderly receive only Medicaid, 12 percent receive both Medicaid and Medicare, and 79 percent receive Medicare (either receive only Medicare or supplement Medicare with private insurance). The price index for medical care was 67.5 in 1979 and 106.8 in 1984, for a ratio of 1.6. Dividing U.S. Bureau of the Census (1982) numbers by 12, multiplying by 1.6, and using these resulting entries in a formula which is weighted by the percentage of low-income elderly persons in various public insurance combinations would increase the income of the low-income elderly by $145 (from $602 to $747 per month).

Table II.1 shows that the median total net worth[7] of the low-income elderly is low, equaling only $25,700 in 1984. This compares with $125,800 for the high-income elderly. Home equity accounts for much of the low-income elderly's net worth (59 percent). Median net worth excluding home and vehicle equity equaled $1,500, and the median net financial worth[8] of the low-income elderly equaled only $900. Thus, while many low-income elderly have accumulated assets, their net worth is generally low and most of this wealth is "locked-in" and not available for day-to-day living expenses.

2. The Characteristics of Subgroups of the Low-Income Elderly

Despite a greater overall prevalence of functional impairment and chronic health conditions, and little financial wealth, the low-income elderly population is comprised of several diverse groups that exhibit different food assistance needs and capacities to meet those needs.

Some examples of the diversity of the low-income elderly population are provided in Table II.2, which presents data on a select set of demographic, functional, and health characteristics and economic circumstances for subgroups of the low-income elderly distinguished by living arrangement, age, gender, and race/ethnicity.

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[7]The net worth concept used here is defined to be wealth minus unsecured debt, where wealth consists of equity in owner-occupied homes, equity in motor vehicles, equity in business or farm, equity in rental property or other real estate, and financial assets. Social Security and pension wealth are not included.

[8]Financial assets include passbook savings accounts, money market deposit accounts, certificates of deposit, interest earning checking accounts, money market funds, U.S. government securities, municipal or corporate bonds, stocks and mutual fund shares, U.S. savings bonds, IRA and Keough accounts, regular checking account, mortgages held for sale of real estate, amount due from sale of business or property, other interest earning assets, and other financial assets.

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TABLE II.2

SELECTED CHARACTERISTICS OF SUBGROUPS OF THE LOW-INCOME ELDERLY, 1984

Characteristic	Living Alone	Living with Spouse	Younger-Old	Older-Old	Black	White	Female	Male
Female	83%	45%	64%	76%	66%	67%	100%	--
Completed Less Than 12 Grades	65	69	65	74	84	64	66	71
Unmarried, Living Alone	100	--	39	69	37	48	58	23
Married	--	100	47	15	36	41	27	66
In Labor Force	9	18	18	--	14	12	9	17
Difficulty Getting Outside	20	15	13	44	22	18	21	14
Difficulty with 1 or More ADLs	64	52	53	83	71	58	63	52
Needs Help Preparing Meals	7	11	7	29	17	10	10	14
Needs Help with 1 or More ADLs	18	18	14	45	38	19	21	18
Poor/Fair Health	53	58	56	56	72	54	56	58
Average Number of Days Spent in Bed	7	9	8	11	12	8	8	9
Median Monthly Household Income/Poverty	1.11	1.35	1.25	1.19	1.06	1.26	1.19	1.32
Median Total Net Worth	$20,000	$37,500	$22,500	$30,400	$6,900	$32,349	$24,700	$29,433
Median Financial Net Worth	1,000	1,500	400	2,900	0	2,090	1,000	730
Sample Size	1,342 (1,246)	1,183 (1,083)	1,838 (1,692)	231 (214)	569 (536)	2,942 (2,710)	2,942 (2,710)	766 (911)

SOURCE: 1984 SIPP Wave 4, August Extract; Wave 3, April Extract.

NOTE: All tabulations are based on weighted data; sample sizes are unweighted. Sample sizes in parentheses refer to the August extract (income and wealth measures); other sample sizes refer to the April extract (demographic and health limitation measures). A person is defined as "low-income" if household money income is less than 185 percent of the official poverty threshold defined by the federal government. "Elderly" is defined as those persons age 60 years and older; "living alone" refers to low-income elderly persons living alone; "living with spouse" includes those low-income elderly living with a spouse only or with a spouse and others (related or unrelated). "Younger-old" refers to low-income elderly persons ages 60 to 74; "older-old" refers to low-income elderly persons age 85 years and older. Median monthly household income and income/poverty ratio include the value of food stamps, energy assistance, WIC benefits, and subsidized school breakfasts and lunches.

Living Alone versus Living with Spouse. The low-income elderly who live alone are more likely than low-income elderly who live with their spouse to report difficulties in performing activities of daily living, and to have lower income and value of assets (Table II.2).

- Sixty-four percent of the low-income elderly who live alone have difficulty with one or more activities of daily living, compared with 52 percent of the low-income elderly who live with their spouse
- Forty-eight percent of the low-income elderly who live alone have difficulty carrying 10 lbs., compared with 35 percent for the low-income elderly who live with their spouse
- The median ratio of monthly money income to the poverty threshold of those who live alone equals 1.11, compared with 1.35 for the low-income elderly who live with their spouse
- The median total net worth of those who live alone equals $20,000, in contrast to $37,500 for low-income elderly who live with their spouse.

Moreover, the low-income elderly who live alone have a more tenuous support network than those who live with their spouse. Even though a substantial number of low-income elderly who live alone rely on relatives, friends and neighbors, or paid help, the Commonwealth Fund Commission (1988) found that low-income elderly who live alone are about twice as likely as low-income elderly who live with their spouse to have no living children (27 versus 13 percent), an important source of care and assistance; they are six times more likely to have no one available to provide help even for a few days (18 versus 3 percent), and three times more likely not to have someone available to provide help for a few weeks (28 versus 8 percent).

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Young-old versus Old-old. There are several noteworthy differences between the young-old and old-old low-income elderly.[9] Relative to the young-old low-income elderly, the old-old low-income elderly exhibit higher rates of functional impairment and hospitalization, are more likely to be living alone, and are less educated; however, the old-old tend to have more financial assets from which they can supplement their income (Table II.2).

- Sixty-nine percent of the old-old low-income elderly live alone, compared with 39 percent of the young-old
- Seventy-four percent of the old-old elderly did not complete high school, compared with 65 percent of the young-old low-income elderly
- Forty-four percent of the old-old have difficulty getting outside, compared with 13 percent of the young-old
- Twenty-nine percent of the old-old low-income elderly need help in preparing meals, compared with only 7 percent of the young-old
- The old-old low-income elderly have seven times as much financial wealth than do the young-old ($2,900 versus $400).

Black versus White. Differences in the socioeconomic characteristics and needs of black and white low-income elderly are also shown in Table II.2. Relative to white low-income elderly, black low-income elderly are more likely to experience difficulty and to need help with activities of daily living, to report that their health is fair or poor, and to be confined to bed. In addition, they were more likely to have lower incomes and substantially fewer assets.

- Seventy-one percent of low-income elderly blacks experience difficulty with one or more ADLs, compared with 58 percent of the white low-income elderly

[9]The young-old are low-income elderly persons aged 60-74; the old-old are low-income elderly persons age 85 and older.

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- Thirty-eight percent of low-income elderly blacks need help with one or more ADLs, compared with 19 percent of the white low-income elderly

- Seventy-two percent of low-income elderly blacks report that their health is fair or poor, compared with 54 percent of the white low-income elderly

1.06, compared with 1.26 for the white low-income elderly

- The median net worth of low-income elderly blacks equals only $6,900, and they have essentially zero net financial worth. In contrast, the median net worth of the white low-income elderly equals $32,349, and their median net financial worth equals $2,090.

Males versus Females. Finally, relative to low-income elderly males, low-income elderly females are more likely to be living alone, to experience difficulty or to need help with ADLs, and to have lower income. Although the wealth of low-income elderly males is generally greater than that of low-income elderly females, the differences tend to be relatively small (Table II.2).

kind benefits--the low-income elderly on average are better-off financially than are the low-income nonelderly.[10] The low-income elderly, however, are less well-off in terms of health and physical impairments. In addition, the low-income elderly are more likely to be living alone and to have not completed high school (Table II.3).

- Sixty-eight percent of the low-income elderly did not complete high school, compared with 39 percent of the low-income nonelderly
- Forty-six percent of the low-income elderly live alone, compared with 12 percent of the low-income nonelderly
- Fifty-nine percent of the low-income elderly experience difficulty with one or more ADLs, and 20 percent need help with one or more ADLs, compared with 19 and 4 percent, respectively, for the low-income nonelderly
- Fifty-seven percent of the low-income elderly report that their health is poor or fair, compared with 24 percent for the low-income nonelderly
- On average, the low-income elderly spent 9 days in bed during the immediately preceding 12 months, over twice the number of days spent in bed by the low-income nonelderly
- The low-income elderly have five times the net worth of the low-income nonelderly (the median net worth of the low-income elderly equals $25,700, versus $5,100 for the low-income nonelderly)
- Whereas only 7 percent of the low-income elderly do not have health insurance, 35 percent of the low-income nonelderly do not have health insurance.

B. THE NUTRITIONAL NEEDS OF THE ELDERLY

In the previous section we saw that, compared to the high-income elderly, the low-income elderly have substantially fewer financial assets, exhibit higher rates of functional impairment and chronic disease, and are more likely to not have completed high school, to be living alone, and

[10]The low-income nonelderly are persons aged 18-59 whose monthly money income is below 185 percent of the monthly federal poverty threshold.

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TABLE II.3

SELECTED CHARACTERISTICS OF THE LOW-INCOME ELDERLY AND NONELDERLY, 1984

Characteristic	Low-Income Elderly	Low-Income Nonelderly
Female	67%	58%
Black or Hispanic	18	35
Completed Less Than 12 Grades	68	39
Unmarried, Living Alone	46	12
Have Difficulty with 1 or More ADLs	59	19
Needs Help with 1 or more ADLs	20	4
Poor or Fair Health	57	24
Average Number of Days Spent in Bed	9	4
Median Monthly Household Income	$602	$898
Median Monthly Household Income/Poverty	1.22	1.15
Median Total Net Worth	$25,700	$5,100
Median Financial Net Worth	900	0
No Health Insurance	7%	35%
Sample Size	2,942 (2,910)	2,588 (2,539)

SOURCE: 1984 SIPP Wave 3, April extract; Wave 4, August extract.

NOTE: All tabulations are based on weighted data; sample sizes are unweighted. Sample sizes in parentheses refer to the August extract (income and wealth measures); other sample sizes refer to the April extract (demographic and health limitation measures). A person is defined as "low-income" if household money income is less than 185 percent of the official poverty threshold defined by the federal government. "Elderly" is defined as those persons age 60 years and older; "nonelderly" is defined as those persons ages 18 to 59. The median monthly household income and income/poverty ratio include the value of food stamps, energy assistance, WIC benefits, and subsidized school breakfasts and lunches.

to be older than age 85. This section examines how these and other age-related social and physiological factors affect the nutritional requirements and status of the elderly. This section also examines the food choices and eating behavior of the low-income elderly and assesses their nutritional status.

1. Factors That Affect the Nutrition of the Elderly

Several factors, many of them age-related, can affect the ability of elderly individuals to obtain foods adequate to meet their nutritional needs, or their ability to digest, absorb, or utilize nutrients that are consumed. For expositional purposes, these factors are conveniently grouped into two types: physiological and social-situational factors. These factors are discussed in more detail below.

Age-Related Physiological Factors. Age-related physiological factors that determine, in part, the nutritional needs and status of elderly individuals include age-related changes in body and tissue function, age-related disabilities and disease, age-related alterations in olfactory and taste thresholds, and drug-nutrient interactions. Some specific examples include:

- Changes in Body and Tissue Function. The basal metabolic rate declines with age, as do lean body mass and organ and muscle tissue (Munro, 1982; Steen, 1988). These changes result in caloric requirements declining with age. Thus, elderly persons must consume more nutrient-dense foods to ensure that they get needed levels of nutrients while consuming fewer calories.

- Changes in the Gastrointestinal Tract. The gastrointestinal tract changes with age in ways that may affect food intake, digestion, and absorption. For example, hydrochloric acid-, intrinsic factor-, and pepsinogen-secretion all generally decline with age, and may interfere with digestion and reduce absorptive capacity (Bowman and Rosenberg, 1983). Reductions in acid production also may cause discomfort or constipation following the consumption of certain, desirable foods (e.g., milk products), thus prompting the elderly to avoid these items and reduce their food intake (Betts, 1988).

- Changes in the Mouth. Age-related changes in olfactory and taste thresholds may prevent the elderly from eating certain foods, or weaken their desire to eat, adversely affecting their nutrient intake. For example, the reduction of bone mineral content may weaken the jaw and make chewing such foods as meats, crisp vegetables, and raw fruits more difficult. The loss of teeth and changes in the gums may affect the fit of dentures and also influence the amount and types of foods consumed. Taste thresholds change with age; the decline in the acuity of taste may prompt the elderly to avoid certain foods or dampen the pleasure of eating, thus reducing their food intake (Betts, 1988).

- Chronic Disease. The incidence of chronic disease, such as arthritis, high blood pressure, or cardiovascular disease, increases with age. Such chronic health conditions as arthritis or osteoporosis may affect the elderly's ability to obtain an adequate diet by making it difficult for them to shop, prepare, and eat foods. The limited mobility associated with these chronic conditions may also adversely affect the ability of the elderly to metabolize nutrients (Myrianthopoulos, 1987). Diseases such as diabetes and infections increase the excretion rate of several nutrients. Circulatory and musculoskeletal problems may adversely affect digestion, absorption, and the utilization of nutrients.

- Drug Therapies. The elderly are more likely than other age groups to take prescription and over-the-counter medications, to be taking several medications simultaneously, and to have been taking medications for long periods of time (Myrianthopoulos, 1987). Many of the drugs taken by the elderly cause nutritional deficiencies, either directly by interfering with the digestion, absorption, utilization, and excretion of nutrients, or indirectly, by affecting appetite and taste and smell acuity (Roe, 1987).

Age-Related Social-Situational Factors. In addition to the physiological factors described above, several social-situational factors affect food preferences and intake, thus affecting the nutritional needs and status of elderly persons. The most important of these include:

- Low Income. Low income may affect the ability of the elderly to obtain an adequate diet by limiting the number and variety of their meals. In addition, low income may imply that a person has inadequate cooking preparation facilities--no refrigerator or stove--in their residence, thus limiting their foods to those that do not require cooking or which require only simple preparation (Roe, 1987). Low income may constrain the ability of the elderly to obtain the health-care services necessary for diagnosing, treating, and managing the chronic diseases associated with nutritional factors (Myrianthopoulos, 1987).

- Depression. Depression is the most common psychologic factor affecting the elderly's appetite and eating patterns, and hence, their nutrition (U.S. Department of Health and Human Service, Public Health Services, 1988). Important sources of the elderly's depression include loss of spouse or loved one, a sudden deterioration in health, or financial stress (Letsou and Price, 1987).

- Isolation. Isolation can cause the elderly to engage in poor dietary habits. Individuals who live alone may not be as motivated to prepare adequate meals for themselves or to go out to eat by themselves. The problem is particularly acute for elderly men who live alone, who grew up at a time when most men did not learn how to cook, and thus lack the cooking skills necessary to prepare nutritious meals. Moreover, elderly persons in rural areas face isolation because of distances, while urban elderly often isolate themselves because of the fear associated with living in high crime areas (Letsou and Price, 1987).

- Attitudes and Lifestyle. Personal taste preferences and life-time eating habits are also cited as important factors that predispose the elderly to eating an improper diet (Czajka-Narins et al., 1987; Letsou and Price, 1987).

2. The Nutritional Requirements of the Elderly

The most commonly used guidelines on the nutritional requirements of the elderly are the Recommended Dietary Allowances (RDAs) compiled by the Committee on Dietary Allowances, Food and Nutrition Board, National Research Council. RDAs specify the levels of the intake of nutrients essential for maintaining normal body functioning for most individuals in healthy population groups.[11] The most recent RDAs available for the elderly, published in 1989, apply to all elderly adults age 51 and older.

[11]The allowances for proteins, vitamins, and minerals are targeted to meet the needs of 95 percent of individuals within defined population groups. Average requirements for these nutrients (and their variance) are first estimated within the group. These estimates are then increased once to meet the needs of almost all group members, and then again to compensate for the inefficient utilization of nutrients consumed. Thus, intakes below the recommended levels are not necessarily inadequate for all individuals, but they are said to increase the "risk" of deficiency (Food and Nutrition Board, National Research Council, 1989).

The nutrient requirements for the elderly (age 51 and older) do not differ significantly from those for younger adults (Table II.4). The calories/energy requirement for both elderly men and women is lower than in the previous age classifications. Specified levels of thiamin and riboflavin, because they are used in energy metabolism, also decline as men and women grow older, and iron requirements decline for women as they experience the onset of menopause. RDAs for protein and all other nutrients, however, are identical for all age classifications.

Despite the acknowledged importance of the existing RDAs as guidelines for the elderly's nutrient intake, they fail to address some current concerns on the diet and health of the elderly, and are therefore of limited use. Some of the major concerns include:

- RDAs Not Based on Direct Study of the Elderly. RDAs are largely extrapolations of data from studies of the needs of healthy young adults, supplemented by a limited amount of direct experimentation on older persons (Munro, 1986).

- Failure to Consider Age-Related Changes. In Section II.B.1 we described how changes in metabolism, physical activity, organ and tissue function, and body composition of the elderly, along with age-related disabilities and chronic disease, can significantly affect nutrient intake, absorption, utilization, and excretion. The 1989 RDAs for the elderly set one standard for a very heterogeneous population. It is unrealistic to assume that a 60-year-old healthy individual and an 85-year-old homebound elderly individual have similar nutritional requirements.

- Focus on Nutrient Deficiencies. RDAs are set on the basis of nutrient levels that are necessary to correct or prevent nutrient deficiencies. It has been suggested that this criterion may not be the most appropriate for the elderly, since the predominant health concern of the elderly is to prevent chronic disease, and not to eliminate nutrient deficiencies (Blumberg, 1989; Nestle, 1989).

3. The Nutritional Status of the Elderly

Severe malnutrition is associated with increased morbidity and mortality. Less severe forms of malnutrition are thought to adversely affect immune responses, the nervous system, and

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TABLE II.4

RECOMMENDED DAILY DIETARY ALLOWANCES, REVISED 1989

Nutrient	Age (Years)	Male	Female
Calories (kcal)	23-50	2,900	2,900
	51+	2,300	1,900
Protein (gm)	25-50	63	50
	51+	63	50
Vitamin A (μg retinol equivalents)	25-50	1,000	800
	51+	1,000	800
Vitamin D (μg)	25-50	5.0	5.0
	51+	5.0	5.0
Vitamin E (mg α-tocopherol)	25-50	10	8.0
	51+	10	8.0
Ascorbic acid (mg)	25-50	60	60
	51+	60	60
Thiamin (mg)	25-50	1.5	1.1
	51+	1.2	1.0
Riboflavin (mg)	25-50	1.7	1.3
	51+	1.4	1.2
Niacin (mg niacin equivalents)	25-50	19	15
	51+	15	13
Vitamin B_6 (mg)	25-50	2.0	1.6
	51+	2.0	1.6
Folacin (μg)	25-50	200	180
	51+	200	180
Vitamin B_{12} (μg)	25-50	2.0	2.0
	51+	2.0	2.0
Calcium (mg)	25-50	800	800
	51+	800	800
Phosphorus (mg)	25-50	800	800
	51+	800	800

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TABLE II.4 (continued)

Nutrient	Age (Years)	Male	Female
Magnesium (mg)	25-50	350	280
	51+	350	280
Iron (mg)	25-50	10	15
	51+	10	10
Zinc (mg)	25-50	15	12
	51+	15	12
Iodine (μg)	25-50	150	150
	51+	150	150
Selenium	23-50	70	55
	51+	70	55

NOTE: Adapted from the Food and Nutrition Board, National Academy of Sciences Recommended Dietary Allowances. Washington, D.C., National Academy of Sciences, 1989.

cognitive function; but whether marginal nutrient and energy deficiencies are in fact detrimental to the health and longevity of elderly individuals is uncertain (U.S. Department of Health and Human Services, Public Health Services, 1988).

Methodologies for assessing nutritional status include anthropometric measurements,[12] biochemical analysis,[13] dietary intake assessment,[14] and clinical evaluation.[15] No single biochemical, physical, or dietary intake measure alone can be used to provide a comprehensive statement of nutritional status (Devaney, Haines, and Moffitt, 1989).

While some methods of nutritional assessment are reliable indicators of malnutrition, most of the methods are limited in accuracy and usefulness when used to assess the nutritional intake and status of the elderly (see Ross Laboratories, 1982; Young, 1983; U.S. Congress, Office of Technology Assessment, 1985; and Devaney, Haines, and Moffitt, 1989). For example, standard measurements of anthropometric assessment (such as the triceps skinfold test), while perfectly adequate for determining the percentage of body fat for younger adults, are inappropriate for

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[12]The most common anthropometric measures are height, weight, and various measures of body fat, such as skinfolds and circumferences. These body measurements are sensitive to changes in food intake and thus provide an indicator of nutritional well-being.

[13]Biochemical tests examine the level of nutrients, metabolites, and other components in body tissues and fluids. Laboratory techniques for assessing nutritional status measure (1) the nutrient level in the blood, (2) the urinary excretion rate of the nutrient, (3) urinary metabolites of the nutrient, (4) abnormal metabolic products, (5) changes in blood components or enzyme activities that can be related to the intake of the nutrient, and (6) the response to a load, saturation, or isotopic test (Devaney, Haines, and Moffitt, 1989).

[14]Dietary assessment methods include 24-hour recalls, food frequencies, and food records at the individual level, and 7-day food-supply records at the household level.

[15]Such clinical signs as changes in the skin, hair, nails, eyes, mouth (i.e., lips, tongue, teeth, and gums), glands, and muscular and skeletal systems are associated with inadequacies of particular nutrients.

the elderly because of changes in hydration and skin flexibility, and because their body fat has been redistributed. In addition, the absence of adequate age-adjusted anthropometric, biochemical, clinical, and dietary standards make it extremely difficult to assess the nutritional status of the elderly with a high degree of confidence.

The following two sections examine evidence on the nutritional status of the elderly and the low-income elderly, recognizing the limitations of the assessment methods.

a. Evidence on the Nutritional Status of the Elderly

Severe malnutrition is rarely seen among the elderly in the United States (U.S. Congress, Office of Technology Assessment, 1985). For example, mortality due to nutritional deficiencies for persons 65 years of age or older is 8 per 100,000, representing about 0.15 percent of the deaths of this age group; the figure increases to 43 per 100,000, or .27 percent of the deaths of persons age 85 and older (Table C-1 of U.S. Congress, Office of Technology Assessment, 1985).

While serious nutrient deficiencies are rare, studies of the nutritional status of the elderly show that they are at high risk of a deficient intake of some essential nutrients and of deficient circulating concentrations of these nutrients.[16] Total calories, calcium, iron, vitamin A, vitamins B-6 and B-12, thiamin, and folate are most frequently found in dietary surveys to be below RDAs for the elderly (Young, 1983; U.S. Department of Health and Human Services and U.S. Department of Agriculture, 1986; Betts, 1988; and Blumberg, 1989). Biochemical assessment studies indicate that vitamin A, thiamin, riboflavin, iron, and calcium are most likely to be low or deficient (Bowman and Rosenberg, 1982; and Young, 1983).

[16]See O'Hanlon and Kohrs (1978) for an excellent review of studies conducted in the 1960s and 1970s. For a review of more recent studies, see Young (1983), Myrianthopoulos (1987), and Betts (1988).

Low total caloric intake accounts for much of the poor vitamin and mineral intake observed in the elderly (Young, 1983; and Blumberg, 1989). Low caloric intake, however, cannot fully explain the elderly's high risk of nutrient deficiencies. A study of 1,200 elderly persons in Boston, which compared individuals who exhibited high caloric intakes with those who exhibited low caloric intakes, found that even those elderly who ate relatively large quantities of food exhibited inadequate intakes of folate, vitamins B-6 and B-12, calcium, zinc, and thiamin, suggesting the importance of poor food choice and the aging process as well (Blumberg, 1989).

b. Nutritional Status of the Low-Income Elderly

The low-income elderly, and, in particular, certain subgroups of the low-income elderly, manifest deficiencies similar to those exhibited by all elderly individuals, and generally show a greater risk of nutrient deficiencies.

The Ten-State Nutrition Survey and NHANES I Survey showed that the mean intake of protein for low-income black males, white females, and black females was below standard; furthermore, no subgroups in these studies met the RDA for caloric intake (Young, 1983). The Ten State Nutrition Survey also showed that the elderly with incomes below the poverty line had an inadequate or marginally adequate intake of total calories, iron, vitamin B, calcium, vitamin C, and folic acid (Munro, 1982). Both male and female low-income (household income less than $6,000) elderly respondents to the 1978-79 Nationwide Food Consumption Survey were found to have average nutrient intake below 70 percent of RDA of calcium, vitamin B-6, and magnesium (U.S. Department of Agriculture, 1984).[17]

[17]Smaller-scale studies have found similar results. Thiamine, calcium, and total calories were below RDAs for Southwestern Hispanic elderly (Hart and Little, 1986). Total calories, vitamin A, and calcium were below RDAs for urban elderly native Americans (Betts and Crase, 1986). Vitamin A, riboflavin, calcium, phosphorus, and iron were below RDAs for persons on waiting lists for home-delivered meals (Steele and Bryan, 1985).

Several studies have shown that the intake of several nutrients declines with income (Bowman and Rosenberg, 1982; Kirschner Associates, Inc. and Opinion Research Corporation, 1983; Munro, 1980). Bowman and Rosenberg, using data from NHANES-I, found that men and women aged 65 to 74 whose incomes were below the poverty level had lower caloric intakes and were less likely to consume at least two-thirds of RDAs for protein, calcium, iron, vitamin A, thiamin, riboflavin, niacin, and vitamin C than those whose incomes were above the poverty level. In their evaluation of Title III meal programs, Kirschner Associates and Opinion Research Corporation found that, among both program participants and nonparticipants, those whose incomes were higher (above $6,000 in 1981) were more likely to meet two-thirds of the RDA for 7 of 9 nutrients than those with low incomes.

Several nutritional surveys have also shown that some subgroups of low-income elderly have lower nutrient intakes than others. Davis et al. (1985), using NHANES-I to study the dietary habits of adults between the ages of 65 and 74, found that being poor and living alone constituted a double jeopardy: poor elderly persons living alone had the least adequate diets and were more likely than any other group studied to obtain less than two-thirds of the RDAs for protein, calcium, riboflavin, vitamins A and C, and other nutrients. Kumanyika and Chee (1987) found that white male and female low-income elderly residing in rural locations were more likely than their counterparts living in urban locations to obtain less than two-thirds of the RDAs for vitamin C and iron. Our analysis of data on the food use of the elderly from the 1979-80 Survey of Food Consumption in Low-Income Households[18] show that only 41 percent of the low-income

[18]The percentages of low-income elderly who meet the RDA for each nutrient are larger in SFC-LI than those normally reported for the low-income elderly (e.g., in NHANES II), because the tabulations are based on the availability of nutrients from food used from household food supplies, not on food or nutrient intake. This focus will generally overstate nutrient intake for two reasons: food used exceeds food intake, and nutrient availability overstates nutrient intake.

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elderly 85 years of age and older make food choices whereby they attain 80 percent of the RDA for 11 nutrients, compared with 56 percent of the low-income elderly ages 60 to 74 years (Appendix A, Table A.10).

4. Elderly Food Choices and Eating Behavior

achieve the RDA for several crucial nutrients. This section examines the food choices and eating behavior of the elderly and the low-income elderly, focusing on how specific food choices and eating behavior are associated with problems experienced by the elderly in meeting their nutritional requirements.

Since the mid-1970s, a substantial and growing body of evidence has linked diet and chronic disease.[19] The excessive intake of calories is linked to obesity and diabetes; too much fat and cholesterol in the diet are linked to heart disease; the lack of dietary fiber is linked to cancer; and excessive salt intake is linked to high blood pressure. Over time, this emerging evidence has led to the issuance of several reports, beginning with the U.S. Senate Committee's

consume nutrient-dense foods. They also conclude that dietary supplements are unnecessary, except to compensate for drug-nutrient reactions.

How do the elderly's food choices compare with these recommendations? Data from the 1977-78 Nationwide Food Consumption Survey have shown that the elderly generally consume more fats, sugars, and cholesterol and less complex carbohydrates than are recommended (U.S. Department of Agriculture, 1984). Fruits and vegetables are not consumed as frequently as recommended, and milk and dairy products are often omitted (Schlenker, 1984). In general, the elderly consume adequate amounts of breads and cereals, but these foods tend to be highly refined and low in fiber (Schlenker, 1984).

The elderly, especially those who live alone, also engage in eating behavior that the literature has shown is linked with poor food choice, nutrient intake, and dietary status--for instance, skipping meals, eating away from home, and eating alone.[20] Using 1977-78 NFCS data, Davis et al. (1988) found that, compared with those living with a spouse, elderly persons (ages 55 and older) who lived alone ate a high proportion of food away from home, consumed a higher percentage of calories away from home, skipped more meals, including breakfast, and, not surprisingly, ate more meals alone. For example, 19 percent of elderly men who lived alone skipped at least three meals in three days, compared with only 10 percent of elderly men who lived with a spouse; elderly men who lived alone ate 84 percent of their meals alone, compared with only 19 percent of elderly men who lived with a spouse. In addition, whereas one-third of the elderly are on special diets (U.S. Department of Agriculture, 1984), studies show that a

[20]See Ries et al. (1987), Crocetti and Guthrie (1986), Morgan and Goungetas (1986), Morgan et al. (1986), and U.S. Department of Agriculture (1984) for evidence that links these eating behaviors to poor nutrient intake and dietary quality.

substantial proportion of these individuals report that either they never follow or do not always follow those recommended diets (Ludman and Newman, 1988).

Based on the limited data directly available on these subjects, the food choices and eating behavior of low-income elderly appear to be worse than those of all elderly. Davis et al. (1985) found that the low-income elderly, particularly low-income elderly men who live alone, make poor food choices. The intake of milk products, fruits, vegetables, meat, poultry, and fish by poor elderly men who lived alone were the lowest of any group. Overall, it was found that the fruit and vegetable group and the meat, poultry, and fish group were the two food groups most neglected by the low-income elderly. In addition, since two-thirds of the low-income elderly live alone, compared with only one-third of all elderly (Rowland and Lyons, 1988), the association between living alone and the eating patterns cited above also suggests that the incidence of unhealthy eating patterns may be particularly concentrated in the low-income elderly.

C. THE SIZE OF POTENTIALLY NEEDY LOW-INCOME ELDERLY TARGET GROUPS AND ANTICIPATED CHANGES

In this final section we provide estimates of the number of low-income elderly persons potentially needing food assistance, and assess how the low-income elderly population is expected to change in the next few decades.

1. The Number of Low-Income Elderly Persons Potentially Needing Food Assistance

Estimates of the size of the low-income elderly population combined with estimates of the prevalence of characteristics linked to nutritional risk can be combined to produce estimates of the number of the low-income elderly persons potentially needing food and nutrition assistance.

Table II.5 provides some estimates of the number of low-income elderly persons potentially needing food and nutrition assistance for all low-income elderly, the low-income elderly living alone, and low-income elderly age 85 and older, where low-income is defined as income less than 185 and 100 percent of the federal poverty threshold, respectively. These subgroups of low-income elderly persons are classified by whether they live alone, whether they have difficulty or need assistance getting outside the house, and whether they are in poor health.

For example, we estimate that there are 1.4 million low-income elderly persons living alone who are in poor health; over half a million low-income elderly persons living alone need assistance getting outside their house. There are over 300,000 low-income elderly persons age 85 and older who need assistance getting outside their homes; 285,000 old-old low-income elderly report their health as poor. Restricting the focus to the 4.3 million elderly persons with incomes below 100 percent of the poverty line, we estimate that there are 766,000 poor elderly persons living alone who are in poor health and who could potentially benefit from food and nutrition assistance. We estimate that there are over 300,000 poor elderly living alone who need assistance getting outside their homes. Of the 344,000 old-old poor elderly, 124,000 need assistance getting outside; nearly 100,000 are in poor health.

2. Anticipated Changes in the Low-Income Elderly Population

Projections of the elderly population indicate that, while the overall economic well-being of the elderly is expected to continue to improve, the economic status of certain subgroups of the elderly--women, those who live alone, members of minority groups, and the old-old--will show only marginal improvement. Moreover, the size of these groups of elderly are projected to grow rapidly in the next few decades.

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TABLE II.5

NUMBER OF LOW-INCOME ELDERLY POTENTIALLY NEEDING
FOOD AND NUTRITION ASSISTANCE
April 1984

(Thousands of Persons)

Elderly Subgroup	Low-Income Elderly: Income Below 185 Percent Poverty Line	Low-Income Elderly: Income Below 100 Percent Poverty Line
All Elderly Persons	13,200	4,300
Living Alone	6,072	2,322
Difficulty with 1 or more ADLs	7,788	2,838
Needs Assistance with 1 or more ADLs	2,640	903
Needs Assistance Getting Outside	1,584	602
Poor Health	3,696	1,505
Elderly Persons Living Alone	6,072	2,322
Living Alone	--	--
Difficulty with 1 or more ADLs	3,886	1,695
Needs Assistance with 1 or more ADLs	1,092	464
Needs Assistance Getting Outside	668	302
Poor Health	1,457	766
Elderly Persons Age 85 and Older	1,056	344
Living Alone	729	268
Difficulty with 1 or more ADLs	876	292
Needs Assistance with 1 or more ADLs	475	172
Needs Assistance Getting Outside	338	124
Poor Health	285	96

SOURCE: 1984 SIPP Wave 3, April Extract.

The percentage of all elderly persons whose incomes are below the poverty threshold is projected to decline from 11.6 to 10.9 percent between 1987 and 2005, with a further decline to 8.2 percent by 2020 (Commonwealth Fund Commission, 1987). This decline is anticipated to be more pronounced among the elderly who live with others--their rate is expected to fall from 6 to 3 percent, or by 50 percent.

Poverty rates for the elderly who live alone are expected to remain constant at around 19 percent through 2005 and then to decline to 15 percent by 2020. However, the rate for elderly widows who live alone is projected to increase from 19 percent to 26 percent through 2005, and then to drop somewhat to 21 percent by 2020 (Commonwealth Fund Commission, 1987).[21]

The incomes of elderly blacks are projected to remain low relative to elderly whites in the next few decades. Blacks are projected to hold lower-paying jobs not covered by private pension plans and to be less likely to accumulate pension rights because they will have shorter job tenures or will lack continuous employment (U.S. General Accounting Office, 1986; and Chen, 1985).

The subgroups of the elderly population that are most likely to remain relatively poor in the future are also those that are projected to grow most rapidly in the next few decades. The number of old-old elderly is projected to grow by 290 percent by 2030 (U.S. Bureau of the Census, 1984); the population of elderly blacks is expected to grow by 265 percent by 2030 (U.S. Bureau of the Census, 1984); and the number of elderly who live alone, while not projected to

[21]The poverty rate for elderly widows is projected to increase during this period due largely to demographic changes: declining mortality rates and a shift in the age structure of the population will increase the average age of the elderly who live alone. The proportion of this population in poverty will tend to remain high, because they will be forced to deplete their assets and because inflation is expected to erode their pensions (Commonwealth Fund Commission, 1987).

grow as rapidly as these other groups, is still expected to grow by 150 percent by 2030 (Zedlewski, et al., 1989).

Predicting future changes in the health circumstances of the elderly appears to be the most difficult, and such changes are hotly debated (Congressional Budget Office, 1988). The more optimistic believe that advances in public health procedures, modern medicine, nutrition, and pharmacology will "rectangularize" the survival curve--keeping most of the elderly population alive and well until they reach their maximum life span. Others argue that longer life expectancies will extend the lives of those who suffer from physical and emotional impairments, thus leading to longer survival for seriously disabled persons and to a corresponding decline in the average health status of the total elderly population. A study conducted by The Urban Institute (Zedlewski et al., 1989) estimates that the number of severely disabled elderly will increase from 1.9 million in 1990 to 4.4 million by 2030 assuming that the disability rate declines, or to 5.8 million if there is no change in the disability rate. Under either assumption about future trends in the disability rate, the increase in the number of severely disabled elderly in the next few decades will be large, falling somewhere between 120 and 150 percent.

D. SUMMARY

This chapter profiled the socioeconomic characteristics and nutritional needs of the low-income elderly population.

Descriptive tabulations of 1984 SIPP data showed that relative to high-income elderly persons, low-income elderly individuals are more likely to be living alone, to be older than age 85, and to be less educated. Low-income elderly persons, moreover, exhibit higher rates of

functional impairment and chronic illness, and have substantially fewer economic resources than high-income elderly persons.

Since SIPP does not collect information on food consumption, we could not relate the socioeconomic characteristics of the elderly to their consumption patterns and nutritional status directly. However, our review of studies based on nationally representative household dietary surveys (such as the Nationwide Food Consumption Survey) indicated that each of these socioeconomic characteristics, and low income, is linked to either actual malnutrition or an increased "risk" of inadequate intake of nutrients and energy by the elderly. Severe malnutrition is associated with increased morbidity and mortality. Less severe forms of malnutrition are also thought to influence health and nutrition outcomes; however, the effect of marginal nutrient and energy deficiencies on the mental and physical health of the elderly is at present less certain.

Our analysis indicates that the older-old low-income elderly (low-income persons age 85 and older) appear to be the low-income elderly subgroup at greatest nutritional risk. SIPP data showed that the older-old low-income elderly are half again as likely as all low-income elderly to be living alone or to have difficulty with one or more activities of daily living; and although rates of hypertension, arthritis, and diabetes are similar, the older-old low-income elderly have higher rates of heart disease, hearing and vision problems than all low-income elderly. Moreover, the 1979-80 Survey of Food Consumption in Low-Income Households showed that only 41 percent of the older-old low-income elderly made food choices that meet 80 percent of the 1980 RDA for eleven nutrients, compared to 54 percent of all low-income elderly.

Our analysis of SIPP data also showed that the low-income elderly are demographically and socioeconomically heterogeneous. Despite as a group having a high prevalence of functional limitations and chronic disease and little wealth, the low-income elderly population is comprised

of several diverse groups, with different health conditions, functional limitations, and financial resources, and hence, food assistance needs. While we highlighted the differences in the characteristics and needs of the young-old and the old-old, and the elderly living alone and the elderly living with their spouse, distinctions along other dimensions, such as the elderly living in urban versus rural locations (and not reported because of data limitations), are also important.

Several USDA food assistance programs serve both elderly and nonelderly low-income populations. However, while the low-income elderly and nonelderly share some common characteristics and needs, there are several important differences. The low-income elderly have larger incomes per capita and asset holdings than do the low-income nonelderly; however, the low-income elderly are considerably more likely to be functionally impaired and in poor health, and to be living alone.

Our review of studies using nationally representative surveys of household food use and consumption patterns showed that the elderly on average consume more fats, sugars, and cholesterol, and less complex carbohydrates than are recommended. They frequently do not consume fruits and vegetables, and often omit milk and dairy products. In addition, many elderly persons engage in eating behavior--skipping meals, snacking, eating food prepared away from home, eating alone--which are associated with inadequate intakes of nutrients. Based on the limited data directly available on these subjects, the food choices and eating behavior of the low-income elderly appeared to be worse than those all elderly persons.

Our review of projections of the elderly population indicated that the poverty rates of certain subgroups of the elderly--women, those living alone, members of minority groups, and the older-old--are expected to show only marginal improvement during the next 30 years. These groups of elderly, moreover, are the ones projected to grow most rapidly in the next few decades.

In particular, the number of elderly age 85 and older is projected to increase by 290 percent by the year 2030; and the number of severely disabled elderly is projected to increase between 120 and 150 percent.

The findings on the characteristics and nutritional needs of the low-income elderly, and the projected trends, have important implications for the types, size, and scope of food assistance programs designed to meet elderly food and nutrition needs:

- The low-income elderly need diverse food assistance programs. Because the low-income elderly population comprises several diverse groups, it is unlikely that a single food assistance program will be capable of meeting their needs and preferences; rather, the low-income elderly will be best served by different types of food assistance programs.

- Programs that serve both the low-income elderly and nonelderly populations need to take into consideration the special circumstances of the elderly. Food assistance programs that are to serve both low-income elderly and nonelderly populations need to offer features that accommodate the special circumstances and needs of the low-income elderly (such as mobility limitations, cognitive disabilities--forgetfulness and confusion, mental stress, and isolation).

- Programs providing food assistance to the low-income elderly may not be sufficient to improve the nutrition of many elderly persons. Because food beliefs and consumption habits take many years to develop and become ineradicable, food assistance programs that either supplement the elderly's food purchasing resources or directly provide food may not in themselves be sufficient to improve the nutritional status of elderly persons with poor dietary habits. Complementary nutrition education and training may be one strategy to establish proper food choice and eating patterns.

- The need is expanding for food and nutrition services provided to the frail elderly.

The next chapter examines the food and nutrition assistance actually provided to the low-income elderly by federal food assistance programs.

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III. PROGRAMS THAT PROVIDE NUTRITIONAL ASSISTANCE TO THE ELDERLY

A variety of federal programs are currently available to help the low-income elderly meet their food and nutritional needs. In addition, several state and locally initiated food assistance programs serve the elderly. This chapter provides a detailed description of the federal food assistance programs available to the low-income elderly, and examines the state and local nutrition services available to the elderly and the degree of coordination among federal, state, and local programs in three sites--Detroit, Michigan; Los Angeles, California; and New Orleans, Louisiana.

We address the following research questions in this chapter:

- What are the nature and scope of the major federal programs that provide food and nutrition assistance to the low-income elderly?
- What state and local programs provide food assistance to the low-income elderly (in the three state-local sites)?
- What degree of coordination exists among federal, state, and local agencies (in the three state-local sites)?

To address these questions, we: (1) reviewed and synthesized data on federally funded food assistance programs; (2) interviewed staff persons who represented six federal food programs, twelve elderly and nutrition advocacy groups, and six Congressional committees with jurisdiction over federal aging and food assistance programs; and (3) conducted administrative interviews with state and local staff persons of public and private food assistance programs in Los Angeles, New Orleans, and Detroit.

The remainder of this chapter consists of two main sections. In the first section we describe the nature and scope of the major federally funded food assistance programs that serve the

elderly. In the second section, we discuss the state and local operations of the major public and private food assistance programs in Los Angeles, New Orleans, and Detroit, and the coordination of food assistance across programs.[1]

A. FEDERAL FOOD AND NUTRITION ASSISTANCE PROGRAMS

Federal food and nutrition assistance is provided through several programs, each with a different purpose and service population. In the following sections, we briefly describe the major public food assistance programs that serve the elderly: (1) the Food Stamp Program; (2) food distribution under the Commodity Supplemental Food and the Temporary Emergency Food Assistance Programs; and (3) the congregate and home-delivered meal programs under Title III of the Older Americans Act. Each section delineates the program's funding, purpose, eligibility criteria, benefit form and amount, and recipient and program characteristics. Table III.1 presents a summary of program characteristics.

1. Food Stamp Program

The Food Stamp Program (FSP) is the primary source of food assistance for the low-income elderly, serving about 1.7 million elderly individuals per month and providing about $812 million in benefits annually in 1987 to households which contain an elderly member. The current FSP began in 1961 as a pilot program in eight areas. It was authorized as a permanent program in the Food Stamp Act of 1964.

[1]Appendix B of this report presents more in-depth descriptions of the federal food assistance programs described in this chapter and other federally funded food assistance programs, as well as the Medicaid, Social Security, and Supplemental Security Income programs that benefit the elderly.

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TABLE III.1

SUMMARY OF THE CHARACTERISTICS OF THE MAJOR FEDERAL FOOD ASSISTANCE PROGRAMS SERVING THE ELDERLY

	Food Stamp Program	Elderly Commodity Supplemental Food Program	Temporary Emergency Food Assistance Program	Title III Meals
Benefit Form	Coupons redeemable for food at authorized food retail stores issued monthly	Food packages of staple items distributed monthly	Food packages of staple items distributed monthly, bimonthly, or quarterly	Prepared meals served either in group settings or home-delivered (at least 5 meals per week)
Funding	Benefits are 100 percent USDA-funded; administrative costs shared equally between federal government and states	Federally funded grant program	Federal funds and commodities	DHHS provides grants to State Agencies on Aging; Title III funds supplemented by USDA commodities or cash in lieu of commodities
Administration	Administered either by state- or county-level Food Stamp Agencies	Locally administered by public or private nonprofit agencies	Local nonprofit emergency feeding organizations	Local Area Agencies on Aging coordinate and administer the program
Eligibility Requirements	Monthly net incomes less than or equal to 100 percent of poverty line and countable assets less than $3,000	Age 60 and older and income less than or equal to 130 percent of poverty line; state-option nutritional-risk criterion	Income threshold ranges between 125 and 185 percent of federal poverty line	Age 60 and older; no means-test but priority given to persons with greatest economic and social need (home-delivered meals can only be received by elderly homebound due to illness, disability, or isolation)
Special Elderly Provisions	Applications may be taken via telephone or in-home interviews; elderly may designate authorized representatives to pick up their coupons	Some sites deliver packages to the elderly's homes; some sites set up separate distribution hours for elderly participants	Some sites delivery packages to the elderly's homes; some sites set up distribution hours for elderly participants	Some sites provide transportation to and from the congregate meal sites

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Purpose. The primary objective of the FSP is to provide monthly benefits to low-income families and individuals to help them purchase food to maintain a nutritionally adequate diet.

Funding/Administration. FSP benefits are 100 percent USDA-funded; in general, administrative costs for the program are shared equally between the federal government and the states. While under the jurisdiction of the Food and Nutrition Service of USDA, the FSP is administered by state-level Food Stamp Agencies (FSAs) in 37 states (including the District of Columbia, Guam, and the Virgin Islands) and administered by county-level FSAs (with state supervision) in 16 states.

Eligibility Criteria. Households--individuals or groups of individuals who live, purchase food, and prepare meals together--that meet certain income, asset, and employment-related requirements are eligible for the program.[2] (The elderly are not subject to the employment-related requirements.) With certain exceptions, low-income individuals or groups of individuals who are institutionalized are excluded from participating in the program.

Eligible households must have monthly net incomes of less than or equal to 100 percent of the federal poverty income guidelines. (Households that do not contain an elderly or disabled member are also subject to a gross income test.) Net income includes all countable income (primarily cash income) from which certain deductions have been made: the standard deduction of $106 (as of October 1, 1988); an earned-income deduction of 20 percent of the combined earnings of the household members; a dependent-care deduction for expenses (up to $160 per month) incurred to care for children or other dependents while household members work or

[2]Under the Stewart B. McKinney Homeless Assistance Act of 1987, homeless persons who have no fixed residence or mailing address and who live in shelters are eligible to receive food stamps. In addition, the Homeless Assistance Act stipulates that elderly persons who live with relatives but do not purchase or prepare meals together are defined as separate FSP households.

seek employment; a medical deduction equal to monthly medical expenses in excess of $35 for households with an elderly or disabled member; and an excess shelter deduction for shelter costs that exceed 50 percent of the household's income remaining after all other deductions are taken. Assets must be less than $3,000 for households containing an elderly or disabled person. (For all other households, the asset limit is $2,000.)

Benefit Form and Amount. While benefit issuance procedures vary, normally each food stamp household is issued an authorization-to-purchase (ATP) card and an identification card. These cards permit the household's representative to pick up their food stamp benefits at a specified food stamp issuance office.

Assistance is in the form of coupons (in $1, $5, and $10 denominations) that may be redeemed for food items in authorized retail outlets. The maximum monthly benefit is based on net income, household size, and the costs of a nutritionally adequate low-cost diet under the Thrifty Food Plan. All eligible one- and two-person households are guaranteed a minimum benefit of $10 per month. The first month's benefits are prorated from the date of application. The FSP has in place special provisions for elderly participants. Applications for food stamps may be taken in SSA offices or via telephone or in-home interviews. Elderly persons may also designate authorized representatives to pick up their food stamp benefits for them.

Interactions with Other Food Assistance Programs. Households that participate in the FSP are not prohibited from participating in the other federal food assistance programs. In fact, food stamps may be used to pay for the suggested donation for the price of the meal in the congregate-meal program. Food stamp benefits are not counted as income for other food assistance, nor are the benefits of other food assistance programs counted as income for the FSP.

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Recipient and Program Characteristics. Based on data collected by the program for summer 1986:

- More than 8 percent of all food stamp participants were at least 60 years of age.
- More than 20 percent of all food stamp households contained at least one elderly member. These households received 8 percent of the total value of food stamp benefits in 1986. The average monthly benefit for these households was $48 with an average household size of 1.5 members (as compared with $139 for nonelderly households with an average household size of 3.0 members).
- Eighty-seven percent of all elderly recipient households had gross and net monthly incomes that were less than 100 percent of the Census Bureau poverty guidelines. Ninety-five percent had assets valued at $1,000 or less.
- Among elderly recipient households, 69 percent were one-person households, and 21 percent were two-person households. Of the one-person households, nearly 84 percent were headed by women; in all other elderly households, nearly 47 percent were headed by women.
- Almost 30 percent of elderly recipient households received the $10 per-month minimum benefit (compared with only 3 percent of nonelderly households).

2. Food Distribution Programs

The federal government distributes surplus and purchased commodities to agencies that provide food assistance to the elderly through several programs: the Elderly Commodity Supplemental Food Program (ECSFP), the Temporary Emergency Food Assistance Program (TEFAP), Food Distribution for Charitable Institutions, the Food Distribution Program on Indian Reservations, and the newly authorized Adult Day Care component of the Child Care Food Program. Whereas the FSP is intended to assist all low-income households attain a more nutritious diet, the commodity distribution programs are intended to meet the needs of special

populations or supplement other food sources available to the household. The ECSFP and TEFAP programs are described below.[3]

a. Elderly Commodity Supplemental Food Program

The Commodity Supplemental Food Program (CSFP) for low-income mothers and children originated with the Agriculture and Consumer Protection Act of 1973. Elderly persons were added to the target population through pilot projects authorized under the Agriculture and Food Acts of 1981 and 1983 in Des Moines, Detroit, and New Orleans. The Food Security Act of 1985 ended the provisional status of the elderly pilots and authorized all approved project sites to have elderly programs. In FY 1989, 12 of the 20 states that operate the CSFP serve the elderly. ECSFP has 83,000 caseload slots available to the elderly in FY 1989.

Purpose. The Elderly Commodity Supplemental Food Program (ECSFP) provides supplemental foods, nutrition education, and referrals to health services to elderly persons who meet the eligibility criteria.

Funding/Administration. ECSFP is a 100 percent federally funded grant program. ECSFP is locally administered. Local agencies may be public or private nonprofit agencies that provide services to low-income persons.

Eligibility Criteria. Eligibility under ECSFP is limited to persons at least 60 years of age who have low incomes, and who reside in approved project areas. "Low income" is defined by the state as the income eligibility criteria for local benefits under existing federal, state, or local food, health, or welfare programs. For elderly persons certified for the program on or after September 17, 1986, household income must be at or below 130 percent of poverty in order to

[3]See Appendix B for detailed descriptions of the other federal food distribution programs.

be eligible for the program. Prior to that change, most states set 185 percent of the poverty threshold as the maximum income eligibility requirement. In addition, states have the option of applying a nutritional-risk criterion. About half of the states that operate the ECSFP require a nutritional-risk determination. Although the criterion vary by state, those elderly who are homebound, isolated, chronically ill, or suffer other infirmities of aging are considered at nutritional risk. Elderly persons may be certified as eligible for CSFP benefits for up to six months at a time.

Benefit Form and Amount. ECSFP benefits are in the form of food packages tailored to the recipient's health status, and may include federally purchased commodities such as hot cereal, canned and nonfat dry milk, canned meat or poultry, powdered eggs, juice, dehydrated potatoes, peanut butter, dry beans, and infant formula, and surplus federal commodities such as rice. Other surplus foods such as cheese, butter, raisins, and honey may be available as bonus foods to be distributed at the state's option. Commodity food supplements are distributed monthly. The amount of food in the food packages is based on FNS guidelines for maximum allowable rates of distribution, but also depends on the availability of commodities. In 1987, the typical food package available to the elderly was valued at $20.29, and contained the following commodities: 3 (13 oz.) cans of evaporated milk; 1 (4 lb.) package of non-fat instant milk; 2 (13-18 oz.) packages of cereal; 2 (6 oz.) packages of egg mix; 3 (46 oz.) cans of fruit juice; 1 (29 oz.) can of meat; 4 (#303 sized can) cans of vegetables/fruits; 1 (1 lb.) package of instant potatoes; 1 (2 lb.) package of rice; 1 (2 lb.) can of peanut butter; 1 (2 lb.) package of dry beans; and 1 (5 lb.) loaf of processed cheese.

Recipient and Program Characteristics. CSFP program data indicate that:

- Half of the elderly caseload slots (83,106 in FY 1989) are in two of the three original pilot project areas--Detroit and New Orleans.

- According to FY 1983 program data on the pilot projects in Des Moines, Detroit, and New Orleans, 80 percent of the elderly participants were female, 35 percent were at least 75 years of age, 60 percent lived alone, and over 75 percent had gross incomes less than $400 per month. Approximately 64 percent of the recipients were served through home delivery.

b. Temporary Emergency Food Assistance Program

The Special Dairy Distribution Program (SDDP), which distributed cheese and butter in order to reduce inventories of surplus dairy products and provide temporary food assistance to low-income and unemployed persons affected by economic recession, became the Temporary Emergency Food Assistance Program (TEFAP) with the passage of the Temporary Emergency Food Assistance Act of 1983. TEFAP was revised and extended in the Food Security Act of 1985 and the Hunger Prevention Act of 1988. At its peak, TEFAP served as many as 3.3 million persons in households headed by an elderly person and provided commodities valued at $364 million in 1985 in those households. However, since then, the program has become smaller, providing commodities valued at $244 million in 1989.

Purpose. TEFAP provides surplus commodities to states for distribution through nonprofit organizations and food banks that provide emergency nutrition assistance to needy persons.

Funding/Administration. TEFAP is a federal- and state-administered program for low-income households. Federal funds and commodities are allocated to states on the basis of the number of persons in households whose incomes are below the poverty level (60 percent of the allocations) and the number of unemployed persons within the states (40 percent of the allocations). Each state agency is required to make available at least 40 percent of the available funds to emergency feeding organizations (EFOs) to pay for storage and distribution costs.

Eligibility Criteria. For TEFAP, individual eligibility is limited to households certified by EFOs as having "low-income". The eligibility criteria used by the states must be approved by the

FNS regional offices. State income limits currently range between 125 and 185 percent of the federal poverty guidelines. States may use higher income criteria for elderly than for nonelderly households, and may provide categorical eligibility for households that receive other forms of public assistance, such as food stamps, Aid to Families with Dependent Children (AFDC), or Supplemental Security Income (SSI).

Benefit Form and Amount. Under TEFAP, the USDA provides surplus commodities to state agencies each month. The state agencies allocate and distribute the commodities among the recipient agencies for further distribution as food packages for home consumption by eligible households. TEFAP is characterized by a wide range of distribution frequencies--monthly (20 states), bimonthly (6 states), and quarterly (17 states) (Quality Planning Corporation et al., 1987). All sites carry out some eligibility determination process. Most distribution sites establish eligibility at the time of the distribution. Only about half the sites verify the eligibility information provided by the applicant. However, more than half the sites require recipients to show some kind of identification each time they pick up food (Quality Planning Corporation et al., 1987).

For most states, the contents of the food packages are established by distribution rates (suggested by FNS) based on household size. Because the commodities distributed to sites vary and sites often run out of some of the commodities, the type and quantity of commodities provided to households varies by state. For example, the 1986 Survey of TEFAP Recipients (Quality Planning Corporation et al., 1987) the TEFAP package contained a median of three items. Cheese was the most commonly distributed commodity; butter and rice were the next most frequently received commodities. The remaining commodities included honey, flour, dry milk, and cornmeal.

In general, elderly recipients pick up their commodities at the distribution site; however, some distribution sites receive commodities delivered to their homes by site staff or volunteers. In addition, some distribution sites set up separate distribution hours for elderly participants.

Recipient and Program Characteristics. According to the National Survey of TEFAP Recipients (Quality Planning Corporation et al., 1987):

- Thirty-eight percent of all households receiving TEFAP commodities during October 1986 were headed by persons at least 60 years of age
- During October 1986, 59 percent of elderly households receiving TEFAP commodities had incomes below 100 percent of the poverty threshold, and 84 percent had incomes below 130 percent of the poverty threshold.
- During October 1986, 55 percent of elderly households receiving TEFAP lived alone.

3. Title III Meal Programs

The Nutrition Program for the Elderly--providing congregate and home-delivered meals and social services to elderly persons--was first enacted in the Older Americans Act of 1965 and most recently amended in Title III of the Older Americans Act Amendments of 1987. Over 11,000 nutrition program sites exist nationally, serving approximately 225 million meals to 3.6 million persons in 1985.

Purpose. The Title III meal programs provide grants, cash, and commodities to states to help provide social services and nutritious meals to persons at least 60 years of age. The meals are served in congregate-meal settings or through home delivery.

Funding/Administration. The U.S. Department of Health and Human Services (DHHS) provides grants to State Agencies on Aging, which designate Area Agencies on Aging to

coordinate and administer the program. Most area agencies then contract with various groups (private and public) to provide the actual nutrition (and other) services.

The grants are allocated to state Agencies on Aging on the basis of the state's proportion of the total U.S. population that are at least 60 years of age. The federal share of a state's allotment for meal services may cover up to 85 percent of local program costs. Cash and in-kind contributions comprise the non-federal matching share. State funds are then allocated to Area Agencies on Aging (AAAs) to provide the local meal services.

Title III funds are supplemented by USDA commodities or cash in lieu of commodities. The current supplemental allocation amount is equal to 56.76 cents for each meal served under the Title III programs.

Eligibility Criteria. Persons at least 60 years of age and their spouses (regardless of age) are eligible for congregate-meal benefits. Meals are also available to (1) handicapped or disabled persons younger than age 60 who reside in housing which is occupied primarily by the elderly and which serves congregate meals, (2) to persons who reside with and accompany elderly persons to meal sites, and (3) to volunteers in the meal programs. Home-delivered meals are available to elderly persons who are homebound due to disability, illness, or isolation.

No income or asset requirements exist in order to participate in Title III programs. However, preference for meal benefits must be given to persons who exhibit the greatest economic or social need. Economic need is defined as gross income equal to or less than 100 percent of the Census Bureau's poverty threshold; in January 1988, that threshold was $5,447 for a single person at least 65 years of age. Social need is defined as the need for services due to "physical and mental disabilities, language barriers, and cultural or social isolation including that caused by racial or ethnic status."

Benefit Form and Amount. Facilities approved as eligible for Title III funding to provide meals and other services may include senior centers, religious facilities, schools, public or low-income housing, day care centers, restaurants, or residential-care facilities. Eligible provider projects are required to serve at least one meal per day at least five days per week. Meals can be hot or cold, packaged or not packaged, according to local need; and they must meet at least one-third of the recommended dietary allowances (RDAs) established by the National Academy of Sciences, as well as other USDA nutritional guidelines. In many states, meal menus must be pre-approved by AAA nutrition councils.

Relationships with Other USDA Programs. Relationships between nutrition service providers and USDA programs take several forms as evidenced by the results of a 1982 national survey of nutrition service providers (Kirschner Associates, Inc. et al., 1983). Sixty-seven percent of providers reported that they use USDA commodities in their meals. Eight-nine percent reported that they receive cash in lieu of USDA commodities. Most providers (80 percent) also reported that they accept food stamps as contributions for meals. However, relatively few nutrition service providers either distribute commodity foods to participants (39 percent) or distribute food stamps (6 percent).

Recipient and Program Characteristics. National program data on the Title III meal programs indicate that:

- In 1985, approximately 225.4 million meals were served to 3.6 million persons, of whom 56 percent had incomes below the poverty level. About 16 percent of the 3.6 million recipients were minorities.
- Approximately 237.2 million meals were served in FY 1988. The value of USDA assistance was $137.6 million (approximately $130 million in cash in lieu of commodities, and $8 million in commodities). Approximately $420.3 million from DHHS was allocated to the states' nutrition service programs--82 percent for congregate meals and 18 percent for home-delivered meals.

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- Based on FY 1989 cash/commodity elections, USDA support is 95 percent cash and 5 percent commodities for the standard Title III program, and 77 percent cash and 23 percent commodities for the AAA Title III pilot program.[4] The value of USDA assistance for FY 1989 is $141 million.

B. STATE AND LOCAL NUTRITION ASSISTANCE PROGRAMS IN THREE SITES

In addition to federal food and nutrition programs, several state and locally initiated programs serve the elderly. The following sections contain overviews of the major public and private food assistance programs available to the elderly in Los Angeles, California, New Orleans, Louisiana, and Detroit, Michigan. Data on these programs were gathered through in-person and telephone interviews with state and local food assistance program staff and local advocacy group representatives.

1. Los Angeles

The City of Los Angeles is currently the nation's second largest city, with an estimated population of 3.3 million residents in 1988, 13 percent of whom live on incomes below the poverty level. According to baseline projections for 1989 from the city's Finance Department, the proportion of the city's population that is at least 60 years of age (approximately 17 percent) has increased in recent years and is expected to increase in the future: the 65-plus population is projected to increase by 38 percent, and the 75-plus population by 64 percent.

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[4]Title III pilot projects are those meal programs in which the Area Agencies on Aging or nutrition sites make their own cash/commodity elections independent of the state elections. Pilot programs are assigned their own entitlement levels, which are not included in the state's levels. Pilot projects must agree to take 20 percent of entitlement in commodities in order to qualify as pilot projects. Usually pilot projects are located in states where the state has elected to receive 100 percent of USDA meal assistance in the form of cash. Pilot projects will become a permanent option for FY 1990 and beyond.

Los Angeles is a city of enormous income and ethnic diversity and is home to many non-English-speaking persons. In addition to language and cultural differences, the elderly in Los Angeles face a high cost of living and a public transportation system that has been described as inadequate. These factors affect the elderly's access to safe and affordable housing, food, and medical care.

Food assistance is available to low-income elderly in Los Angeles through:

- The locally administered FSP (run as a cashout program for elderly SSI recipients)
- The Title III congregate and home-delivered meal programs, operated with public and private funding and government commodities
- TEFAP and other food distribution programs funded by the public and private sectors and organized in large measure by the Los Angeles Regional Foodbank, a private nonprofit charitable organization and a member of the Second Harvest Foodbank network.

The following sections describe the operations of each of these programs and the coordination of food assistance across programs.

Food Stamp Program. In general, low-income elderly and disabled California residents who receive SSI benefits participate in the FSP through a cashout program that is supplemental to the SSI benefit. This cashout program is part of the SSI State Supplementary Program (SSP) option in which California participates; SSI/SSP recipients are eligible for Medi-Cal (California's Medicaid program) benefits, as well as for social service benefits, such as food assistance. The SSI/SSP program in Los Angeles operates out of 50 Social Security Administration (SSA) district offices that are administered directly by the national SSA.

Elderly SSI applicants in Los Angeles are interviewed and certified by district SSA caseworkers. Individuals living in homes with a working refrigerator or cooking facilities are

eligible for a food assistance allowance of up to $76, which is added to their monthly SSI benefit. The combined SSI and food assistance cash benefit is mailed to recipients on the first of each month.

In those instances in which an elderly individual applies for food stamps at the local FSA--either during the period between SSI application and certification (up to 60 days) or because the individual is unaware of the SSI program--the FSA caseworker determines food stamp eligibility and the benefit amount according to the federal guidelines and refers the applicant to the SSI program. Food stamp applications from low-income elderly individuals whose income or assets are above the SSI limits ($2,000 for an elderly individual, compared with $3,000 for an elderly household under FSP) are processed under the standard FSP guidelines. Program participants receive ATP issuance cards, which permit them to pick up their food stamp allotments at specified issuing offices.

While most SSI and FSP certification interviews are conducted in the SSA or FSA offices, telephone interviews may be conducted as well. In those instances, application forms are completed by caseworkers, and mailed to the applicant for signature. Limited in-home interviews may also be conducted.

Outreach is limited under both SSI and the FSP, consisting largely of referrals across programs, and, on request, the dissemination of brochures and other materials to senior centers. The SSI materials, however, do not describe the food stamp cashout program.

Food Distribution Programs. The state Department of Social Service's Food Distribution Division oversees TEFAP through the 51 community-based/local county organizations that have contracted with the state to operate the program. These agencies serve all 58 counties in California, subcontracting with 3,000 largely nonprofit emergency feeding organizations (EFOs)

to distribute the commodities. In the first quarter of 1989, three of the agencies--the Second Harvest Foodbank of Long Beach, the Los Angeles Senior Citizens Foodbank, and the Los Angeles Regional Foodbank--distributed TEFAP commodities to about 280,000 persons in the LA metropolitan area.[5]

The Los Angeles Regional Foodbank is the primary recipient of TEFAP commodities in Los Angeles. In 1987, TEFAP commodities represented 45 percent of the 22.3 million pounds of food distributed by the Foodbank; that percentage dropped to 24 percent of the 18.1 million pounds distributed in 1988 (due to a reduction in the availability of TEFAP commodities nationwide). In addition to TEFAP commodities, the Foodbank also receives food donations from the private-sector food industry, from Second Harvest, and through referred donations from national companies and community food drives; donations from local restaurants through the Second Helpings Program; and nonperishable foods purchased with Federal Emergency Management Agency grants.

The Foodbank participates in three primary food distribution programs: (1) TEFAP, providing no-cost surplus commodities to low-income families and individuals; (2) the private-sector Shared Maintenance Program, providing donated foods to hungry and needy persons through its member agencies, which make modest contributions to the Foodbank to help maintain operating expenses; and (3) the state-funded Brown Bag Network, providing food for a minimum fee to low-income, homebound, and disabled individuals.

The 425 private nonprofit agencies participating in the Los Angeles Regional Foodbank include food pantries, soup kitchens, shelters, senior centers, rehabilitation centers, and

[5]The Los Angeles Senior Citizens Foodbank, the smallest of the three, closed on June 30, 1989 in order to consolidate operations under the Los Angeles and Long Beach foodbanks.

community service organizations. Member agencies use an appointment call-in system to order from among the foods available at the Foodbank's warehouse. Commodities are then transported (by agency vans, private cars, and donated truck services through the Food Partnership program of the California Trucking Association) to the agencies for distribution. Foods that can be freezer-stored are kept in agency freezers donated by the Foodbank.

Distribution operations vary across the agencies according to the enrollment procedures for applicants, the hours and methods of operation, and the frequency with which agencies participate in the program. Some agencies have strict income-screening procedures, requiring specific documentation of need; some reportedly accept self-reports of need. Sites can be open five or six days a week all day, or only for a few hours a day, one or two days a week. Some sites have separate distribution days or hours, seating, and tailored food packages for the elderly. While some sites permit eligible participants to walk in and pick up food packages as often as necessary (but TEFAP commodities only once a month), others work on an appointment basis and permit participants to pick up food packages only once a month.

The Los Angeles Regional Foodbank conducts outreach to low-income families and individuals through its sponsors and distributing agencies. Outreach activities, and the populations targeted for the outreach, vary by the sponsor or distributing agency. In addition to encouraging outreach to the target populations of the distributing agencies, the Foodbank donates telephone answering machines to the participating agencies to inform callers about the agencies' food distribution programs and hours.

Title III Programs (Congregate and Home-Delivered Meals). The Nutrition Section of the California Department of Aging administers the state's Title III nutrition programs. Federal and state funds are channelled to 33 Area Agencies on Aging, two of which are located in the Los

Angeles metropolitan area--one for the city and one for the county. About 8 percent of the state's service providers and 11 percent of the state's nutrition sites are located in the Los Angeles City's AAA area. The Los Angeles Department of Aging channels federal, state, and city funds to the 15 service providers responsible for the city's congregate and home-delivered meal programs.

Each service provider must have on staff a nutrition consultant who is responsible for developing appropriate menus for the individual nutrition sites (except in those sites where an on-staff nutritionist develops the menus) under its jurisdiction, and who submits the menus to the AAA nutritionist for review and approval. Meals are served by volunteer or paid staff in individual nutrition sites. Meal operations are supervised by the area provider.

Menus vary considerably across providers, often reflecting the ethnic composition of the participants in the meals programs. In addition, at some sites in which participants are predominantly of Southeast Asian or Hispanic background, for example, the menu selections may also vary across individual Asian or Central/South American countries of origin. Participants often exercise veto power over menu selections, either informally or through Site Councils, which are often comprised almost entirely of participants.

In addition to menu variations and the ethnic composition of the majority of the program participants, sites vary across the Los Angeles area by the type of facility in which the meal programs are located (e.g., multipurpose senior center, religious facility, school, public or low-income housing, day care center, restaurant, or residential care facility); whether meals are prepared on site, prepared in central kitchens, or catered; the size of the participant group (from 25 to several hundred); the types of other services offered; whether the site manager is a paid

staff person (which is generally true when the site is open five days a week) or a volunteer; and the proximity of the sites to the residences of the majority of the participants.[6]

Outreach is limited in Los Angeles to informal and state-funded efforts due to both a reduction in federal funding for outreach and the fact that most programs are serving at capacity (attrition is low in both the congregate and home-delivered meal programs). Informal outreach efforts include word-of-mouth, presentations to senior groups and hospital discharge planners, and information/referral services. The California Department of Aging permits state funds to be used for targeted outreach in accordance with its strict requirements for serving elderly who exhibit the greatest economic and social needs. In fact, the Los Angeles Department of Aging recently completed a survey of its service providers on targeted outreach efforts, and expects to develop guidelines on how such outreach should be conducted in the future.

Local Program Coordination. State and local food assistance program staff indicated that the staff connected with the various nutrition assistance programs--federal-, state-, and privately funded--are generally aware not only of other sites that offer their programs, but also of other food assistance programs. Examples of coordination efforts include:

- A state-funded telephone Information and Program Referral Service that provides information on a range of community services and assistance programs.
- A toll-free Multilingual Information and Referral Service for non-English-speaking elderly--the telephone information specialists speak Spanish, Korean, Tagalog, Chinese, Japanese, Samoan, and Vietnamese.

[6]For example: Seventy-six percent of the city's congregate meals and 80 percent of the city's home-delivered meals are catered, contracted through public/private partnership organizations and third-party groups that are targeted toward special population groups or communities. Nearly all of the city's congregate and home-delivered meal programs serve one meal daily five days per week. About 44 percent of the congregate sites are in multi-purpose senior centers.

- An electronic mail communications system, funded by the state Department of Education, piloted in 9 areas of California in an effort to improve the coordination and efficiency of commodity distributions.

- A TEFAP Advisory Committee, formed in 1986, to initiate greater communication among TEFAP distributing organizations.

- Congregate nutrition sites also participate in TEFAP commodity distribution and the Brown Bag Network Program, either directly or through the Los Angeles Regional Foodbank network. Nutrition sites maintain relationships with private Meals-on-Wheels programs for their homebound clients who may be on waiting lists for the Title III home-delivery program.

- "Senior markets," set up in some senior centers and in cooperation with city food distribution centers, sell surplus and low-cost foods at low prices to the elderly.

Although these efforts help to make many low-income elderly aware of the food and nutrition services available to them, state and local food assistance program staff and local advocacy group representatives felt that coordination and referrals are still inadequate given the elderly's needs.

2. New Orleans

In 1988, New Orleans had an estimated population of 557,515 residents. Approximately 16 percent (90,200 persons) were 60 years of age or older. Of these elderly individuals, more than 30,000 are estimated to live below the poverty level (Archdiocese of New Orleans, Office of the Social Apostolate, 1984).

Food assistance is available to low-income elderly in New Orleans through:

- The Food Stamp Program

- The Title III congregate and home-delivered meal programs, operated with public funds

- TEFAP, ECSFP, and the Second Harvest food distribution programs funded by the public and private sectors.

The following sections describe the operations of each of these programs and the coordination of food assistance across programs.

Food Stamp Program. The Louisiana FSP is state-administered. Each of Louisiana's 64 parishes is an FSP project area. Applicants complete FSP applications at their local certifying office, and state workers then determine eligibility and benefit amounts. ATP and ID cards are mailed to program participants from state FSA according to a schedule based on recipient characteristics--the elderly and recipients of Social Security and SSI are in the first mail run of each month. Recipients take both ATP and ID cards to their nearest local issuing office to pick up their food stamps.

In addition to in-person eligibility interviews at local certifying offices, in-home or telephone eligibility interviews are conducted by certifying office staff for those elderly or disabled applicants who may have difficulty traveling to the nearest certification office. Elderly persons may name authorized representatives to pick their food stamps up for them.

Nine percent of the state's FSP caseload (and 7 percent of the Orleans Parish caseload) are at least 60 years of age. Outreach is currently limited to disseminating written materials about the FSP to community groups that request the information.

Food Distribution Programs. Food distribution programs available in New Orleans include TEFAP, ECSFP, and the Second Harvest programs.

TEFAP. TEFAP, commonly referred to in Louisiana as the Needy Family Food Distribution Program, is administered by the Food Distribution Division (FDD) of the state's Department of Agriculture and Forestry. In FY 1988, 641,343 persons participated in TEFAP in Louisiana. The FDD contracts with nonprofit tax-exempt recipient agencies, such as the Total Community Action Agency (TCA) in New Orleans, to distribute the available donated foods.

Pre-registration periods for new applicants are held prior to the distribution dates. Recipients must have incomes below 130 percent of poverty, or receive SSI, or be from households comprised entirely of FSP participants or from households which receive AFDC or General Assistance. The commodities are distributed four times a year by volunteers on a first-come-first-served basis. "Walk-ins" are served only after previously registered recipients are served.

In New Orleans, TEFAP outreach is aggressively conducted in senior housing buildings, senior centers, churches, and other community organizations, and through public service announcements in newspapers, radio, and TV. The Total Community Action agency also notifies potentially eligible persons by mail.

ECSFP. ECSFP, known as Food for Seniors in New Orleans, is sponsored through the state's Department of Health and Human Resources, the New Orleans Health Department, and the New Orleans Archdiocese Office of the Social Apostolate. The Archdiocese is the designated local agency responsible for warehousing and distributing the available commodities.

Ten permanent distribution sites and eight "tailgate" operations serve the five parishes that comprise the New Orleans metropolitan area. The permanent sites are located near public housing projects, and the tailgate operations are usually located in community action agencies or locations which also distribute TEFAP commodities. Operations data on all of the permanent and four of the eight tailgate sites are currently maintained on a centralized computer system.

Both TEFAP and ECSFP agencies set up special sites, hours, or seating for the elderly. Commodities may be pre-bagged or bagged as recipients pick them up. Volunteers from some parish agencies deliver commodities to homebound elderly, often coordinating their delivery with the Title III home-delivered meals program, and often help elderly or disabled participants carry

their food packages to their cars. In addition, elderly participants may name authorized representatives to pick their commodities up for them.

No outreach is currently conducted under CSFP's Food for Seniors program, because the program is serving at capacity, and a long unofficial waiting list--started in March 1987--already exists. Staff from the Regional Office of the National Association of Hispanic Elderly (called Project Ayuda, or Project Help, in New Orleans) have worked with CSFP staff in the past to encourage greater participation in the commodities programs by low-income Hispanic communities.

Second Harvesters Foodbank. As with the CSFP operation in New Orleans, the Second Harvesters of Greater New Orleans Foodbank is an Archdiocesan program. The Foodbank network includes 245 active nonprofit private and charitable agencies through which 3.2 million pounds of donated foods and fresh produce were distributed to needy individuals and families in 1988. Food pantries and soup kitchens comprise the majority of the member agencies; agencies that primarily serve the elderly include senior nutrition sites (through the home-delivered meals program), adult day care centers, and nursing homes. Donated goods include calcium-supplemented orange juice, microwaveable prepared meals, and other low-sodium, low-fat, and low-calorie prepared foods. Second Harvest maintains a telephone referral system through which persons can obtain information on the member agency nearest to them.

Title III Programs (Congregate and Home-Delivered Meals). The Louisiana Title III Nutrition Program for the Elderly is run by the Governor's Office on Elderly Affairs. Federal and state funding is provided to 64 Councils on Aging (through 34 Area Agencies on Aging), which combine funding from local sources to subcontract with nonprofit and for-profit organizations and school districts to provide meal services. Nearly all of the AAAs receive

USDA meal reimbursement. Each AAA has a full-time licensed nutritionist on staff who is responsible for assessing sites, approving menus, ensuring sanitation, providing nutrition education, and analyzing meal costs.

Forty congregate sites are located in the New Orleans Council on Aging area, 22 of which also serve as home-delivered meal sites. One catering service provides all the meals for the city and delivers them to the nutrition sites for distribution. Home deliveries are made by volunteers and/or paid senior center or nutrition site staff. Before July 1989, the food servers were all employees of the catering company; since then, servers were volunteers only, in an attempt to cut program costs.

Most of the nutrition sites in New Orleans are storefront operations serving meals five days per week, and are located in senior housing projects and churches (a few are located in full-service senior centers). All are considered to be within close proximity to residential areas with high concentrations of low-income elderly. City respondents indicated that only about 1 percent of the elderly use (or need to use) public transportation to get to the sites. Multi-purpose senior centers have vans that transport participants to and from home as well.

Outreach is encouraged but not mandated in Louisiana. Many AAAs across the state are finding that active outreach strains already limited resources and the available caseload. As the need for home delivery increases due to the early hospital discharge and the increasing proportion of older and more frail elderly, the resources and caseloads will be strained even further. The home-delivered meals program currently has a waiting list of about 300.

Local Program Coordination. There was evidence of some coordination between programs and cross-referrals in New Orleans. In those places where senior centers also serve as TEFAP distribution sites, some staff sharing exists. (This is more common in parishes outside of the

New Orleans metropolitan area.) Some CSFP distribution sites are also TEFAP distribution sites. In addition, the Archdiocese and TCA remain on each other's mailing lists to keep abreast of TEFAP and CSFP activities; referrals across the commodity distribution programs are common. Foodbank respondents also indicated that both formal and informal relationships exist between member agencies and the federally funded food programs. Some agency staff coordinate the delivery of emergency food boxes with Title III meals to homebound elderly and some agencies conduct training sessions to teach food stamp recipients how to stretch their limited food resources. Second Harvest maintains a telephone referral system through which persons can obtain information on the other available food assistance programs. However, despite these instances of coordination and referral, respondents agreed that formal coordination across programs is usually very limited.

3. Detroit

The U.S. Bureau of the Census estimates that the population of Detroit in 1986 was 1.1 million persons, nearly 12 percent of whom were at least 65 years of age. Approximately 29 percent of the Detroit older population have incomes below the poverty line; another 17 percent live in households with total income less than 125 percent of the poverty line (Dluhy et al., 1986).

Food assistance is available to Detroit's low-income elderly through:

- The state-administered Food Stamp Program
- The Title III meal programs operated with public funds
- TEFAP and CSFP operated by private nonprofit agencies
- Nonprofit charitable agencies under the Detroit Second Harvest umbrella, funded exclusively through private-sector donations until 1989.

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The following sections describe the operations of each of the food assistance programs in Detroit, and the coordination of food assistance across programs.

Food Stamp Program. The Michigan Food Stamp Program is administered by the Office of Financial Assistance Programs under the Field Policy and Operations Administration, Department of Social Services. In general, FSP regulations permit applications to be accepted in the local FSA, SSA office (accepted and forwarded to the local FSA), or the applicant's home (if disabled or elderly). Elderly recipients are encouraged to name an authorized representative to pick up their benefits should they need help in doing so. Depending on whether the client resides in an urban or rural area, the client receives food stamps from issuance offices in person or by mail.

The Wayne County FSA maintains 27 General Services District Offices where eligibility is determined and benefits issued. Through a 50 percent federal-50 percent municipal funding source, Wayne County's central FSP administrative office maintains on-staff an FSP certifier, who visits community agencies and organizations regularly to reach disabled and elderly applicants. In addition, the Wayne County FSA maintains a hotline system that permits elderly or disabled persons to have their probable eligibility determined by telephone, with follow-up home calls made by appropriate district office staff persons in order to complete the application process. Outside of Wayne County, little formal outreach is currently conducted.

According to January 1989 Michigan FSP data:

- 9.6 percent of Wayne County's FSP households were elderly households; about 88.4 percent of those households were located in Detroit.
- Among the Wayne County elderly food stamp households, 76.3 percent were headed by females, and 65.8 percent of household heads were black.

- The majority of the elderly households consisted of one person who received the minimum ($10) benefit. Only 5.2 percent of elderly households received benefits greater than $100 per month.

Food Distribution Programs. Both the federally funded CSFP and TEFAP food distribution programs are administered by the Food and Nutrition Division of Michigan's Department of Education. The following paragraphs describe the federal programs, as well as the operation of the Detroit Second Harvest Foodbank.

CSFP. Both the regular and elderly CSFP components currently operate through one agency in Michigan--Focus: HOPE, a Detroit human and civil rights organization funded through a variety of federal government programs and other public-sector fund-raising efforts.[7] During fiscal year 1988, Focus: HOPE distributed commodities with an estimated food value of $16 million to an average of 65,000 participants per month, about 43 percent of whom were elderly. Yet, Focus: HOPE has lengthy waiting lists for its food assistance programs.

In FY 1989, about 34 percent of the authorized national caseload for the ECSFP reside with Detroit's Focus: HOPE and its Food for Seniors Operations. The majority of Focus: HOPE's elderly participants are black females and/or live alone. Most participants have less than a high school education and report Social Security as their primary source of income.

CSFP commodities are distributed in five self-service centers set up to resemble grocery stores (with grocery lists, commodities on shelves by food group, shopping carts, and check-out clerks) and three satellite centers (established in communities in which transportation is problematic and no food center is available within 30 miles) that are located in Wayne County

[7]Three additional county community action plans are expected to be certified for the regular CSFP by summer 1989.

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or two other nearby counties. In general, the centers are open Mondays through Fridays from 8:00 AM to 6:00 PM.

While all of Focus: HOPE's "Food Prescription" centers serve both nonelderly and elderly populations, special provisions exist for the elderly clients under ECSFP--a separate sitting area for applicants waiting to be interviewed for enrollment (or recipients who want to sit and talk with each other), a choice between standard and low sodium diet food packages, and the option

of self-service, pre-packaging, or home-delivery.

About 45 percent of the elderly recipients choose to participate through the home-delivery program, which is operated with approximately 3,900 volunteers from 336 local churches, health providers, senior centers, and other community organizations. Among the remaining elderly participants, approximately half push their own carts through the aisles of commodities (sometimes with volunteer assistance), and half pick up pre-packaged commodities. Elderly participants who do not participate in the home-delivery program are encouraged to pick up their commodities during non-peak hours for mothers and children (early morning or midday).

In addition, under both nonelderly and elderly CSFP programs, Focus: HOPE offers a range of nutrition/education opportunities (such as separate CSFP and CSFP-Elderly newsletters, food preparation demonstrations and printed recipes, and video programming available at all

on the CSFP and other Focus: HOPE programs. In addition, paid staff and volunteers visit community groups to talk about CSFP and encourage participation.

TEFAP. The Department of Education contracts with the state's 36 community action plans (CAPs) to operate TEFAP. Two of the CAPs are the Neighborhood Services CAP in Detroit and the Wayne Metro Services CAP for non-Detroit Wayne County areas. TEFAP commodities are distributed monthly, bi-monthly, or quarterly (depending on the availability and quantities of commodities), through community volunteer organizations under Detroit's Neighborhood Services. These commodities are made available for recipient pick-up in a variety of ways including cafeteria style, some prepackaging of commodities, home-delivery, and volunteer-provided transportation to the distribution centers for elderly or disabled recipients.

Outreach to all TEFAP-eligible elderly (and other low-income persons) is limited to public service announcements and other advertising through local media sources and the CAPs. Announcements about distribution dates and available commodities are timed to precede the monthly, bi-monthly, or quarterly distributions.

Foodbanks. The national Second Harvest operation supplies about half of the Detroit Second Harvest Foodbank's available commodities; the remainder of the commodities are donated through community food drives and the local food industry, or are purchased through special local fund-raising efforts. Until 1989, the Foodbank was funded exclusively by the private sector. Since the passage of the Hunger Prevention Act, however, the Detroit Foodbank receives a portion of the $40 million (in FY 1989 and 1990; $32 million in FY 1991) of USDA-purchased commodities (the amount determined by the TEFAP allocation formula) required to be distributed to soup kitchens and foodbanks. The Foodbank must raise the funds necessary for distributing the commodities.

The available commodities are allocated to 180 nonprofit agencies in the city, including food pantries, shelters, drug centers, soup kitchens, and a small number of senior centers (through the home-delivered meals program). Other than the limited program overlap with the senior centers and the receipt of minimal USDA commodities, the Foodbank's agencies maintain little formal or informal relationships with the federal programs.

The operations of the Foodbank agencies vary according to the agencies' available resources--some are open most of the day every day, with no restrictions on participation, and others are open only for selected hours, limiting recipient participation. In general, the agencies distribute boxes of commodities to those persons certified as needy by the agencies.

Title III Programs (Congregate and Home-Delivered Meals). The Michigan Administration on Aging is the umbrella organization for 14 AAAs located throughout the state. Two of these AAAs are located in Wayne County--one serves Detroit and five surrounding communities, while the other serves the remainder of Wayne County. Overall, the congregate and home-delivered meal programs are similar. Some program variations exist, however, such as whether meals are prepared from "scratch" (on-site or in central kitchens) or are catered.

The Detroit AAA contracts with the local Department of Health to operate the meal programs and prepare the menus. The Department of Health subcontracts with churches, community groups, and caterers to provide some of the actual meals. Agencies that are willing to subsidize the meal programs must be certified to operate the programs. According to the Detroit AAA, most of the nutrition programs offered under the Food and Friendship and the Meals-at-Home Programs are financed through Title III and USDA funds; a few sites are USDA-reimbursed only. About 6,000 congregate and home-delivered meals are served daily in

Detroit. Some sites prepare meals on-site or in central kitchens; however, the majority of the meals are catered.

The characteristics of the nutrition sites vary considerably in Detroit. The sites serve from 20 meals per day three days a week to 250 meals per day six days a week. Some sites are storefronts, while others are full-service senior centers. Approximately 20 percent of the nutrition sites have vans (or volunteer drivers in individual cars) that transport participants to the sites.[8]

The characteristics of participants vary by site as well--some inner-city sites serve homeless, speech-impaired, and/or substance-abuse populations only, while others serve persons of one predominant cultural background.

Michigan's program standards require that nutrition sites be located in areas with a high concentration of elderly. About 72 percent of 800 Detroit-area participants surveyed in 1984 by the Department of Health reported they lived within one mile of the nearest meal site. State standards require that all sites be barrier-free.

According to state and city respondents, outreach efforts are severely limited by lack of funding and because program participation is at capacity. Outreach efforts--through public service announcements in the print media and radio--are currently made only for those nutrition sites that have not met the 25-meals-served-per-day minimum.

Cumulative fourth-quarter FY 1988 data from the Michigan Office of Services to the Aging for the Detroit AAA indicate that:

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[8]In addition, the Southeast Michigan Transportation Authority (SEMTA) has instituted a subsidized dial-a-ride service for transporting disabled elderly to medical services and congregate-meal sites.

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- 88 of the 90 nutrition sites are located in areas with a high concentration of low-income elderly, and 78 are located in areas with a high concentration of minority elderly.

- 87 of the 90 sites serve one meal daily per person five days a week; one serves one meal daily per person six days per week; and one serves one meal daily per person four days per week.

- The Detroit AAA served congregate meals to 22,021 older persons and their spouses. Of the 22,021 persons, 52.1 percent were black, 41.6 percent were white, and 5.5 percent were Hispanic.

- 4,363 older persons and their spouses received home-delivered meals. Of the 4,363 persons, 47.3 percent were white, 46.6 were black, and 2.1 percent were Hispanic.

- 1,023 persons were on the meals waiting list for home-delivered meals.

A 1987 in-person survey of 2,300 congregate-meal participants in Detroit showed that:

- 28 percent of congregate-meal participants also received TEFAP commodities, 15 percent received food stamps, and 21 percent participated in Focus: HOPE's Food for Seniors program.

Local Program Coordination. State and local food assistance staff stated that formal coordination across food assistance programs is limited due to budget constraints within the programs at all levels. These respondents and advocacy group representatives indicated that greater coordination and information exchanges were necessary in order to provide the widest possible assistance base for the low-income elderly population.

While coordination among public programs is limited, four centralized telephone services are available (through the city government, the Hunger Action System, the Community Services Organization, and the city's central library) to enable persons to access information on and referrals to emergency feeding agencies and soup kitchens. Some coordination also exists from informal relationships across programs. For example, several of the state's CAPs (or Detroit's

individual nutrition sites) operate both the Title III programs and TEFAP; about 20 percent of Detroit's nutrition sites also distribute TEFAP commodities. At least one congregate-meal site transports about 22 percent of its "regulars" each month to a nearby Focus: HOPE distribution site to pick up CSFP commodities. In addition, the Wayne County Department of Social Services occasionally sends staff to congregate-meal sites (as well as housing projects and other community settings) to conduct FSP outreach.

C. SUMMARY

The purpose of this chapter was to describe the food assistance programs available to the low-income elderly, and their relationships to each other. This examination showed that the food assistance program network includes both public and private programs that offer multiple approaches to providing that assistance. Food assistance is provided to low-income elderly through several federal programs, where the major programs include the Food Stamp Program, Title III congregate and home-delivered meal programs, and the Temporary Emergency Food Assistance Program. These programs are operated at the local level, and are often supplemented by a variety of state and local agencies and nonprofit groups. Federal and local food assistance programs are generally administered independently of each other. Local program administrators are generally aware of other sites that offer their programs and other food assistance programs within the local food assistance network. Although coordination of services and referrals across programs existed, service coordination and formal referrals across programs were perceived by interview respondents to be inadequate given the elderly's needs.

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IV. THE ELDERLY SERVED BY USDA PROGRAMS AND PROGRAM IMPACTS

The ability of USDA food assistance programs to meet the nutritional needs of the low-income elderly depends on two conditions: (1) that elderly persons eligible for the programs and in need actually participate in them, and (2) that the programs have their intended effects--namely, that they increase the nutrient intake or meet some other nutrition-related need of the elderly. This chapter examines the elderly population served by USDA food assistance programs, and critically reviews the literature on the impacts of those programs.

More specifically, the following research questions are addressed:

- What are the socioeconomic characteristics of elderly persons participating in USDA food assistance programs? Do elderly participants in different programs exhibit different limitations and needs? Do elderly persons participating in USDA programs differ from elderly nonparticipants?
- To what extent do the individual (and the combination of) USDA food assistance programs reach the low-income elderly eligible to participate? To what extent are programs reaching particular subgroups of the low-income elderly?
- To what degree do elderly persons participate in more than one USDA food assistance program? Which programs are most often involved? Does multiple program participation lead to appropriate, or excess, benefits?
- What are the reasons for the participation (or nonparticipation) of the elderly in USDA food assistance programs?
- What are the impacts of USDA food assistance programs on the food expenditures, nutrient availability, and nutrient intake of elderly participants?

The remainder of this chapter consists of two main sections. Section A examines how USDA food assistance programs serve the low-income elderly, while Section B reviews the evidence on the impacts of USDA food assistance programs on food expenditures, nutrient availability, and nutrient intake.

A. LOW-INCOME ELDERLY SERVED BY USDA FOOD ASSISTANCE PROGRAMS

In this section, we: (1) describe the characteristics of elderly persons participating in USDA food assistance programs, (2) estimate the percentage of potentially needy elderly individuals reached by individual (and the combination of) USDA food assistance programs, (3) examine participation by the elderly in more than one food assistance program, and (4) review the evidence on the reasons for participation and nonparticipation in USDA program by the elderly. The data sources for these analyses include data from various nationally representative household surveys, federal program data, the results of program evaluations, and published studies on the individual programs.[1]

1. The Characteristics of Elderly USDA Food Assistance Program Participants

Although, in general, elderly participants in USDA food assistance programs share several common demographic and socioeconomic characteristics, the elderly participants in each USDA food assistance program tend to exhibit different limitations and needs. Indeed, later in this chapter and in Chapter V, we will see that differences in needs, limitations, and preferences appear to prompt the elderly to self-select into the different food programs.

Table IV.1 shows that USDA food assistance program participants tend to be female, to live alone, to be in their seventies, to have very low incomes, to have less than a high school

[1]Section V.A also examines the reasons for participation and nonparticipation in USDA food assistance programs by the elderly. That analysis is based on the perceptions of elderly focus group participants, program officials (e.g., administrators and operators), advocacy groups, and congressional staff. However, these data are not nationally representative.

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TABLE IV.1

SELECTED CHARACTERISTICS OF ELDERLY USDA FOOD ASSISTANCE PROGRAM PARTICIPANTS AND THE LOW-INCOME ELDERLY

	Elderly USDA Food Assistance Program Participants					Low Income Elderly	
Characteristic	FSP	Congregate Meals	Home-Delivered Meals	CSFP	TEFAP	Income Less Than 185% Poverty	Income Less Than 100% Poverty
Female	64%	73%	71%	80%	--	67%	72%
Minorities	35	19	15	--	--	18	25
75 Years and Older	36	41	67	35	--	38	36
Less than 12 Grades	87	--	--	80*	--	68	76
Living Alone	69	55	61	60	55	46	54
Income Below Poverty Line	87	52	65	75	59	31	100
Employed	9	--	--	1*	6	11	9
Received SSI	53	--	--	29	17	27	45
Received Medicaid	71	18	30	42	--	14	28
Received FSP	100	13	19	29*	20	--	--
Fair/Poor Health	48	25	59	--	--	57	64
Health Worse Than Last Year	--	16	38	--	--	--	--
Hospitalized Last Year	24	23	44	--	--	22	23
Get Out Every Day	--	81	24	--	--	--	--
Rarely/Never Attend Religious Services	--	24	63	--	--	--	--
Never Invite Others to Home	--	23	66	--	--	--	
Able to Maintain Home by Self	81	89	41	--	--	--	--

SOURCES: Long (1988); Kirschner Associates, Inc. and Opinion Research, Inc. (1983); Archdiocese of New Orleans (1984); Focus: HOPE (1984); Quality Planning Corporation and Abel, Daft, and Earley (1987); and authors' tabulation of April and August 1984 SIPP Data.

*Indicates that the entry is not based on nationally representative household survey data or program data.

education, and to participate in other federal assistance programs, such as SSI or Medicaid.[2] This profile is not too surprising, since these are the characteristics of individuals who are most likely to be poor and need food and nutrition assistance.

However, some notable differences in the characteristics of participants do exist across programs. Relative to participants in other USDA programs, and reflecting the program's stricter eligibility requirements, participants in the FSP are more likely to have income below the poverty line. Eighty-seven percent of the FSP participants have money income below the federal poverty threshold, compared with 75 percent of the participants in Elderly-CSFP, the food assistance program with the next highest percentage of elderly poor participants. Participants in the FSP are also more likely than participants in other food assistance programs to be black or Hispanic. Thirty-five percent of FSP participants are black or Hispanic, compared with less than 20 percent of the participants in Title III congregate and home-delivered meal programs.

Some important differences also exist between home-delivered meal recipients and participants in the other food assistance programs. For example, relative to congregate-meal program participants, home-delivered meal participants are older, have lower incomes, are more likely to be functionally impaired and in poor or failing health, and are less likely to leave their homes. Table IV.1 shows that sixty-seven percent of home-delivered meal participants are age 75 and older, compared to 41 percent of congregate-meal participants. Fifty-nine percent of home-delivered meal participants report that they are in poor health, compared with only 25

[2]These estimates are derived from nationally representative household survey data (such as SIPP, NFCS-LI, and the National Survey of TEFAP Recipients), program data, and other sources, such as data from the SSI/Elderly Cashout Demonstration. An asterisk indicates tabulations that are not based on nationally representative household survey or program data.

percent of congregate-meal participants. Only 24 percent of home-delivered meal participants get out every day, compared with 81 percent of the congregate-meal participants.

The federal food assistance programs are serving those most in need. Eighty-seven percent of elderly FSP participants have incomes below 100 percent of the federal poverty line compared with 31 percent of all low-income elderly (Table IV.1). Fifty-two percent of congregate-meal participants have money incomes below the poverty line, whereas 13 percent of all elderly 60 years of age and older have money incomes below the poverty line. Sixty-five percent of home-delivered meal participants live in households with incomes below the poverty line, whereas less than one-third of all elderly who need assistance in getting outside are poor.

Low-income elderly persons participating in USDA programs tend to differ from low-income elderly nonparticipants. Table IV.2 compares the characteristics of low-income elderly persons who participate in the Food Stamp or Title III Programs, or both, with the characteristics of those who do not.[3] Relative to low-income elderly USDA program nonparticipants, low-income elderly FSP and meal recipients are more likely to be black or Hispanic, to be in poor health and functionally impaired, and to have low incomes and few assets. Table IV.2 shows that:

- Thirty-six percent of low-income elderly FSP or meal program participants are black or Hispanic, compared with 16 percent of nonparticipants
- Seventy-nine percent of elderly FSP or meal program participants have difficulty with one or more ADLs, compared with 56 percent of nonparticipants

[3]Low-income elderly USDA food assistance nonparticipants depicted in Table IV.2 include both eligible nonparticipants and those nonparticipants who are not eligible for USDA programs. Low-income elderly nonparticipants also include participants in other food assistance programs not covered in SIPP, such as TEFAP or CSFP-Elderly, to the extent they are not also currently participating in either the FSP or Title III meal programs.

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TABLE IV.2

SELECTED CHARACTERISTICS OF LOW-INCOME ELDERLY USDA FOOD PROGRAM PARTICIPANTS AND NON-PARTICIPANTS, 1984

Characteristic	Low-Income Elderly USDA Program Participants	Low-Income Elderly USDA Program Nonparticipants
Black or Hispanic	36%	16%
Completed Less Than 12 Grades	86	64
Unmarried, Living with Others	15	9
In Labor Force	5	14
Difficulty with 1 or More ADLs	79	56
Needs Help with 1 or More ADLs	36	18
Poor or Fair Health	77	44
Average Number of Days Spent in Bed	17	7
Median Monthly Household Income	$500	$631
Median Monthly Household Income/Poverty	.95	1.29
Median Total Net Worth	$1,200	$31,000
Median Financial Net Worth	$0	$2,700
Sample Size	428 (368)	2,514 (2342)

SOURCE: 1984 SIPP Wave 4, August Extract; Wave 3, April Extract.

NOTE: All tabulations are based on weighted data; sample sizes are unweighted. Sample size in parentheses refer to the August extract (i.e., income and wealth measures); other sample sizes refer to the April extract (i.e., demographic and health limitation measures). A person is defined as "low-income" if household money income is less than 185 percent of the official poverty threshold defined by the federal government. "Elderly" is defined as those persons age 60 years and older. "USDA participant" is defined as those low-income elderly persons receiving food stamps, congregate meals, or home-delivered meals. "USDA nonparticipant" is defined as those low-income elderly persons not receiving either food stamps, congregate, or home-delivered meals.

- Seventy-seven percent report that their health is either fair or poor, compared with 44 percent of the low-income elderly nonparticipants
- The median monthly money income/needs of FSP and meal program participants equals .95, compared with 1.29 for nonparticipants
- The median total net worth of FSP and meal program participants is $1,200, compared with $31,000 for nonparticipants.

2. Coverage Provided by USDA Food Assistance Programs

A widely accepted measure of the effectiveness of USDA food assistance programs is the extent to which elderly persons eligible for the programs actually participate. In this section, we present estimates of the participation rates of eligible elderly persons in USDA food assistance programs, separately for each individual program and for the combination of major USDA food assistance programs.

More specifically, we compare SIPP-based estimates of the potential numbers of low-income elderly in various target populations with the actual numbers of low-income elderly participants from program data and other sources to acquire some sense of how well individual programs reach potentially needy low-income elderly. In addition, we sum the participation numbers and make assumptions about multiple program participation (based on available estimates) to produce an estimate of the proportion of potentially needy low-income elderly served by the combination of major USDA food assistance programs.

At the outset, however, we must note that our comparisons of eligible subgroups of the elderly to the actual numbers of low-income elderly persons participating in USDA programs from these populations are subject to several limitations, and should thus be considered only approximations to how well USDA programs are serving needy eligible low-income elderly individuals. Reasons that these estimates must be treated with caution include:

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increased since 1984, our estimates will tend to somewhat overstate program coverage.

- Program coverage is not necessarily synonymous with meeting elderly food and nutrition needs. Our measure of program effectiveness compares the number of elderly persons participating in programs to the number of potentially eligible elderly individuals. A more comprehensive measure of how well programs meet the needs of the eligible low-income elderly population would take into account the frequency or intensity of their participation.[7]

Below we discuss how well the programs reach the potentially needy low-income elderly, separately for each USDA food assistance program and then for the combination of major USDA programs, while recognizing the limitations of our methods. Table IV.3 summarizes the estimates.

a. Food Stamp Program

Elderly persons eligible for the FSP must have monthly net incomes that are less than or equal to the federal poverty threshold, and countable assets cannot exceed $3,000. Using SIPP and Program Operations data, Doyle and Beebout (1988) show that of the 4,795,000 elderly persons estimated to be eligible to participate in the FSP during August 1984, 1,679,000 actually participated. Thus, the FSP reached at least 35 percent of estimated eligible elderly individuals during August 1984. Doyle and Beebout found that the FSP participation rates of estimated

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on the total number of recipient households, the percentage of recipient households headed by elderly persons, and the distribution of the number of persons residing in those households to derive an estimate of the number of elderly TEFAP participants; however, our estimate overstates the number of elderly participating in TEFAP, since some of the participating households contained nonelderly individuals, who are included in the elderly totals.

[7]For example, a better indicator of how well the home-delivered meals program serves the frail elderly would be to compare the number of meals actually received by participants during the year with the potential number of meals they need per year (365 meals times the number eligible, assuming 7 meals per week).

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TABLE IV.3

LOWER BOUND ESTIMATES OF THE PERCENTAGE OF ESTIMATED ELIGIBLE ELDERLY SERVED BY USDA FOOD ASSISTANCE PROGRAMS

USDA Program	All Eligible Low-Income Elderly	Eligible Elderly with Incomes Below Poverty Line
Food Stamp Program	35%	n.a.
Title III Congregate Meals Program	22	34%
Title III Home-Delivered Meals Program	31	54
Temporary Emergency Food Assistance Program	25	45

NOTES: See text for definitions of elderly target populations and data sources for estimates.

eligible elderly varied by demographic and economic characteristics. Forty percent of estimated eligible elderly persons who lived alone and 66 percent of estimated eligible elderly SSI recipients received food stamps.[8]

In the focus group discussions (see Chapter V), one reason cited by many elderly for choosing not to participate in the FSP is the small benefit to which they are entitled. Indeed, of the estimated eligible elderly not participating in the FSP in August 1984, we estimate that nearly one-half were entitled to receive the $10 minimum food stamp benefit only. However, 39 percent were estimated to be entitled to a benefit of $30 or more, and 27 percent were eligible for $50 or more.[9] Since SIPP contains limited information on participation in the other food assistance programs, we cannot quantify the extent to which these elderly FSP nonparticipants with more than minimal need are unserved by other USDA programs.

b. Title III Meal Programs

This section examines the degree to which Title III meal programs reach the potentially needy low-income elderly. Congregate and home-delivered meals are discussed separately. This section concludes with a review of some recent evidence on unmet needs of the elderly in the congregate and home-delivered meals programs.

Congregate Meals. Congregate meals are available to persons 60 years of age and older. While no income or other eligibility requirements, other than age, govern participation in the

[8]Although separate estimates were not calculated for the elderly, they also found that FSP participation rates varied with the size of potential food stamp benefit, with the lowest participation rate (less than 30 percent) exhibited by households estimated eligible for benefits not larger than the minimum $10 benefit.

[9]The figures are the authors' calculations based on August 1984 SIPP data. See Doyle and Beebout (1988), for a description of the FSP eligibility analysis file.

program, the program puts highest priority on those elderly persons with low incomes. According to 1984 SIPP data, 11.6 million elderly persons age 60 and older had money income of less than 185 percent of the federal poverty threshold and did not need help to go outside their house.[10] Approximately 2.4 million low-income elderly persons participated in the Title III Congregate Meal Program in 1984 (Posner and Krachenfels, 1987). Thus, it appears that at least 22 percent (2.4/11.6 million) of low-income elderly persons without mobility restrictions participated in congregate-meal programs.

Participation in congregate meals by eligible elderly without mobility restrictions whose incomes are below the federal poverty threshold exceeds that of similarly defined elderly with incomes below 185 percent of the federal poverty threshold. Based on SIPP and program data, our lower bound estimate is that 34 percent (1.25/3.7 million) of elderly age 60 and older without mobility restrictions whose money incomes were below 100 percent of the federal poverty threshold participated in the congregate meal program in 1984.[11]

Home-Delivered Meals. Title III home-delivered meals are available to persons age 60 years and older who are homebound due to disability, illness, or isolation. As with the congregate meals component, while no income requirements exist for participation, priority is given to the homebound elderly with lowest incomes. Precise estimates of the number of low-

[10]In 1984, 13.2 million elderly persons had income below 185 percent of the federal poverty threshold; 1.6 million of these low-income elderly persons needed help getting out of their house. Thus, we estimate that approximately 11.6 million low-income elderly were potentially eligible and able to participate in Title III congregate-meal programs in 1984.

[11]In 1984, 4.3 million elderly persons had income below the poverty line. Of these, .6 million need help getting outside, leaving 3.7 million persons without mobility limitations who could potentially participate in the congregate-meal program. In 1984, approximately 1.25 million elderly with incomes below the poverty line received congregate meals (52 percent of the 2.4 million congregate meal participants have incomes below 100 percent of the poverty line).

income elderly who are homebound, however, are difficult to obtain. Based on 1984 SIPP data, we estimate that approximately 1.6 million low-income elderly (e.g., with household income below 185 percent of the poverty threshold) reported that they need help getting outside. Approximately .5 million low-income elderly participated in the Title III home-delivered meal program in 1984 (Posner and Krachenfels, 1987). Thus, a lower bound estimate is that 31 percent of the low-income elderly who are potentially eligible to participate in the Title III home-delivered meal program actually participate.

Participation in home-delivered meals by eligible homebound officially poor elderly appears to be substantially greater than the participation of all low-income homebound elderly. We estimate that at least 54 percent (.325/.6 million) of homebound elderly whose money income was below 100 percent of the poverty line received home-delivered meals in 1984.[12]

Unmet Needs. Although the Title III Meals Program reaches many needy low-income elderly, several researchers have identified areas in which program services are lacking (Posner, 1979; Kohrs, 1979; Harrill, 1980; and Balsam and Osteraas, 1985; Balsam and Rogers, 1988).

According to Balsam and Rogers (1988), the following represent major areas of unmet need in the congregate meals program:

- Serving the "socially impaired" elderly, including homeless elders, those residing in single-room occupancy dwellings, those who have suffered abuse and neglect, and those who are alcoholics and substance abusers
- Serving minorities and ethnic group members

[12]In 1984, 4.3 million elderly had income below the poverty line. Of these, .6 million needed help getting outside. In 1984, .325 million poor elderly received home-delivered meals (65 percent of elderly home-delivered meal recipients have incomes below the poverty line).

- Providing non-luncheon and weekend meals to participants.[13]

Areas of service which have been identified by Balsam and Rogers (1988) as lacking in the home-delivered meal program include:

- Need for socialization opportunities for frail and homebound elderly
- Need for shopping assistance
- Need for more than one meal daily, meals on weekends, and nutrient supplements.[14]

c. Commodity Distribution Programs

This section examines the extent to which commodity distribution programs serve the potentially needy low-income elderly. The TEFAP and Elderly-CSFP commodity distribution programs are discussed separately.

TEFAP. TEFAP recipients must meet a means test in order to participate in the program. The upper limit on money income ranges from 125 to 185 percent of the federal poverty threshold. According to 1984 SIPP data, 13.2 million elderly lived in households with money income less than 185 percent of the federal poverty level. According to the National Survey of TEFAP Recipients (Quality Planning Corporation et al., 1987), approximately 3.3

[13]For example, nationwide, only 19 percent of the congregate meal sites offer either breakfast or supper congregate-meal options in addition to lunch. Only 17 percent offer weekend congregate meals, and only 13 percent provide nutrient supplements to those who could benefit from them (Balsam and Rogers, 1988).

[14]For example, less than half of the meal programs offer home-delivered meals on weekends; only 22 percent of the sites provide more than one home-delivered meal per day (Balsam and Rogers, 1988).

million elderly persons received TEFAP commodities in October 1986.[15] Thus, it appears that at least 25 percent of the potentially needy low-income elderly population is served by TEFAP.[16]

The participation rate in TEFAP by poor elderly is considerably higher. Of the 4.3 million elderly whose money income was less than 100 percent of the federal poverty line, 1.95 million received TEFAP commodities in October 1986. Thus, at least 45 percent of the elderly population whose incomes were below the federal poverty threshold participated in TEFAP.

Elderly-CSFP. Elderly persons are eligible for Elderly-CSFP if they are at least 60 years of age and have income below 130 percent of the poverty line. The elderly component of CSFP does not serve much of the potentially eligible low-income elderly population. In 1984, there were 7.8 million elderly with household income below 130 percent of the poverty line. The program, however, operates only in a few cities in 12 states, and served just 83,000 low-income elderly in 1988. Moreover, half of the caseload was in two of the three original study sites--Detroit and New Orleans.

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[15]Five million households received TEFAP commodities in October 1984. Thirty-eight percent of these households, or 1.9 million, were elderly (i.e., headed by a person 60 years of age or older). The household-size distribution of elderly households was as follows: 1 person, 56 percent; 2 persons, 29 percent; 3-4 persons, 12 percent; and more than 4 persons, 3 percent. Information on the number of elderly households and the distribution of the number of persons residing in those households were combined to produce our estimate that approximately 3.25 million elderly participated in TEFAP. This number overstates the number of elderly participating in TEFAP, however, since 13 percent of the participating households contained nonelderly individuals, who are included in the elderly totals.

[16]While the income limits currently range between 125 and 185 percent of the poverty line, the majority of states use either 130 or 150 percent of poverty as the income limit. For example, using 150 instead of 185 percent of the federal poverty line as the definition of potential eligible low-income elderly, we estimate that somewhat less than one-third of eligible elderly participated in TEFAP in October 1986 (3.3 million elderly TEFAP participants minus the number of participants with incomes above 150 percent of the poverty line divided by 9.8 million).

Due to limits on study resources, we could not estimate the proportion of CSFP-eligible elderly persons in each city actually participating in Elderly CSFP. The program, however, appears to be reaching about one-half of the eligible elderly in New Orleans and Detroit.[17]

d. The Elderly Served by the Combination of Major USDA Programs

The federal income maintenance system includes a wide variety of transfer programs (both social insurance and need-tested) that constitute a type of safety net for the low-income population. The system is designed to operate such that multiple programs serve the needs of specific types of individuals and supplement each other. Thus, the more policy-relevant measure of how well USDA programs reach the low-income elderly is the proportion of eligible low-income elderly who are served by the combination of food and nutrition programs.

In August 1984, the Food Stamp Program served 1.7 million elderly persons (Doyle and Beebout, 1988). Also in 1984, 2.9 million elderly persons participated in Title III meals (Posner and Krachenfels, 1987). In October 1986, approximately 3.3 million elderly persons participated in TEFAP (Quality Planning Corporation et al., 1987). Finally, in 1988, 83,000 elderly persons participated in Elderly-CSFP (CSFP program data). If no multiple program participation occurred, and these participation numbers could be summed, then nearly 8 million elderly persons would have participated in the major USDA food assistance programs. That eight million would produce a coverage rate of at least 60 percent (7.98 million USDA program

[17]In 1986, there were 61,000 elderly persons with income below 125 percent of the poverty line in Detroit. The authorized elderly caseload in Detroit's Elderly-CSFP equalled 27,885 in July 1988. Thus, approximately 45 percent of eligible low-income elderly in Detroit are served by CSFP. Based on 1980 Census Data, there are approximately 36,000 low-income elderly persons in New Orleans. The authorized elderly caseload in New Orlean's CSFP was 18,763 in July 1988. Thus, approximately 52 percent of eligible low-income elderly in New Orleans are served by CSFP-Elderly.

participants divided by 13.2 million elderly with incomes at or below 185 percent of poverty line).

However, as we shall see in the next section of this chapter, many low-income elderly persons participate in more than one USDA food assistance program, although, because data are limited on multiple USDA program participation, the exact number is uncertain. Thus, fewer than 60 percent of the low-income elderly were probably served by USDA food assistance programs in 1984.[18] The fraction of elderly with incomes below 100 percent poverty reached by the combination of major USDA programs is considerably higher.

3. Participation in Multiple USDA Food Assistance Programs

As discussed in Chapter III, a variety of food assistance programs are available to the low-income elderly. Participants in one food assistance program are not precluded from participating in other programs for which they are eligible. In fact, participation in more than one USDA program is consistent with program intent, so long as it helps participants meet their food and nutrition needs, and does not result in excessive benefits.

The limited national-level and other less representative data on the Food Stamp Program and meal programs that is available provides some evidence on the extent of multiple food program participation. From these data, it appears that many elderly participate in more than one USDA food assistance program, and that commodities and food stamps or commodities and meals (either congregate or home-delivered) appear to be the most prevalent combination.

For example, data from nationally representative household surveys indicate that:

[18]If, for example, as many as one-quarter of the 8 million low-income elderly USDA program participants received benefits from more than one program (our best-guess estimate based on available data), then a lower bound estimate of the proportion of low-income elderly served by the combined USDA food assistance programs would fall from 60 to 45 percent.

- Thirteen percent of congregate-meal participants received food stamps, and 19 percent of home-delivered meal participants received food stamps in 1982 (Kirschner Associates, Inc. and Opinion Research Corporation, 1983)

- Twenty percent of the elderly households who participated in TEFAP also received food stamps in October 1986 (Quality Planning Corporation et al., 1987)

- According to 1979-80 Nationwide Food Consumption Survey, 6 percent of elderly households with incomes below 100 percent of the federal poverty threshold participated in both the Food Stamp and meal programs (Akin et al., 1985).

Data from less representative household surveys indicate that:

- Forty-five percent of the elderly participants in the CSFP in Detroit also participated in the Food Stamp Program (Focus: HOPE, 1982-83)

- Twenty-nine percent of the participants in the New Orleans Elderly-CSFP received food stamps (Archdiocese of New Orleans, 1984)

- Of the 1,550 elderly persons who were interviewed at congregate-meal sites, 13 percent also participated in the Food Stamp Program; of the 143 elderly persons who were interviewed at food pantries, soup kitchens, and commodity distribution sites, 22 percent were also receiving food stamps, and 29 percent participated in congregate meals (FRAC, 1987).

The limited evidence presented above shows that overlap does exist among the food assistance programs. However, the current data do not enable us to derive precise estimates of its prevalence, nor whether multiple program participation leads to appropriate, or excess, benefits. This is because no single existing nationally representative data set provides information on participation in every federal food assistance program. We attempt to shed some light on these issues in Chapter V based on the evidence from the focus group discussions with USDA food assistance program participants; however, the evidence from the focus groups must be considered limited as well.

4. Reasons for USDA Food Assistance Program Participation or Nonparticipation

Many elderly individuals who appear to be eligible for USDA food assistance programs do not participate in them. Thus, participation decisions of the elderly are crucial determinants of the extent to which available USDA food assistance programs are able to elderly's their food and nutrition needs. This section reviews evidence from nationally representative household surveys and other household surveys on the reasons that the elderly participate or do not participate in USDA food assistance programs.

Our review of existing literature indicates that while we know much about the demographic and socioeconomic characteristics of participants and nonparticipants, we know relatively little about the impact of program features on the decision to participate or not to participate.[19] Moreover, existing studies have typically focused only on whether elderly individuals participate or do not participate in food assistance programs, ignoring the continuum of use ranging from nonuse to prior-use (Krout, 1983).

Thus, to the extent possible with current data, the following sections examine participation and nonparticipation separately for the Food Stamp and Title III Meals programs.

a. Food Stamp Program

Several studies have examined the reasons for participation and nonparticipation in the Food Stamp Program by eligible households. According to a review of this literature by the U.S.

[19]While some of the studies that we reviewed seem to indicate that the participation decisions of the elderly are sensitive to program features, it is often difficult to determine with these data how and the extent to which participation is linked to program features, especially since household surveys generally use a checklist of reasons or, to a lesser extent, an open-ended question on reasons for program participation. In Chapter V we provide a further examination of the role of program features in participation decisions, and, more generally, the preferences of the elderly for one program over another, based on the data obtained from focus group discussions with USDA program participants and nonparticipants.

Government Accounting Office (1988),[20] these studies can basically be categorized as one of two types: (1) those in which persons in households that are potentially eligible to participate in the FSP, but did not, are asked directly why they did not participate (i.e., the "direct method"); and (2) those studies that use statistical analysis to examine the association between participation status and household characteristics (i.e., the "indirect method"). Few studies of either method, however, have focused on the participation decisions of the elderly.

Evidence for the General Low-Income Population. Studies that have analyzed participation in the FSP by eligible households have overwhelmingly relied on "indirect methods."[21] The elderly in these "indirect" studies were examined only to the extent that age was entered into the regressions.[22] These studies consistently found that the age of the household head was negatively associated with participation in FSP.[23]

Left to speculate about the reasons for the negative age finding, researchers have generally suggested four factors:

- Health and mobility tend to decline with age, making the physical process of applying for food stamps difficult
- The elderly show more distaste for welfare and feel more stigmatized by applying for and using food stamps (i.e., cohort effects)

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[20]The GAO study initially identified 300 studies that focused directly or indirectly on reasons for nonparticipation but reduced that list to 30 studies including only those based on probability samples of households.

[21]Only three "direct" studies have been undertaken: Coe (1983); Blaylock and Smallwood (1984); and U.S. Government Accounting Office (1988).

[22]For example, see Bick (1981); Czajka (1981); Kim (1983); Lane et al. (1983); and Phillips (1982).

[23]These studies have also found that other household characteristics are significantly related to participation: participation in other public assistance programs (+), education (-), urban location (+), single females (+), income (-), and employment (-).

- The elderly, because they tend to have more assets than younger persons, may believe that they are ineligible for welfare, and thus decline to apply--even though they are allowed greater assets than other households under FSP asset regulations ($3,000 versus $2,000)

- The elderly tend to be eligible for smaller benefit levels and do not participate because the costs of obtaining food assistance outweigh the benefits.

The results for the general low-income population based on direct responses indicate four categories of reasons for nonparticipation in the FSP:

- The lack of information on and misperceptions about the program (e.g., "I thought I was ineligible because of income or assets," or "I do not know how to apply for benefits.")

- Program features (e.g., the general administrative hassles of dealing with a large and complicated bureaucracy, difficulties in getting to certification and issuance offices, and the belief that benefits are not worth the time, costs, and trouble necessary to acquire them)

- Self-perceptions about need (e.g., "I don't need them.")

- Benefit denial because individuals are in fact ineligible (e.g., the cancellation of FSP benefits when Social Security benefits increase).

For example, the results of a recent GAO analysis (U.S. General Accounting Office, 1988) of 1986 PSID data found that:

- Half of the (estimated as) eligible nonparticipants did not believe that they were eligible; one-third of the (estimated as) eligible nonparticipants did not believe that they were eligible because they believed that their assets or income were too high.

- Seventy percent of those who believed that they were eligible did not attempt to obtain benefits. The most frequently cited reasons for not attempting to obtain benefits were: (1) eligible nonparticipants felt that they did not need food stamps (30 percent) and (2) administrative "hassles" inhibited them from applying (27 percent).

- Among the (estimated as) eligible households that did attempt to obtain benefits, 61 percent did not receive food stamps because they were declared ineligible.

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Evidence for the Low-Income Elderly. The major factors cited directly by the low-income elderly for not participating in the FSP generally mirror those reported by the general low-income population: they encompass informational constraints, problems with accessibility, and perceptions of need or stigma (Blanchard et al., 1982; and Hollonbeck and Ohls, 1984).[24] For example, Hollonbeck and Ohls (1984) report that of 482 (estimated to be eligible) households that had never applied for food stamps:

- Twenty-seven percent cited informational problems (25 percent believed that they were ineligible, and 2 percent did not know how to apply)
- Twenty-five percent cited features of the benefit delivery system as reasons for not applying (21 percent stated that the amount of benefits for which they were eligible were not worth the time and costs involved in applying for and receiving them; and 3 percent could not get to the FSP offices)[25]
- Nearly fifty percent cited perceptions of need and attitudes toward the program as reasons for not applying (37 percent felt that they did not need food stamps or that others needed them more, and 14 percent cited factors associated with the stigma of participation, such as pride or embarrassment).

These researchers, and Akin et al. (1985),[26] also examined the effects of household characteristics, attitudes, and programmatic features (when possible) on participation and nonparticipation of the elderly in the FSP using regression analysis. In general, these "indirect"

lower for male heads of household. Elderly individuals who were participating in other federal programs--either food assistance programs, such as congregate or home-delivered meals, or other federal transfers, such as SSI--were more likely to participate in the FSP (Akin et al., 1985). Those stigmatized by FSP receipt (i.e., they said they would be embarrassed if friends knew that they were receiving food stamps) had a 11 percent lower probability of participating in the FSP (Blanchard et al., 1982). Participation in the FSP was also significantly related to the distance from the FSP office: living four or more miles from the FSP office reduced the estimated probability of participation by 13 percent (Blanchard et al., 1982).

In the study of TEFAP recipients (Quality Planning Corporation et al., 1987), elderly TEFAP participants were asked about participation in the FSP. Of the 80 percent of elderly households not participating in the FSP in October 1986,[27] 17 percent believed they were eligible, 46 percent believed they were ineligible, and 37 percent did not know whether they were eligible or not. Among those who believed they were eligible, half reported that they were not participating in the FSP because they judged they could get along without food stamps. Twelve percent of those who believed they were eligible did not apply for food stamps because they said they did not have the time; 9 percent indicated it was not worth the hassle.

b. Title III Meal Programs

Compared to the research on participation in the FSP, there have been relatively few studies of the decision to participate in meal programs. Most of the studies that have examined participation and nonparticipation in Title III meal programs simply correlate socio-demographic

[27]Clearly a significant fraction of the non-participation in the FSP by elderly TEFAP recipients is explained by the fact that TEFAP has a higher limit on allowable income than does the FSP, so many elderly TEFAP participants are income ineligible. In addition, unlike the FSP, TEFAP does not have an asset limit.

characteristics with participation. Within this framework, many studies do not even use a multivariate regression framework to incorporate the decision about whether or not to participate. Moreover, we identified only a few studies that have incorporated service content, delivery system, or site characteristics into their analyses.

Studies of participation in congregate-meal programs, including senior centers, have found that, while participants attend these programs to receive meals, they also attend them in order to be with friends, to make new friends, and to be involved in activities, either formally through organized activities or informally through visiting and socializing (Trela and Simmons, 1971; Carp, 1976; Krout, 1983; and Kirschner Associates, Inc. and Opinion Research Corporation, 1983). Nonparticipants tend not to be interested in participation or are too busy with family, friends, or other activities. Transportation problems and a lack of facilities, however, have also been cited as reasons for nonparticipation, as have health problems and a lack of information (Trela and Simmons, 1971; Harris, 1975; and Carp, 1976). The national evaluation of Title III meal programs (Kirschner Associates, Inc. and Opinion Research Corporation, 1983) found that congregate-meal participants are generally healthier, better-adjusted, more mobile, and more socially active than former participants and nonparticipants, and concluded that individuals who exhibit these attributes self-select into congregate programs because they are more capable of participating and value the fellowship provided by the program.

Program features have been found to be important in encouraging or discouraging participation in Title III meal programs. Burkhardt et al. (1983) examined 302 nutrition sites from a random sample of 143 nutrition projects taken in 1976 from the Administration on Aging's Nutrition Project Summary Data Form to explore the relative importance of the factors that affect attendance by the elderly at congregate-meal sites, focusing particularly on need and

service variables. Several features of congregate-meal programs that significantly predicted use were programmatic- or site-specific--the type of food preparation, the type of building in which the site was located, the amount of the suggested contribution, and competition from other nutrition sites and from other programs.

For example, the Burkhardt et al. study (1983) found that the manner in which the food is prepared affects attendance at a particular site. On-site preparation increases attendance, while food presented like "airplane meals" deters its consumption. Although contributions for these meals are voluntary, this message appeared not to be well understood--the number of elderly who participated declined as the suggested contribution increased. Furthermore, the meal programs are not mutually exclusive, and in fact, they appear to compete with each other: participation became lower as the number of sites in the location became larger. Moreover, the greater the proportion of home-delivered meals for a given site, the lower the average attendance at congregate sites. Finally, attendance was greater if the site was a senior center as opposed to a church or a public housing site, particularly among the elderly who did not reside in public housing facilities. Older sites had greater attendance than newer sites; urban sites had greater attendance than rural sites.

c. <u>More General Determinants of Nonparticipation</u>

A knowledge of program services and a perception of need for services have been shown to be important determinants of participation in public programs that provide services to the elderly including food assistance programs (Krout, 1983; Silverstein, 1984; and McCaslin, 1988).

In general, the elderly are vaguely aware of the programs that are available to meet their needs. However, a real underlying knowledge of the programs--services provided, where locally to apply, and how to apply--is often considerably weaker. Those elderly who are better

educated, have used services previously, and have social support networks available are best informed about the services offered and where to apply for or how to obtain benefits. The elderly who are unaware of services are not able to discern an association between available programs and their needs, and hence do not participate. Formal sources of program knowledge (e.g., through outreach) appear to be the best links to actual service use, but few of the elderly who learn about programs do so via formal sources (Silverstein, 1984).

Perceptions about the need for services provided by programs targeted toward the elderly are also an important determinant of service use. Studies indicate that the elderly are generally favorably disposed toward programs available to meet their needs, yet a significant minority are either ambivalent or negative about such services (Krout, 1983). Some of the reasons often cited include (1) disinterest; (2) the inappropriateness of the program; (3) a desire to avoid acknowledging that one's "self" is aged; (4) the stigma of accepting charity; (5) the implications of program participation for the feeling of independence; and (6) a definite preference to rely on family support networks as opposed to social service agencies.

B. THE IMPACTS OF FOOD ASSISTANCE PROGRAMS

Ultimately, if these food assistance programs are to meet the nutritional needs of the low-income elderly, the programs must have the impacts on food expenditures and nutrient intake that motivated their implementation. This section examines recent evidence on the impact of USDA food assistance programs on the food expenditures, nutrient availability, and nutrient intake of the low-income elderly. Due to data limitations, we could examine the impacts only of the FSP and Title III meal programs, and, to a much lesser extent, the Elderly-CSFP. We chose to focus on the impacts associated with food expenditures and nutrient availability and intake, since other services provided by some of these programs, such as opportunities for

positive, but generally smaller, impacts than those found for nutrient availability (Basiotis et al., 1987).

b. The Impacts of the FSP--The Low-Income Elderly

None of the studies cited in the previous section focused primarily on the impact of the FSP on the food expenditures and nutritional status of the low-income elderly. For example, while Devaney, Haines, and Moffitt (1989) included a dummy variable for persons age 60 and older, they did not interact this variable with the FSP benefit variable. Thus, we do not know whether the impacts found for the general low-income FSP recipient population hold for the low-income elderly as well. A few researchers, however, have specifically examined the impact of the FSP on the food expenditures, nutrient availability, and the nutrient intake of the elderly. The literature includes three studies based on national data--the NFCS (Akin et al., 1985; Hama and Chern, 1988) and a 1977 nationwide probability survey of households by the Agricultural Research Service of the USDA (Weimer, 1982)--and a series of articles based on the Food Stamp SSI/Elderly Cashout Demonstration (Butler et al., 1985; Posner et al., 1987; and Blanchard et al., 1982).

While the FSP appears to be successful at raising the food expenditures of elderly participants, this effect appears to be small. Blanchard et al. (1982), controlling for the effects of demographic and socioeconomic variables that might be expected to affect food expenditures, found that elderly food stamp recipients spent an average of about $5 to $10 more on food per month than did otherwise similarly defined FSP nonparticipants. An additional dollar of FSP benefits generated only 12 more cents of expenditures on food, suggesting that food stamp benefits were being substituted for money that the households would have spent on food in the absence of the program. Furthermore, an additional dollar of food stamp benefits was estimated

to increase food expenditures somewhat more than an additional dollar of regular income, but the difference was not statistically significant.

Hama and Chern (1988) also found significant yet small impacts on FSP participation by the elderly on food expenditure using data from the 1977-78 Nationwide Food Consumption Survey. Elderly households on food stamps spent 64 cents (cash and food stamps) more per person in a week for food than the nonparticipant households. Converting this to a household per month basis, elderly food stamp recipients spent on average about $5 more on food per month than did otherwise similarly defined FSP nonparticipants.[29] However, since Hama and Chern did not treat FSP participation as endogenous, it is unclear whether the resulting increase in food expenditures is due to the FSP, or unobserved factors related to both FSP participation and food expenditures.

Two studies of the nutrient intake of low-income elderly food stamp participants found positive, but quite low, program impacts. Butler et al. (1985) examined the impact of FSP participation on the nutrient intake of the elderly and found that these impacts were limited. The impact of the FSP on calories and 8 nutrients were positive though small; the impact was statistically significant only for one nutrient, calcium. Weimer (1982) analyzed the impact of FSP participation on the intake of 9 nutrients by the elderly. While the regression coefficients associated with the FSP were positive for all nutrients, the relationship between food stamp participation and nutrient intake was significant only for calcium.

Akin et al. (1985) found that the average elderly FSP participant consumed more calories, calcium, iron, protein, vitamin A, and vitamin B-6 than did the average eligible elderly FSP

[29]Their sample had average household size equal to 1.77 persons. Multiplying 1.77 by $.64 by 4.3 (weeks per month) yields $4.87 per month increase in food expenditures.

nonparticipant. Nutrient intake by elderly FSP participants tended to be even greater if they also received SSI or Social Security benefits. However, it should be noted that when these same researchers analyzed the impact of the FSP on caloric and nutrient intake by including FSP participation and the FSP bonus value in a single demand equation for each nutrient they were unable to detect a significant impact of FSP participation on dietary intake.

Finally, Hama and Chern (1988) found that participation in the FSP had a significant impact on nutrient levels of elderly households. For elderly households participating in the FSP, nutrient levels of "problem nutrients" (calcium, iron, magnesium, and Vitamin B-6) were higher than corresponding levels for elderly nonparticipants. Again, however, since these researchers did not treat FSP participation as endogenous, these estimates may overstate the impacts of the FSP on the availability of these nutrients.

2. Congregate and Home-Delivered Meal Programs

The Title III meal programs attempt to enhance the nutrient intake of the elderly directly by providing meals to persons in both congregate and home settings. Guidelines for these programs require that a minimum of one-third of the RDAs for specified nutrients be provided by each meal served to recipients. Some Title III meal programs provide additional services to augment the health and nutrition of the elderly, including therapeutic diets, weekend meals, luncheon clubs, food shopping assistance, and nutritional and consumer education (Balsam and Rogers, 1988; and Posner and Krachenfels, 1987). Below, we consider the impact of meal programs on the nutritional intake of elderly participants.

a. Limitations of Evaluations

Recent studies that have evaluated the impact of federal meal programs on the nutritional status of the elderly include: a major national survey (Kirschner Associates, Inc. and Opinion Research Corporation, 1983), two major area surveys (Kohrs, 1982, Kohrs et al., 1978, Kohrs et al., 1979, and Kohrs, 1979, in Missouri; and Roe et al., 1985, in New York), and six local evaluations (Caliendo, 1980; Caliendo and Smith, 1981; Grandjean et al., 1981; Harrill et al., 1981; LeClerc and Thornburg, 1983; and Kim et al., 1984).[30] In their evaluations, virtually all of these studies relied on measures of dietary intake (such as 24-hour recall, food records, or dietary histories) to assess the effects of meal programs on the nutritional status of the elderly. While of limited usefulness for assessing the overall nutritional status of the elderly, these measures do permit us to examine the impacts of the meal programs on the elderly's nutrient intake, the proportion of elderly persons meeting the RDA for particular nutrients, and the proportion of the total day's intake contributed by the program meal.

More problematic, however, is that only three of the surveys--the National Evaluation (Kirschner Associates, Inc. and Opinion Research Corporation, 1983), the Maryland survey (Caliendo, 1980), and the Missouri survey (Kohrs, 1982; Kohrs et al., 1978; Kohrs et al., 1979; and Kohrs, 1979)--were based on randomly selected samples. The remaining surveys either included self-selected samples (e.g., volunteers from program participants), or failed to include eligible nonparticipants as a comparison group, limiting the generalizability of their findings. Finally, comparisons across studies are often made problematic by the different research procedures that were used to analyze dietary intake data. For example, some studies reported

[30]Since these studies have been reviewed extensively by the U.S. Congress, Office of Technology Assessment (1985) and Kohrs (1986), much of what follows draws heavily on the work of these reviews.

only the mean values of nutrient intake, while others reported the proportions of elderly persons who meet certain dietary intake standards (e.g., an intake greater than two-thirds of the RDA).

b. The Impacts of Meal Programs on the Elderly's Nutritional Status

Each of the three surveys which examined the nutrient intakes of meal program participants and compared those intakes with those of program nonparticipants (Kirschner Associates, Inc. and Opinion Research Corp., 1983; Kohrs et al., 1978; Kohrs, 1979; and Harrill et al., 1981) found that the dietary intake of most nutrients was greater for the participating elderly than both for nonparticipants and former meal program participants.[31] These surveys found that meal programs were most effective at increasing the intake of protein by the elderly. The intake of iron, niacin, thiamine, and vitamin A and C were also increased, but not as dramatically as was protein. These surveys (and Kim et al., 1984) also found that the meal programs significantly increased the intake of calcium, a critical nutrient in the diet of the elderly (particularly of elderly women), and one often found to be well below its RDA in dietary intake surveys.

In the National Evaluation (Kirschner Associates, Inc. and Opinion Research Corp., 1983), congregate-meal and home-delivered meal recipients whose total daily dietary intake included a program meal showed a higher intake of virtually all nutrients; non-participants, former participants, and current meal program participants (who did not eat a program meal 24 hours prior to the survey) generally showed a lower total daily intake of individual nutrients. In particular, the nutrient intake of nonparticipants and participants who did not eat a program meal were virtually identical. This finding prompted the authors of the study to conclude that

[31]The National Evaluation was based on 24-hour recall, while the other two surveys relied on food records.

the observed improvement in the dietary intake of surveyed nutrients was due to consuming a program meal rather than simply to being enrolled in the meal program. However, in the Missouri study (Kohrs et al., 1978; and Kohrs, 1979), the intakes of some (but not all nutrients), such as energy and protein, were larger for program participants who did not eat a meal than for nonparticipants. This finding indicates that other meal program services (such as nutritional education, shopping assistance, or transportation) may improve the dietary intake of participants, or that the program has beneficial impacts even when participants are not eating a program meal.

The Missouri study (Kohrs et al., 1978; and Kohrs, 1979) and the single-site surveys in Colorado (Harrill et al., 1981) and New York (Caliendo, 1980) examined the contribution of the program meal to the total intake of nutrients throughout the entire day. All of these studies found that at least 40 percent of the total daily intake for most nutrients were provided by the congregate or home-delivered meal, and, in some cases, the figure averaged as high as 60 percent. Although the estimates are not nationally representative, they nonetheless suggest that a large number of participants in elderly feeding programs depend on the program meal for much of their daily nutrient intake. Since the program meal is designed to contribute one-third of the RDA for most nutrients, this finding implies that the total daily intake of several nutrients would be well below the RDA, placing a number of meal recipients at risk of nutrient deficiencies (U.S. Congress, Office of Technology Assessment, 1985).

The National Evaluation and the Missouri survey found that the oldest elderly, those with the least income, and those of lower socioeconomic status (i.e., based on education and preretirement occupation) benefit the most by eating a program meal. For example, the National Evaluation examined the percentage of elderly who met two-thirds of the total daily

intake of 7 of 9 essential nutrients and the percentage who met two-thirds of the total daily intake of 2 relatively low-intake nutrients--calcium and vitamin A, as well as total calories. Among the three priority subgroups (i.e., least income, oldest-elderly, and low socioeconomic status), those who consumed a program meal, whether home-delivered or congregate, had a higher intake of these nutrients and calories than those priority respondents who did not. The negative impact of low income on dietary intake was substantially ameliorated by consuming a program meal. The effect was most striking for specific nutrients which tend to be consumed in relatively low quantities (such as calcium).

3. Commodity Distribution Programs

The Elderly-CSFP program distributes food commodity supplements designed to prevent chronic malnutrition among the elderly. The monthly commodities are meant to satisfy 100 percent of the requirements for protein and several other essential nutrients. TEFAP makes surplus agricultural commodities available to low-income persons. Unfortunately, there have been few evaluations of these commodity programs.

Early progress reports from the Detroit Focus: HOPE Food for Seniors program (CSFP-Elderly) concluded that the commodity package was satisfying more than 100 percent of the monthly RDA of protein, vitamin D, calcium, iron, riboflavin, vitamin B-12, and phosphorus (Focus: HOPE, 1982-83). The food package also contributed significantly to the RDA of thiamin, vitamins A and C, and magnesium. The food package, however, contributed little to the availability of vitamin B-6, vitamin E, and folacin. Similarly, TEFAP commodities appear to satisfy more than 100 percent of the monthly RDA for calcium and phosphorus, provide two-thirds of the monthly RDA for protein and riboflavin, and contribute around one-third of the

monthly RDA for thiamin, iron, and total calories. However, TEFAP contributes little to the availability of vitamin A, vitamin C, or niacin.[32]

Moreover, TEFAP foods contain significant quantities of saturated fats, cholesterol, and sodium, but it is difficult to quantify exactly how this adversely effects the diet of participants (Quality Planning Corporation et al., 1987).

C. SUMMARY

This chapter examined the populations being served by USDA food assistance programs and the nutrition-related impacts on program participants. The analyses were based largely on a review of data from various nationally representative household surveys and program data; however, the data available are often limited, and sometimes, not nationally representative, thus rendering the findings of this chapter somewhat preliminary.

Our examination of the characteristics of elderly participants in USDA food assistance programs showed that each of the major federal USDA food assistance programs appears to be serving those most in need. For example, the Food Stamp Program is reaching elderly persons who have very low incomes and few assets, and the Title III Home-Delivered Meal Program is reaching the frail elderly who have low incomes, are the oldest-old, and are in poor health and have mobility-impairments.

While the bulk of the programs' benefits are going to the neediest elderly, when combined, the programs appear to be reaching about half of the eligible low-income elderly population. The proportion of the elderly served whose income is below the poverty line is

[32]These findings are based on the authors' comparisons of quantities of major nutrients found in average amounts of the TEFAP foods received in October 1986 (Quality Planning Corporation, et al., 1987) relative to monthly RDAs.

substantially higher. And, because many low-income elderly may be neither needy nor eligible, these figures generally represent lower bound estimates of the low-income elderly served by USDA programs.

There was evidence that some of the low-income elderly are not receiving all of the assistance that they perhaps need. For example, few congregate-meal sites offer meals other than at noontime, few sites provide ethnic meals, and a third of the sites do not provide modified or special diets. Only half of the home-delivered programs offer weekend meals, and less than a quarter provide more than one meal a day.

The household survey data and program data that we reviewed indicated that many low-income elderly participate in more than one program. While the data are very limited, fewer than one-third of the low-income elderly who participate in one food assistance program appear to be participating in another food assistance program. Because the data on participation in multiple programs is limited, we could not ascertain whether the observed multiple program participation led to appropriate, or excess, benefits for those involved.

Our analyses indicated that participants in each program share several common characteristics. However, participants in each program tend to exhibit different limitations, needs, and the capabilities (both physical and financial) to meet those needs, and appear to self-select into the various food assistance programs based on these diverse needs. For example, the older-old are more likely to be in poor health and to have functional impairments which limit their ability to shop and prepare meals, and are thus often better served by the home-delivered meal program than by, say, the food stamp or congregate-meal programs.

Our review of studies on nonparticipation based on nationally representative household surveys indicated that some elderly are not participating in available USDA programs due to the

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following: ineligibility, informational problems, perceptions that they do not need the services provided by these programs, low benefit levels, and program features. But, because household surveys rarely go beyond providing lists of reasons for nonparticipation, it is difficult to conclude

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V. PERCEPTIONS ABOUT HOW WELL ELDERLY NEEDS ARE BEING MET BY USDA FOOD ASSISTANCE PROGRAMS

As discussed in the previous chapter, a substantial number of low-income elderly persons who appear eligible for USDA food assistance programs do not participate in them. In order to enhance our understanding of nonparticipation, we gathered perceptual data on the reasons why low-income elderly participate or do not participate in the USDA programs, and the degree to which current food assistance programs meet the food assistance needs of the elderly.

More specifically, we address the following research questions:

- To what extent are program features (e.g., form of benefit, benefit accessibility) linked to elderly participation in USDA food assistance programs? Which program features encourage or discourage participation?
- How satisfied are elderly participants with the services provided by USDA food assistance programs? What are the perceptions of program staff and advocacy groups about these services?
- What are the perceptions of program staff and advocacy groups about the levels of coverage provided by USDA food assistance programs? What are their perceptions about the magnitude of and reasons for unmet need? Do they perceive there to be overlaps in services to the elderly among federal, state, and local programs?

The sources of the perceptual data used were: (1) focus group sessions with low-income elderly persons,[1] and (2) interviews with state and local program and provider staff in Los

[1]Twelve focus group sessions with a total of 125 low-income elderly persons were held in Detroit, Los Angeles, and New Orleans to gather information on the extent to which their needs were being met by USDA food assistance programs. Four discussion sessions were conducted in each city: one with congregate-meal participants, one with home-delivered meal participants, one with commodity distribution program (either CSFP or TEFAP) participants, and one with eligible USDA food assistance program nonparticipants.

The characteristics of the focus group participants generally reflected those found in the national data sets discussed earlier in this report. For example, the majority of focus group

Angeles, New Orleans, and Detroit. In this chapter, "discussants" are defined as the respondents from the focus groups, and "interview respondents" are defined as respondents from all non-focus-group interview sources.

The next section presents the comments of discussants and the perceptions of interview respondents about the factors that influence local program participation and nonparticipation. Perceptions about how well current program benefits meet the needs of elderly recipients are discussed in Section B. The final section discusses perceptions of the coverage provided by the food assistance programs in Los Angeles, New Orleans, and Detroit.

A. REASONS FOR PARTICIPATION AND NONPARTICIPATION IN FOOD ASSISTANCE PROGRAMS

The factors cited in the interviews and focus group sessions as affecting program participation and nonparticipation can broadly be categorized as (1) program features, (2) program awareness, (3) personal preferences and attitudes toward the food programs, and (4) program ineligibility. The focus group discussants[2] and interview respondents reaffirmed, and in many cases augmented, the findings in the published data, discussed in Chapter IV. In particular, the perceptions about specific program features that are perceived to encourage or discourage participation added considerably to our knowledge base.

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participants who were receiving USDA food assistance were black, female, unmarried and living alone, ages 60 to 74 years, or living on annual money income of between $5,000 and $8,000. The home-delivered meal recipients tended to be older and to have less money income. The eligible nonparticipants also tended to be female, unmarried and living alone, and younger-old; however, the majority were white.

[2]It should be noted that since not all of the elderly who participate in USDA programs are participating in every available food assistance program, we are also able to obtain information on the reasons for nonparticipation from the focus group discussions with USDA program participants.

In the following sections, we consider separately the four categories of factors that affect participation in USDA food assistance programs. Selected quotes from focus group participants are included to highlight perceptions about the food assistance programs. While they should not be taken as representative of what low-income elderly persons across the country might think, the quotes provide a sense of the deliberations made by elderly persons in their decision to participate or not to participate in a particular program.

1. Program Features

The features of a food assistance program that may influence participation include its accessibility (e.g., the relative ease of program enrollment, the location of the certification and/or issuance sites, and special provisions for the elderly), the type, quality, and quantity of the benefit, and the delivery system for the food assistance benefit. The wide variation in food assistance program features was cited as central in the elderly's decisions to choose one type of program over another.

a. Food Stamp Program

Based on the focus group and interview responses, a major advantage of the FSP is the food-purchase flexibility provided by the coupons. Recipients can use the coupons for foods of their choice in a variety of participating retail outlets. Using food stamps to purchase food also frees up some of their cash income to purchase other items. Focus group participants said of the FSP:

> "I'm willing to wait in line; you know [that] at the end of the line you're going to get $10. It could be raining and people stand out there and it be cold, but I'll just stand there and wait because I want to get my $10. I buy mine all in chicken."

> "I prefer food stamps to meals and commodities because I can buy what I like, and I like to prepare my own meals."

Interview respondents identified other program features that may influence participation, including: the convenient locations of the FSP certification and/or issuance offices in some areas; the ability of Social Security Administration (SSA) offices to accept completed FSP applications; and the options of receiving FSP benefits by mail in some areas (reducing the number of in-person visits to certification or issuance offices) and of naming authorized representatives to pick up the participants' allotments.

Despite the advantages of the FSP benefit form and provisions to improve access, interview respondents indicated that certain program features reduced the elderly's access to the FSP. The features which discouraged participation in the FSP included: a long application form (e.g., 27 pages in Michigan, although many of the pages are not applicable to most elderly persons); the waits at offices for certification interviews (which can themselves be lengthy); the responsibility of the applicant to prove his or her eligibility, sometimes requiring repeated trips to the certification offices (with verifying materials or because the computer is down); and a feeling of the invasion of one's privacy.

Interview respondents reported that, in some areas, the locations of the issuance offices deter potential applicants--without reliable and inexpensive transportation, the offices are perceived to be too far from the homes of the elderly and may be in unsafe neighborhoods. In addition, a few interview respondents perceived that the USDA was sometimes hasty in suspending FSP authorization for rural food stores due to vendor fraud, creating longer travel distances for recipients in order to reach a participating store. Some state and local staff also believed that the necessity of picking up the coupons in person (in locations without mail issuance) may preclude the participation of elderly persons with impaired mobility. Interview respondents also mentioned that some FSA and SSA offices were not always providing in-home

interviews when requested,[3] and that SSAs were not informing clients of the FSP and were not accepting FSP applications, thus adding to the perceived inaccessibility of the program.

In addition, some focus group discussants--both USDA program nonparticipants and participants[4]--mentioned that they chose not to participate in the FSP because they calculated that the benefits they were entitled to (often the minimum benefit level of $10) were not worth the expense or administrative or psychological difficulties associated with applying for or receiving them.

Reasons for nonparticipation in the FSP cited by elderly focus group participants include:

> "It's mostly a waste of shoe leather to go get them for $10. When you go down there, half the time the computer is down. You can either wait or come back."
> "I used to pay someone to pick [food stamps] up. After they cut them, I was getting $25, and that was worthwhile. After they cut them down to $10, I just stopped."

> "One of the biggest reasons [is] they give you such a hassle when you go to apply for food stamps. You have to have papers from this, papers from that, papers from the other, proof of this, proof of that. Where do you get all this proof?"

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[3]Under current regulations, in-home interviews are available to persons who are at least 65 years of age or are disabled (and selected others who may have difficulties in getting to a certification office) and who do not have an adult friend or relative to represent his/her household in the certification interview.

[4]Of the 28 elderly focus group discussants currently not participating in any USDA food assistance program (i.e., the USDA nonparticipant group), 12 reported having direct experience with the Food Stamp program--4 participated in the FSP in the past but discontinued participation, and 8 attempted to get FSP benefits in the past but did not receive them. Of the 99 elderly persons comprising the USDA program participant focus groups (i.e., those participating in the meal and commodity programs), 19 were currently participating in the FSP. Of the remaining 81, at least 20 had participated in the FSP at some time during the past, and about that many had tried to participate in the FSP during the past. The reasons given by USDA participants and nonparticipants for not participating in the FSP were similar (an exception is that the USDA nonparticipants were more likely to report being unaware of the FSP, or if aware, less informed about the specific FSP eligibility requirements, than FSP nonparticipants who were participating in other USDA programs); thus, we do not distinguish between them when describing the reasons for nonparticipation in the FSP by low-income elderly.

"I got food stamps for one month, and the second month they had me fill out some papers. There was a couple of things on the paper that I didn't know how to fill out. They told me I had to bring in the paper filled out. And I just gave up."

"I'm eligible, but it's so much hassle because I can't get around and catch the bus and go like I wants to go. I have to catch the lift. Lots of times you call them and you know at a certain time they're way back and you've got to wait, and so it's just too much of a hassle, you know, to put up with all that. And then certain times you got to go back [to the FSP office] and sign up and all that stuff."

b. Food Distribution Programs

Both interview respondents and elderly focus group discussants reported that the relatively simple enrollment procedures of the TEFAP and CSFP-Elderly commodity distribution programs were a major factor in attracting elderly to these programs. Application forms are short, income verification requirements are limited, and certification periods are lengthy enough to be considered worth the time and paperwork for the elderly to enroll.

Interview respondents identified other features of the commodity distribution programs that encouraged the elderly to participate, including:

- TEFAP and CSFP distribution sites are often located in areas that are convenient for and familiar to the elderly--neighborhood community centers, religious facilities, and senior centers
- Transportation to the sites in some areas is coordinated with the community's Title III programs, or by volunteers
- Special hours, days, and seating are available for the elderly at some sites
- Authorized representatives may be designated to pick up commodities for elderly or disabled individuals.

While the variety of commodities available for distribution is certainly not nearly as great as the variety of foods available for purchase with food stamps, interview respondents believed that many elderly persons favor the commodity distribution programs over FSP because they like

the types of commodities that come in the food packages--long-term supplies of staples (e.g., juices and canned vegetables), butter and cheese at times (under TEFAP), choices of standard and low-sodium items (under CSFP). The elderly also like the option of picking up pre-bagged food packages, or creating their own food packages from available commodities. At least one popular CSFP distribution operation (Detroit's Focus: HOPE) is run like a grocery store, complete with shelves of foods, shopping carts, and checkout staff; focus group participants reported that these features enhanced their sense of independence. Interview respondents also perceived that the availability of nutritional education (via food demonstrations and recipes) in the CSFP was a useful feature of that program.

Examples of the perceived advantages of the commodity distribution program mentioned by focus group discussants include:

> "Its easy [to get commodities]--no problem at all. I go in, you take something in and show them your income is, and so you take that in, and then they say do you want to shop or want the packages already bagged."
>
> "I can't walk too good at all and am unable to come get them [commodities]. They drop mine [commodities] off at home."
>
> "Why I like coming here [Focus: Hope] is that they have these recipes about how to use the food. They have a cook who shows us some very delicious dishes. They hand out samples for trying the recipes."
>
> "Well I was hospitalized myself once and was late picking them [commodities] up. The sister called my house and had them delivered to my home. They check up on people--its really a nice service."

Factors that may discourage participation in the food distribution programs include the perceived inaccessibility of some facilities (not all sites are reached easily by persons with wheelchairs or walkers); the lack of reliable public or volunteer transportation; and commodity

distribution sites that are too far from the residences of elderly persons (in particular, elderly living in rural or suburban locations).

The size and types of the available food items also affects participation. For example, five-pound bags of cornmeal or boxes of dry milk may not be convenient for many elderly persons--they may be too heavy, they may include more than one month's supply of items for a person living alone, or they may be unfamiliar to the recipient (and thus unlikely to be used).

Examples of the perceived disadvantages of the commodity distribution program mentioned by focus group discussants include the following:[5]

> "I can't do it. I can't get out there at no six o'clock in the morning and wait in line until nine when they start giving it out. And if I got it, I wouldn't be able to get it home."
>
> "I used to get them, but the reason I stopped is that I didn't have no way to go out and get them--no car or nothing--and [the distribution site] is way out there."
>
> "I tried it, but they didn't have anything when I went down there that I liked. I didn't like grape juice. They had little packages of egg mix, and I didn't want that. I don't know how to use it."
>
> "I just don't like the wait because I get nervous. I get nervous standing in line and don't like to wait, so I went home."

[5]Of the 28 elderly persons in the USDA nonparticipant group, 15 reported having direct experience with commodity distribution programs--8 participated during the past but discontinued participation, and 7 attempted to get commodities but did not receive them. Of these individuals, about half had either received commodities in the past and quit participating, or tried in the past to get them but did not. The reasons given by USDA nonparticipants and participants for not participating were similar. As in the case of the FSP, an exception was that USDA nonparticipants were more likely to mention information problems for not participating. The reason most often given for not participating by former participants was that commodities were no longer delivered to their homes and that they could either not get to the distribution sites or arrange for someone else to pick up their commodities.

c. Title III Meal Programs

Overall, interview and focus group respondents perceived that the Title III congregate meals program was possibly the most accessible for elderly without serious mobility restrictions because (1) it does not require means-testing, (2) the congregate nutrition sites are often conveniently located, and (3) van transportation is often available. The congregate meals program is reported to be especially attractive to those elderly without cooking facilities or a knowledge of food preparation, those who do not like cooking, or those who want to share meals in a communal setting. Similarly, the Title III home-delivered meals program was perceived to be the most accessible food assistance program for elderly who are homebound.

The interview respondents reported meal quality, menu variety, and the setting in which meals are served as important predictors of participation in the congregate meals program. Although the meals offered in different sites within some communities are virtually identical (for example, in Detroit and New Orleans), other communities offer a greater variety across sites (for example, in Los Angeles) in an attempt to cater to the ethnic composition of the meal program participants. In Los Angeles, interview respondents perceived that the availability of meal sites that serve one predominant ethnic group is an advantage for elderly individuals from those ethnic groups--the meals may be more familiar, and the meal companions may come from similar cultural and language backgrounds.

The following comments were offered by focus group participants about the reasons for their participation in the Title III programs:

"Inexpensive well-balanced meal."

"It's the fellowship [that's important]."

"Because it provides my main meal of the day."

> "I chose my present [congregate site] because I can just walk to it. The one I went to before 2 or 3 times, but I didn't go back because I had to take three bus rides to reach the place."

Some of the program features reported by interview respondents that may deter the elderly from participating in the Title III meals programs include: (1) program-eligible elderly may have been turned away in the past or had an unpleasant experience with a previous meal; (2) some sites may be perceived as inconvenient or undesirable because they lack van transportation services or are located in inner-city areas; (3) the times at which meals are served might be inconvenient, and (4) the sites may seem crowded and noisy.

In addition to timing of the meals and the location of meal sites, focus group participants identified certain aspects of meal quality that discouraged them from participating in the congregate meals programs. The following quotes are representative of focus group participant's reasons for not participating in the congregate meal program:

> "A lot of [congregate meal sites] are located around El Dorado Park, and I wouldn't go around there [because of crime]--no way."

> "I quit going. . . .I had to walk two blocks to 14th to take the bus, and then that would leave me riding two buses--the 14th and then the Claremont--and so that isn't convenient."

> "Yeah, I tried a couple of places, but I just didn't care for the food, so I quit going. I couldn't eat the food--they put everything together."

> "I have to be home to take care of my grandchildren so I can't make the noon-time meal."

2. <u>Program Awareness</u>

Interview respondents perceived that participation in USDA programs depends on the amount of accurate program information that is available and known to the elderly--through

formal outreach or referral mechanisms, word-of-mouth, or personal program experience. The focus group discussions held with elderly USDA program nonparticipants revealed that some were completely unaware of the existence of all USDA food assistance programs. Others were aware of USDA programs, but often lacked specific information about the availability, eligibility requirements, and enrollment procedures of the programs. In addition, there were instances in which USDA program participants were unaware of other USDA programs.

The following are some examples of elderly focus group discussants expressed reasons regarding informational problems for not participating in USDA programs:

"I never applied for food stamps because I never figured I was eligible."

"I don't know where they distribute [TEFAP] commodities in my neighborhood."

"What are home-delivered meals? I've never heard of them."

Interview respondents believed that widespread misinformation about the availability of and eligibility for a food program also acts as a barrier to participation. For example, some eligible elderly individuals believe that, once denied eligibility for a program, a person will always be denied. Others believe that assets must be spent-down (as in the Medicaid program) in order to be eligible.

Focus group participants voiced the following misperceptions about USDA food assistance programs:

"You can't receive food stamps unless you're homeless or out of a job."

"I never applied for [food stamps] because I'm trying to buy my home."

"I thought [commodities] were only for women and young children."

3. Personal Preferences and Attitudes

Discussions with state and local program administrators and elderly focus group participants revealed that participation in food assistance programs was also influenced by the elderly's personal preferences toward fulfilling their food needs, perceptions about their need for services relative to others in their community, and more general attitudes about receiving assistance from public programs.

Interview respondents reported that many elderly persons prefer to meet their food needs through family sources. For some elderly individuals, pride and a reluctance to accept "charity" are especially strong deterrents to program participation. For example, many interview respondents indicated that some program-eligible elderly may avoid participating in the FSP because the coupons clearly identify the user as a welfare recipient; the stigma associated with food stamp use is allegedly stronger among some subgroups of the elderly (i.e., rural elderly or certain ethnic groups) than among others.[6] In addition, they believe that some elderly individuals may be reluctant to participate in the Title III program because they feel that they cannot afford the suggested donation; instead, they may choose available meals which are less expensive though not necessarily as nutritious (i.e., "catsup soup" at home or oatmeal at the local diner). Finally, those who are uncomfortable in group settings, or those who perceive that the congregate-meals program is for "old folks," may choose not to participate in the congregate meals program.

Focus group participants cited the following as reasons for not participating in food assistance programs:

[6]California interview respondents indicated that operating the FSP as a cashout under SSI reduces the potential embarrassment that may be experienced by an individual when using food stamps. Because the SSI checks are quite similar to SSA checks, interview respondents believe that little stigma is attached to SSI receipt.

"I can use it, but people with kids need it more than I do."

"Well, I'm already getting [monthly commodities] over there. I figure I'll let somebody else get [TEFAP commodities]."

"I went once [to a congregate meal site]. But I hope I won't be misunderstood, it's just very discouraging to go into these places and see these people in their eighties. It's an unpleasant sight. I appreciated what they were trying to do, but it was painful to watch."

"Well, my husband never wanted to. He didn't want to apply to any program because he said it was too much like charity and he didn't want to take charity. And I'm a private person; it's hard for me to go and ask anybody for help."

"I'd rather fix meals for myself now. I like to cook and I know just what I want."

4. Program Ineligibility

A final, and sometimes overlooked reason, that low-income elderly do not participate in particular USDA food assistance programs, even if they are participating in another USDA program, is that they are in fact ineligible. For example, in our focus groups with CSFP-Elderly participants, some were not participating in the FSP because they were not eligible on the basis of their income or assets.[7] In addition, some focus group participants who are not currently receiving home-delivered meals but who had applied for them or received them in the past were not participating in the program because the program was working as intended: these elderly needed home delivery only for a short period after their discharge from the hospital, and, because they have since recovered, or are currently able to shop for, prepare, and eat meals on their own, they do not need home-delivered meal service.

Some examples of the comments of focus group discussants include:

"I tried to get food stamps, but I was denied because my income was too high."

[7]CSFP-Elderly has higher income limits in some states than FSP.

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"I tried to get home-delivered meals, but I was told I was ineligible because I could prepare my own meals."

"I received home-delivered meals for a short time following surgery, but quit when I was able to cook my own meals."

with maximum flexibility in their food purchases. But, at the same time, the program is awkward for and frustrating to some low-income elderly persons.

2. Food Distribution Programs

According to interview respondents and elderly focus group participants, the commodity programs are valued by elderly participants because the food-package items save the recipients money on their food bills, thus freeing up resources to pay for medications and utility and telephone bills. Elderly CSFP focus group participants in Detroit particularly liked Focus: HOPE's grocery store operation--shopping for their groceries and choosing among the available foods gave them a feeling of independence.

Most elderly focus group participants liked the food package commodities and believed that they were of good quality. However, recipients complained that some of the canned foods looked or tasted strange, that the package sizes were often too large (the quantity too much, and the package too heavy), and that the food variety was inadequate. In addition, some participants mentioned that other commodities (i.e., cheese, canned vegetables, and meats) were not allowed in their diets. Elderly on salt-restricted diets found that the low-sodium food packages were useful; however, these packages were not always available at all sites.[8] The focus group participants perceived that program staff were helpful and courteous, and appreciated the volunteer assistance in carrying food packages to their cars.

One criticism made by many interview and focus group respondents was that elderly participants have to wait in line to receive their commodities. Although respondents noted that

[8]When the low-sodium packages are not available, nutrition education materials provided under CSFP advise recipients to rinse off or drain canned commodities to reduce the sodium content. Interview respondents indicated that the elderly CSFP participants are more receptive to such advice than are nonelderly CSFP participants.

many programs (under both TEFAP and CSFP) make special provisions for the elderly with separate days, hours, and seating, these provisions do not entirely eliminate waiting and standing in line for the food packages. This situation is believed to be especially difficult for those elderly with physical limitations or those suffering from nervous conditions.

Focus group participants said of the commodity programs:

> "Well, it helped me out expense-wise because it's kind of rough getting this little check, you know, and bills now and the rent so high and not too much money coming in, so it helps out some. I don't have to buy the flour and meal and all the other stuff they give you."
>
> "I use everything. And if you use your head it certainly is a lot of help. The Farina they give you . . . makes some of the best corn bread you've ever eaten."
>
> "There's a lot of good things in there--especially that milk and those canned goods and juice."
>
> "They give you recipes in the packages that try to help you with your meals; the problem is, I can't see to read them--the print is too small."
>
> "It would be nice if they gave out low-salt vegetables."
>
> "They should have two sizes: a larger size for the people who have larger families; a smaller size for people by themselves."

3. Title III Programs--Congregate and Home-Delivered Meals

a. Focus Group and Interview Perspective--Congregate Meals

Interview and focus group respondents spoke highly of the congregate-meal program, not only for the nutritional content of the meal (the main meal of the day for many) but also for the fellowship and recreational activities provided by the program. Most meal recipients enjoyed the meals--the food tasted good and the portions were adequate. Meal recipients preferred meals that were prepared on-site. However, several recipients believed that the program could be improved if: (1) the vegetables were not overcooked and the entrees were less greasy, (2)

if transportation to and from the sites were more timely, and (3) if a greater range of social and recreational activities were provided.

The following comments were made by focus group participants about the congregate-meals program:

> "It provides my main meal of the day."
>
> "It gives you something to be involved in. I was so sick of sitting inside looking at television all day."
>
> "It's good food at reasonable cost, and then they have entertainment three times a week. I enjoy it very much."
>
> "Because of the nutrition education programs, I am eating plenty [of foods that] I ain't never ate before, like green vegetables."
>
> "Sometimes we run out of food. They cut us short, and we don't get enough to eat."
>
> "I would like to get ground meat that is easier to eat. It gets stuck in my teeth and even dental floss can't get it out."

b. Focus Group and Interview Perspective--Home-Delivered Meals

While most interview respondents and home-delivered meal recipients stated that the hot, well-balanced meal was the most important part of the program, several elderly mentioned that the contact with the meal delivery person was important as well. Importantly, because some elderly find it difficult to shop for and prepare meals, many recipients of home-delivered meals mentioned that the program allowed them to eat a greater variety of foods than would be possible if they were forced to manage for themselves. Home-delivered meal participants were generally satisfied with the quality of the meals; however, they made a few specific complaints that echoed those of the congregate-meal recipients--the entree was too greasy or too bland, and the vegetables were overcooked.

Comments made by the elderly regarding home-delivered meals include:

"It's been a big help. Like I say, my legs are getting worse, and I can't do the shopping and cook like I used to."

"The best thing about the home-delivered meals program is the variety of food I get every day."

"The person that delivers the meal. He's very nice."

"Somedays no meat. And somedays you may not have a slice of bread; some days no dessert."

"The green vegetables are a problem, too overcooked."

"The chicken next to the bone looks black or brown. It looks like old chicken and sometimes it don't be done."

C. LEVELS OF COVERAGE PROVIDED BY USDA PROGRAMS

This section examines the perceptions of program staff and advocacy groups about the levels of coverage provided by USDA food assistance programs. In particular, program administrators in Detroit, Los Angeles, and New Orleans were asked to assess the magnitude of and reasons for unmet need, and to identify overlaps or gaps in services to the elderly among federal, state, and local food assistance programs.

1. Overlaps in USDA Program Coverage

Interview respondents in Los Angeles, New Orleans, and Detroit indicated that many low-income elderly in those cities participate in more than one USDA food assistance program. For example, in New Orleans, respondents surmised that a majority of congregate-meal participants in New Orleans also receive CSFP or TEFAP commodities, a high percentage of CSFP-Elderly participants receive TEFAP commodities and a substantial minority receive food stamps. New Orleans respondents suggested that participation in multiple programs, however, should not be

considered an "overlap" in program coverage, but instead a necessity for most low-income elderly due to inadequate resources. The incidence of multiple program participation was believed to be common--although not pervasive--in Los Angeles and Detroit as well, where respondents echoed the feelings of New Orleans respondents that multiple coverage was necessary. In general, the perception of these sites was that local public and private food assistance programs complement federal food assistance programs and do not overlap or duplicate federal assistance efforts.

2. Gaps in USDA Food Assistance Program Coverage

Interview respondents in all three cities instead emphasized the existence of gaps in coverage both within and across food assistance programs. For example, rural and suburban low-income elderly were reportedly not well-served by USDA food assistance programs, and some entire urban and rural communities were described as unserved or underserved due to cultural and/or language barriers. Even with the ability of the Title III program to transfer funds across programs, the home-delivered meal programs were perceived to be seriously underfunded given the level of need in all three cities. Most respondents stated that insufficient funding and the lack of program outreach exacerbated the observed coverage gaps. Both state and local respondents argued strongly that, they do not and cannot serve the needs of the low-income elderly target populations adequately because the current food assistance programs (other than the FSP) are underfunded.

In addition, several respondents in the three cities stated that many elderly who were just on the edge of eligibility for the means-tested programs were also in dire need of assistance. Respondents cited as examples the hidden poverty of the suburban elderly, and the near-poor

who may have reunited with their families for financial reasons and are no longer eligible for programs from which they had previously received benefits.

The remainder of this section examines the magnitude of and reasons for unmet need as perceived by interview respondents in the three sites, separately for each city.

a. Los Angeles

Although food assistance is available in Los Angeles through a wide network of public and private programs, and although some programs coordinate services to provide wider bases of food assistance to recipients, most program administrators believe that the low-income elderly in Los Angeles are underserved. While current data on the characteristics of the low-income elderly in Los Angeles--their numbers, resources, ethnicity, and family structures--were generally unavailable, respondents pointed to demographic projections (showing increased numbers of low-income elderly), waiting lists in several USDA programs, and the increasing role of the private sector in providing food assistance as evidence of the level of unmet need.

In particular, respondents indicated that the Title III meal programs do not adequately serve the low-income elderly. One local nutrition provider representative reported serving a capacity of 965 congregate meals per day in an area in which between 35,000 and 40,000 elderly persons lived, of whom an estimated 80 percent were SSI-eligible. The home-delivered meal program is also reported to have long waiting lists throughout much of the city. In fact, city respondents estimated that only one percent of the need for home-delivered meals is currently being met in Los Angeles. To address the unmet needs, some Title III providers contract with

private Meals-on-Wheels groups, whose public and private funding sources allow them to serve more homebound elderly than can groups with public funding sources alone.[9]

Commodities program representatives indicated that there are approximately 200,000 low-income elderly persons living in Los Angeles, many of whom live alone. Most of these elderly persons are SSI-eligible, and are thus eligible for TEFAP and other food assistance programs. However, estimates of the number of elderly persons being served by the Los Angeles Regional Foodbank's member agencies are much lower than these figures. In addition, due to the limited quantities of available commodities (and other donated food items), eligible elderly individuals are reportedly turned away sometimes without food packages. When the nationwide quantities of TEFAP commodities were reduced in 1988, the Foodbank increased its private fund-raising efforts to compensate for at least some of the difference.

b. New Orleans

As was reported by food assistance program respondents in Los Angeles, New Orleans respondents believed that the low-income elderly are generally underserved within and across the available food assistance programs.

For example, according to the CSFP Caseload Management and Request for FY 1988, nearly 43,000 residents of the greater New Orleans area in 1987 were at least 60 years of age and lived below 130 percent of the poverty line. That year, the CSFP-Elderly served nearly 17,000 elderly persons, the Title III programs served more than 3,000 unduplicated elderly persons in the metropolitan area, and food stamps were received by more than 8,000 elderly in

[9]For example, St. Vincent's meals program (connected with St. Vincent's Medical Center) serves approximately 1,100 meals per day to homebound elderly, many of whom would be on Title III waiting lists otherwise.

the Orleans Parish alone (representing approximately 65 percent of the metropolitan area's low-income elderly population). Allowing for multiple program participation, between 50 and 60 percent of these low-income elderly were probably reached by these programs.[10]

Respondents indicated that limited public resources and the lack of private fund-raising efforts for the Title III programs mean that the programs are unavailable to many elderly who might want to participate. Nutrition site managers alleged that many elderly are turned away from their meal programs which operate on a first-come-first-served basis. The home-delivered meals program currently has a waiting list of about 300 homebound elderly. According to respondents, gaps in food assistance coverage are also prevalent for the frail and isolated elderly, and within some ethnic communities (i.e., Vietnamese and Hispanic).

c. Detroit

Detroit interview respondents indicated that, while a wide range of programs were available to provide food assistance and while many of Detroit's elderly participate in multiple food assistance programs, the low-income elderly are generally underserved by these programs. The programs are probably serving around one-half of the nearly 100,000 elderly estimated to be at risk economically.[11]

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[10]It is estimated that approximately 32 thousand low-income elderly were served by these programs. Assuming that one-quarter of these elderly individuals participate in another program, then the programs reached 57 percent (24,000/43,000) of the low-income elderly.

[11]Approximately 17,000 elderly households (most of them one-person households) received food stamps in January 1989; nearly 28,000 elderly participated in CSFP in 1988; more than 22,000 elderly received congregate meals and nearly 4,400 received home-delivered meals in 1988. Assuming that 25 percent participate in more than one USDA program, then roughly 54 percent (54,000/100,000) received food assistance from USDA programs.

Long waiting lists and the fact that commodity distribution or meal sites often run out of some or all commodities or entrees or entire meals persons were cited as proof that the programs could be serving more of the eligible elderly. The home-delivered meals program, for example, currently has a waiting list of nearly 1,100; the average wait is six months. For the period from October 1988 to December 1988, approximately 2,350 elderly were turned away from congregate-meal sites (served on a first-come-first-served basis).

The 1985 Michigan Office of Services to the Aging survey of Detroit elderly suggests that less than 25 percent of those who need assistance in preparing meals were receiving home-delivered meals. The delivery of therapeutic or liquid meals (for those on special medical-needs diets) is reported to be expensive but critical--due to earlier hospital discharges, there are far more potential home-delivered meal clients with special needs than can be accommodated under the current funding. Respondents noted that, under the current limited funding for outreach efforts, the elderly who need assistance may not have adequate referrals or access to community services.

D. SUMMARY

This chapter examined perceptual data on how well the food and nutrition needs of the low-income elderly are met by USDA programs. The source of the perceptual data was focus group discussions with elderly USDA participants and nonparticipants, and interviews with state and local program and provider staff.

In general, the mix of USDA food programs were perceived by local staff advocacy groups to be providing critical food assistance, but underserving their low-income elderly target populations. With the exception of the FSP, interview respondents cited limited funding as the primary cause of the gaps in coverage within and across programs. State and local administrators

perceived that local public and private programs complemented federal food assistance programs and did not overlap or duplicate federal assistance.

Elderly focus group discussants reported that program features (including the ease of enrollment, accessibility of the benefit, and how the type of benefit fit their needs) were very important in their decision about whether to participate in a program. For example, needy low-income elderly who desire independence and want control over what they eat preferred food stamps to the food assistance provided by the meal programs. In contrast, those easily frustrated when dealing with bureaucratic organizations preferred the relatively easier application procedures and verification requirements associated with food distribution and meal programs than with the FSP.

Moreover, for commodity distribution and congregate-meal programs, the choice of distribution or meal site attended by the elderly participant was often influenced by the quality of the services provided and other attributes of the site. For example, congregate-meal sites that offered better services (e.g., food prepared at the site as opposed to pre-packaged meals; a greater amount and a wider range of recreational and social activities; and such other desirable attributes as proximity to the elderly person's residence or the provision of ethnic meals) were chosen over other sites that offered inferior services or fewer amenities. Commodity recipients mentioned instances in which they changed distribution sites in order to have a place to sit while they waited for commodities, or to sites in which the staff were nicer to them, or to sites that offered special hours for elderly persons.

In addition to program features, informational problems and personal preferences and attitudes were also cited by the elderly as explaining their nonparticipation in USDA food assistance programs. For example, some nonparticipants lacked specific information about the

availability, eligibility requirements, and enrollment procedures of programs. Some nonparticipants expressed the view that they did not need the benefit or that others needed the benefit more than they did. Others preferred to rely on family or other sources rather than public agencies. Still others were uncomfortable about dealing with the programs, or had negative attitudes about them.

Finally, some low-income elderly reported they were not participating in the FSP because of the small benefits (often $10) to which they were entitled. They indicated that it was not worth the direct and indirect expenses associated with applying for or receiving the benefits.

Perceptual evidence on the benefits of (and satisfaction with) food assistance provided to elderly participants was also obtained from focus group discussions with low-income elderly persons, interviews with state and local program and provider staff in three major cities, and interviews with national advocacy group staff. Many elderly appreciated the purchasing power and flexibility offered by food stamps, but many elderly thought that the FSP application and issuance processes were difficult.

The elderly tended to speak very highly of the CSFP and TEFAP programs, valuing the commodities because they needed the food and because the distributions saved them money on food that could be used for other pressing expenses--medications and utility bills. They generally appreciated the relatively simple enrollment procedures of the food distribution programs and generally viewed the locations as familiar and safe.

The Title III meal programs were generally popular with the elderly participants. The congregate meals were particularly appealing to those who enjoyed the social aspect of the meal. Home-delivered meal participants felt that they were eating a greater amount and a wider variety of foods due to the program. They particularly valued the regular contact with the delivery

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person. Complaints from both congregate and home-delivered meal participants were also made about the quality and variety of meals.

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VI. SUMMARY AND IMPLICATIONS

This report examined the characteristics and food assistance needs of the low-income elderly population, their participation in available food and nutrition programs, and the overall effectiveness of available programs at meeting their food and nutrition needs. This final chapter summarizes the principal findings of the Elderly Programs Study.

1. The Characteristics and Needs of the Low-Income Elderly are Diverse

1984 SIPP data show that there were over 13 million persons age 60 and older living in households with incomes less than 185 percent of the federal poverty threshold. Compared with the high-income elderly population (persons age 60 and older with incomes above 300 percent of the poverty line), the low-income elderly population has a greater prevalence of characteristics directly or indirectly related to poor nutritional status. They are more likely to be living alone, to be older than age 85, and to not have completed high school; they also exhibit higher rates of functional impairment and chronic illness.

In addition, unlike higher-income elderly, those elderly with low incomes have few financial assets with which they can supplement their incomes. Although a substantial fraction of low-income elderly (63 percent) own their homes outright, the average equity that they have accumulated is about $26,000, or an amount equal to what is currently estimated as the cost of one, or possibly two years of nursing home care. Valuing the major in-kind benefits received by the elderly--Medicare, Medicaid, energy assistance, and food stamps--increases on average the economic resources available to the low-income elderly appreciably; however, a large number of elderly overall would continue to have low economic resources and be at nutritional risk.

The low-income elderly population was found to comprise several diverse groups who exhibit different financial situations, health circumstances, and functional limitations, and hence, food and nutrition assistance needs. Important differences in the prevalence of characteristics related to food and nutrition needs exist among the low-income elderly distinguished by age and living arrangements. For example, relative to the low-income younger-old (age 60-74), the older-old (age 85 and older) low-income elderly have higher rates of functional impairment, are more likely to live alone, and are less educated.

Most USDA food assistance programs serve both the low-income elderly and nonelderly populations. Although these populations have a number of common characteristics (e.g., both tend to be predominantly female), the low-income elderly and nonelderly populations differ along several key dimensions that may be critically related to the ability of food assistance programs that serve both populations to meet elderly needs for food assistance. 1984 SIPP data shows that while the low-income elderly on average are better-off financially than are the low-income nonelderly, they are significantly worse-off in terms of their health and functional ability, and they are substantially more likely than the low-income nonelderly to be living alone.

Finally, our review of projections of the elderly population indicated that the economic well-being of certain subgroups of the elderly--women, those who live alone, members of minority groups, and the older-old--are expected to show only marginal improvement in the next few decades. These groups of elderly, moreover, are the ones projected to grow rapidly in the next few decades.

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2. The Food Assistance Network Has Responded to the Low-Income Elderly Population's Demographic and Socioeconomic Diversity by Developing a Diverse Set of Approaches for Providing Food and Nutrition Assistance

Our analysis of federal food programs showed that food and nutrition assistance is provided to low-income elderly through several federal programs, each with different goals, target populations, delivery systems, and benefit forms. For example, the benefits provided by the major federal programs range from coupons redeemable for food at authorized retail food stores (the Food Stamp Program) to food packages (the Temporary Emergency Food Assistance Program; the Elderly Commodity Supplemental Food Program) and prepared meals (the Title III Meals Program), the latter either home-delivered or served in group settings. Whereas the eligibility requirements of the FSP are specific and targeted to greatest need (monthly net income of less than 100 percent of poverty and countable assets that total no more than $3,000), no income or other eligibility requirements (other than age) exist for participation in the Title III congregate meals program (although priority is granted to those elderly in greatest economic

3. The Major Federal Food Assistance Programs Appear to be Well-Targeted to Those Elderly Who Have the Greatest Need for Food and Nutrition Assistance

Our examination of the characteristics of elderly participants in the major federal food assistance programs showed that each program appears to be serving those elderly who have the greatest need. The vast majority of Food Stamp Program (FSP) participants have very low incomes and few assets. The home-delivered meal component of the Title III Meals Program is reaching the frail elderly who have low incomes, are the oldest-old, and are in poor health and have severe mobility impairments. A substantial majority of elderly participants in the Temporary Emergency Food (TEFAP) and Commodity Supplemental Food (CSFP) programs have incomes below the poverty line or live alone.

4. The Measured Impacts of USDA Food Assistance Programs on the Nutritional Outcomes of Low-Income Elderly Participants are Positive, but Generally Small

Our review of studies measuring the impact of food programs on indicators of the nutritional status of elderly participants show that the programs enhance the nutrition of their participants, but that the effects tend to be small. Low-income elderly FSP participants spend about $5 to $10 more on food per month than do nonparticipants and their intake of nutrients is 3 to 6 percent higher for each nutrient. The dietary intake of several critical nutrients is greater for participants in the Title III meal programs than for nonparticipants and former participants. Moreover, the negative impact of low income upon dietary intake was substantially reduced by consuming a congregate or home-delivered meal--the effect was most striking for nutrients which tend to be consumed in lower quantities by the elderly (e.g., calcium). The CSFP-Elderly (and to a lesser extent, the TEFAP) food package, contributes significantly to the monthly RDA of several critical nutrients.

But because virtually all of the studies reviewed are subject to substantial limitations (e.g., measurement errors and nonrepresentative samples), these food expenditure and nutrient impact findings should be considered tentative, and may understate the impact of USDA programs on the elderly's nutritional status.

5. A Significant Minority of Low-Income Elderly Persons Participate in Multiple Food Assistance Programs

Our review of nationally representative, as well as less representative, household surveys indicated that many low-income elderly persons participate in more than one food assistance program. For example, in October 1986, 20 percent of TEFAP households headed by an elderly person also received food stamps. In 1983, 19 percent of home-delivered meal recipients and 13 percent of congregate-meal recipients also participated in the FSP. And while not nationally representative, a survey of elderly participating in soup kitchens, food pantries, and commodity distribution found that 22 percent received food stamps and 29 percent participated in congregate meals.

Given the limited nature of current data, however, the extent of multiple program participation is unclear, as is whether its existence leads to appropriate, or excess, benefit levels for those elderly persons involved.

6. While estimates of nonparticipation are subject to considerable imprecision, many presumably eligible low-income elderly do not participate in USDA programs

Our comparisons of the number of elderly persons participating in food assistance programs with estimates of numbers presumably eligible to participate in these programs showed that many are not participating. For example, in August 1984 elderly FSP participants represented 35 percent of the estimated pool of eligible elderly. The corresponding estimates of presumably

eligible elderly participating in the other major USDA programs were as follows: Title III congregate meals, 25 percent; Title III home-delivered meals, 31 percent; and TEFAP, 25 percent. Importantly, in each instance, the proportion of the elderly served whose incomes are below 100 percent of the poverty line is substantially higher. However, all of these estimates should probably be considered lower bound estimates of the reach of each program, since many of the elderly that are estimated to be eligible may not in fact be eligible, or if eligible, may not need food assistance.

While the data have serious limitations, taken together, the major USDA food assistance programs are probably reaching about half the estimated eligible low-income elderly. The proportion of estimated eligible elderly reached by the combination of major USDA programs whose incomes are below the federal poverty threshold is higher. Again, because many low-income elderly persons in the presumably eligible pool may be neither needy nor eligible, these estimates probably represent lower bound estimates of the programs' reach.

7. The Low-Income Elderly Are Not Participating in Food Assistance Programs for Several Reasons

Our review of studies on nonparticipation--based on nationally representative household surveys and smaller-scale, less representative household surveys and the focus group discussions with elderly nonparticipants in three major U.S. cities--indicated that the elderly do not participate in available USDA programs due to one or a combination of the following reasons:

- Perceptions of need, and attitudes toward services provided by food and nutrition programs (e.g., the perception that they do not need program services or that others need them more; factors associated with the stigma of participation, such as pride or embarrassment; and a preference for relying on relatives as opposed to public agencies for assistance)

- Programmatic features (e.g., the complexity of the application process; difficulties reaching the food stamp issuance offices or the meal and commodity distribution

sites; the form of the benefit does not fit their needs or preferences; and the quality of the benefits and services provided)

- Informational problems (e.g., the belief that they are ineligible, often because they are ill-informed about eligibility requirements)

- Ineligibility (e.g., their incomes or assets are too high to receive food stamps, or they are not sufficiently disabled to receive home-delivered meals).

In addition, many eligible low-income elderly are not participating in the FSP because of the small benefits to which they are entitled. We estimated that in August 1984, half of the estimated FSP-eligible elderly nonparticipants were entitled to the minimum food stamp benefit ($10). Many apparently were not participating because they perceive that the costs of obtaining the FSP benefit exceed its value to them.

8. Operation of Federal Food Assistance Programs at the State and Local Level

Federal food assistance programs are operated and often supplemented at the local level by a variety of state and local agencies, nonprofit groups, and private-sector institutions. An examination of the operation and interaction of the major food assistance programs in three cities--New Orleans, Los Angeles, and Detroit--based primarily on interviews with staff from federal, state, and local food assistance programs and providers indicated that:

- Respondents perceived that the mix of USDA programs provided critical food assistance, but underserved their low-income elderly target populations. With the exception of the FSP, limited funding was cited as the primary reason that needy elderly persons were not receiving adequate food assistance.

- State and local interview respondents perceived that the services of local public and private programs complement, and do not overlap or duplicate, the assistance provided by federal programs. The private and nonprofit sectors were perceived to have a major role in providing food assistance especially in response to very specialized local needs (e.g., providing assistance to the homeless, or ethnic minorities).

- Respondents perceived that services were coordinated across programs, and across sites that offer the same program, but that the overall degree of coordination was inadequate.

- Some program managers reported that they were helping elderly participants obtain food assistance from a second program when they perceived that their program alone was not providing sufficient food and nutrition assistance; however, local providers perceived that the number of such referrals was low relative to the needs of the low-income elderly.

- Respondents perceived that many of the low-income elderly who are currently unserved or underserved by USDA food assistance programs may be difficult to reach. Local providers indicated that many elderly who have more than minimal need but are unserved by the FSP are isolated or homebound, residing in suburban or rural areas. In addition, they reported that relatively few Title III services are provided for socially impaired elderly, homeless elders, residents in single-room occupancy dwellings, alcoholics or abusers of other substances, or those who may have been deinstitutionalized.

- Providers believed that some elderly persons participating in USDA programs may not be receiving as much assistance as or all the types of assistance that they need. For example, many sites providing home-delivered meals do not offer weekend meals or provide more than one meal a day. Only a minority of congregate-meal sites offer meals at times of the day other than noon, or provide modified or special diets.

9. The Needs of the Low-Income Elderly Relative to Other Program-Eligible Groups

Federal food programs serve both the elderly and nonelderly populations in need. Given the present concern with reducing the federal deficit, competition for both program and research dollars may be expected among the various target groups served by the programs.

While this study has focused on the food and nutrition needs of the elderly, the contemporary policy environment also includes significant concern about issues facing families and children. That the economic well-being of children has deteriorated in the past two decades is well-documented. The proportion of children living in poor households increased from 14.9 percent in 1970 to 20 percent by 1987 (U.S. Bureau of the Census, 1989). During this period, federal expenditures have been heavily directed toward the elderly, such that in 1986, total

federal expenditures on all the major child-oriented programs--AFDC, Head Start, food stamps, child nutrition, maternal and child health, child welfare, and all federal aid to education--were about $70 billion, approximately one-fifth of federal expenditures on the elderly[1] (U.S. Bureau of the Census, 1989). On a per capita basis, federal expenditures on these programs were less than 15 percent of per capita expenditure on the elderly.

While the economic well-being of the elderly has been improving and they receive more benefits than families with children, the findings in this report indicate that it is important to keep in mind that there is a substantial substrata of low-income elderly, particularly the older-old and those living alone, that are economically vulnerable and at nutritional risk. Furthermore, their numbers are expected to grow rapidly in the next few decades and they will experience only marginal improvements in economic well-being.

[1]Federal expenditures on elderly includes expenditures on programs for old-age, survivors, disability, and health insurance (OASDHI).

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APPENDIX A

DATA SOURCES, DEFINITIONS, AND THE COMPLETE SET OF TABLES FROM CHAPTER II

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This appendix describes the data sources used for the descriptive analyses, and the terms and subgroups referred to throughout Chapter II. Also included is the complete set of tables underlying the analyses in Chapter II.

1. Data Sources

Our profile of the demographic, socioeconomic, functional, and health characteristics of the low-income elderly is based on tabulations of data from the 1984 Survey of Income and Program Participation (SIPP). SIPP, a panel survey of the civilian noninstitutionalized population, obtains detailed information on the demographic, social, and economic features of U.S. households. Respondents are interviewed eight times over a two-and-a-half-year period, or once every four months. Respondents are asked a set of core questions that request information on family structure, living arrangements, income from 56 sources (including in-kind income received through transfer programs), and the receipt of public program benefits for a 4-month or 1-month period. In addition to these monthly data, topical modules (e.g., on assets, health, and disabilities) are administered periodically during the survey. The content of the core and topical modules, and the sample size of SIPP (e.g., roughly 7,000 sample cases age 60 and older), make it an extremely useful data set for policy analysis of and social research on aged populations.

For the purposes of this study, however, SIPP has some weaknesses. First, SIPP does not ask respondents about their food choices or eating behavior, and thus lacks data on nutritional patterns. Second, SIPP does not provide information on participation in all of the food assistance programs that serve the elderly population. While the SIPP core provides information on participation in the FSP, and the Health and Disability module provides information on

participation in some meal programs,[1] SIPP does not contain information on participation in the commodity distribution programs, such as Elderly-CSFP or TEFAP, or in food banks or soup kitchens. Third, while the total samples of low-income elderly are generally large,[2] analyses by age or race/ethnic groups are often limited by small sample sizes. SIPP contains only 231 low-income elderly 85 years of age or older under a "low income" definition of income less than 185 percent of the federal poverty threshold (and only 78 with income less than 100 percent of the federal poverty threshold). Thus, the sample may be too small for a statistically reliable analysis of the older elderly.

Since SIPP does not obtain data on food consumption or nutrition, our examination of the nutritional status, food choices, and eating behavior of the low-income elderly entailed a review of published data and literature based on nationally representative household surveys most appropriate for these topics, such as the Health and Nutrition Examination Surveys (NHANES I and NHANES II), the Nationwide Food Consumption Surveys (the 1977-78 NFCS-LI and the 1979-80 NFCS-LI), and the 1979-80 Survey of Food Consumption in Low-Income Households (SFC-LI).

Finally, to acquire some sense of the size of USDA-FNS food assistance needs in the next few decades, we examined projections of the future size of the elderly population and its health and economic status. This assessment of how the low-income elderly population is expected to change was based largely on census data.

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[1]The question is as follows: "During the past 4 months have (you) received any meals provided by a community service either delivered to home or served in a group setting?"

[2]SIPP contains a total of 2,942 low-income elderly when "low income" is defined as having monthly household income less than 185 percent of the federal poverty threshold; it contains a total of 958 when "low income" is defined as having monthly household income less than 100 percent of the federal poverty threshold.

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2. Definitions

This section introduces the terms and defines the subgroups used throughout Chapter II.

a. Elderly

While measuring age is straightforward, older persons at specific ages exhibit different degrees of aging and varying capacities for physical and mental activities and social involvement. Thus, unambiguously defining an age group that constitutes the "elderly" is very difficult. The literature commonly defines the elderly as those older than age 65. For this report, however, we define the elderly as persons age 60 and older. We selected this age range because persons who are 60 years of age meet the age criterion for several USDA food and nutrition programs for the elderly (e.g., Title III meal programs and the Elderly-CSFP), and special provisions under the FSP.

b. Low-Income

Most studies compare money income with the federal poverty threshold to identify persons who have low incomes. Those individuals in households whose money income is less than the federal poverty level are considered to be "poor". But the income threshold for the elderly under several USDA food assistance programs is greater than the federal poverty level. For example, the gross monthly income limit for eligibility under the Commodity Supplemental Food Program is 130 percent of the federal poverty level, income eligibility for the Temporary Emergency Food Assistance Program (TEFAP) ranges from 125 to 185 percent of the federal poverty level, and the Title III meal programs have no income guidelines (although preference for benefits must be given to elderly persons who exhibit the greatest economic and social need). Because regulations on allowable income under USDA food assistance programs differ widely, and many

elderly who are officially "non-poor" may face economic situations similar to those that face the elderly "poor" (e.g., once health care expenditures are taken into account), we used 185 percent of the federal poverty threshold in our analyses to define "low-income."[3] More specifically, since our descriptive profiles generated with SIPP data are based on a single month's cross-section of data, "low-income" is defined as household money income of less than 185 percent of the federal poverty threshold for a single month.[4] Monthly poverty thresholds were derived by dividing the 1984 Census poverty threshold for the appropriate family size by twelve.[5]

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[3]We checked the sensitivity of our descriptive analyses to this definition of low income by replicating all tabulations using money income of less than 100 percent of the federal poverty threshold. These tabulations appear in Tables A.5 through A.7. Compared to elderly persons with incomes below 185 percent of the poverty line, elderly persons with incomes below 100 percent of the poverty line were more likely to not have completed high school, to be female, to be living alone, to have difficulty performing activities of daily living (ADLs), and to be in poor health, and had substantially lower net worth.

[4]The within-year variability of household incomes reported in other analyses of SIPP data (e.g., Ruggles, 1987) suggests that a better analytic approach would have been to merge SIPP waves and produce an annual profile of income to define "low-income." While an annual income profile is preferable to a monthly income profile on measurement grounds, using a monthly income profile should not seriously affect the results, since the income sources of the low-income elderly are fairly regular--Social Security, Supplemental Security Income, and other means-tested income transfers--as opposed to employer earnings or asset income, the receipt of which is more variable.

[5]According to our definition, any person age 60 and older and living alone with a monthly cash income of less than $768 in 1984 is considered to be a "low-income" elderly person; any person age 60 and older living in a two-person household and whose monthly cash income is less than $976 is also a "low-income" elderly person, and so on. When we apply 100 percent of the poverty threshold as the low-income criterion, an elderly person living alone is defined as "low-income" if his or her monthly cash income is less than $415; an elderly person in a two-person household is "low-income" if his or her monthly cash income is less than $523. See Table A-2 in U.S. Bureau of the Census (1986) for the 1984 poverty thresholds by size of family.

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c. Low-Income Elderly Subgroups

In some of the tabulations presented in this report, we disaggregate the low-income elderly by age, living arrangement, gender, and race/ethnicity. Male and female subgroups are self-explanatory, as are blacks. The remaining subgroups of the low-income elderly are defined as follows:

Living Alone. Unmarried low-income elderly persons who live alone

Living with Spouse. Married low-income elderly living with a spouse only, or with a spouse and others, either related or unrelated persons

Younger-Old. Low-income elderly persons ages 60 to 74

Older-Old. Low-income elderly persons 85 years of age or older

Hispanic. Low-income elderly persons who indicated that their origin was Mexican, Puerto Rican, Cuban, Central or South America, or some other Spanish origin.[6]

White. Any other race except Black and Hispanic.

d. High-Income Elderly and Low-Income Nonelderly

The "high-income elderly" are persons age 60 or older whose monthly household money incomes are greater than 300 percent of the monthly federal poverty threshold. The "low-income nonelderly" are persons ages 18 to 59 whose monthly household money incomes are below 185 percent of the monthly federal poverty threshold.

3. The Complete Set of Tables

Tables A.1 through A.8 are based on 1984 SIPP data and were constructed according to two definitions of low income: (1) total monthly household money income below 185 percent of the

[6]Persons of Spanish origin can be of any race.

monthly federal poverty threshold, and (2) total monthly household money income less than 100 percent of the monthly federal poverty threshold. Tables A.9 through A.12 are based on the 1979-80 SFC-LI and were constructed according to one definition of low income: total annual household money income less than 100 percent of the federal poverty threshold.

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TABLE A.1

DEMOGRAPHIC CHARACTERISTICS OF ELDERLY AND NONELDERLY PERSONS, 1984

Characteristic	Low-Income Elderly							High-Income Elderly	Low-Income Non-Elderly
	All	Living Alone	Living With Spouse	Younger-Old	Older-Old	USDA Participant	USDA Non-Participant		
Gender									
Male	23%	17%	55%	36%	24%	30%	34%	50%	42%
Female	67	83	45	64	76	70	66	50	58
Race/Ethnicity									
Hispanic	4	3	4	5	2	8	4	1	10
Black	14	11	13	16	9	28	12	4	25
White and others	82	86	83	79	89	64	84	95	65
Age									
60-74	62	52	74	100	0	65	61	82	--
75-84	30	36	23	0	0	28	31	15	--
85+	8	12	3	0	100	7	8	3	--
Education									
<12 grade	68	65	69	65	74	86	64	28	39
High school graduate	22	22	23	24	11	9	24	34	34
Some college	6	8	5	7	9	4	7	16	17
College graduate	4	5	3	4	6	1	5	22	10
Living Arrangement									
Unmarried, living alone	46	98	0	39	69	47	46	12	12
Unmarried, with relatives	10	0	0	10	11	15	9	14	36
Unmarried, unrelated others	3	0	0	3	4	4	4	1	12
Married, with spouse only	32	0	80	36	14	24	33	57	7
Married, spouse and others	8	0	20	11	1	9	8	15	32
Married, other	1	2	0	1	1	1	1	1	*
Employment									
Working full-time	5	3	8	7	*	1	6	24	25
Working part-time	6	5	7	8	*	2	7	11	16
Not working, looking	1	1	3	3	*	2	1	1	17
Not working, NILF	88	91	83	83	99	95	86	64	42
Region									
West	16	17	15	16	16	11	17	22	17
South	40	35	43	41	35	61	36	30	36
North Central	23	24	24	23	22	14	25	25	29
North East	21	24	18	20	27	14	22	23	18
Sample Size	2,942	1,342	1,183	1,838	231	428	2,514	3,100	2,588

SOURCE: 1984 SIPP Wave 3, April extract.

NOTE: All tabulations are based on weighted data; sample sizes are unweighted. A person is defined as "low-income" if household money income is less than 185 percent of the official poverty threshold defined by the federal government, and as "non-low-income" if household money income is greater than 300 percent of the poverty-line. "Elderly" is defined as those persons age 60 years and older; "nonelderly" is defined as those persons ages 18-59. "Living alone" refers to low-income elderly persons living alone; "living with spouse" includes those low-income elderly living with a spouse only or with a spouse and others (related or unrelated). "Younger-old" refers to low-income elderly persons ages 60-74; "older-old" refers to low-income elderly persons age 85 years and older. "USDA participant" is defined as those low-income elderly persons receiving food stamps, congregate meals, or home-delivered meals. "USDA nonparticipant" is defined as those low-income elderly persons not receiving either food stamps or congregate or home-delivered meals. "*" indicates that the entry is less than 0.5 percent.

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TABLE A.2

FUNCTIONAL LIMITATIONS AND HEALTH STATUS OF ELDERLY AND NONELDERLY PERSONS, 1984

Characteristic	Low-Income Elderly							High-Income Elderly	Low-Income Non-Elderly
	All	Living Alone	Living With Spouse	Younger-Old	Older-Old	USDA Participant	USDA Non-Participant		
Difficulty with ADLs/IADLs									
Lifting or carrying 10 lbs.	43%	48%	35%	38%	63%	65%	40%	19%	12%
Walking 1/4 mile	46	48	41	40	70	65	43	22	12
Walking up stairs	43	45	39	40	62	63	40	19	12
Getting in/out of bed	7	6	5	4	15	13	6	2	1
Getting outside	19	20	15	13	44	32	17	8	2
Managing inside	8	8	6	5	19	14	7	3	1
Number of ADLs/IADLs Having Difficulty with									
None	41	36	48	47	17	21	44	69	81
One	14	16	13	14	15	11	14	12	7
Two	13	14	12	13	10	17	13	7	6
Three	17	18	14	15	22	24	15	6	4
Four or more	15	16	13	11	36	27	14	6	2
Needs Help with ADLs/IADLs									
Getting outside	12	11	10	7	32	23	10	5	1
Managing inside	3	2	3	2	10	8	2	2	1
Getting in/out of bed	3	2	3	2	8	8	2	2	1
Light housework	16	13	14	11	36	28	14	7	3
Preparing meals	11	7	11	7	29	21	9	5	2
Personal needs	6	4	6	4	19	12	5	3	1
Number of ADLs/IADLs Requiring Help									
None	80	82	82	86	55	64	82	90	96
One	7	8	5	5	12	11	6	4	1
Two	5	5	5	4	9	10	5	2	1
Three	3	2	3	2	9	5	3	2	1
Four or more	5	3	5	3	15	10	4	2	1
Self-Reported Health									
Excellent	6	7	6	7	6	2	7	15	26
Very good	10	12	8	9	12	6	11	21	22
Good	27	28	28	28	26	17	29	35	28
Fair	29	29	29	29	29	25	30	20	16
Poor	28	24	29	27	27	50	23	9	8
Hospital Stay Last 12 Months	22	22	21	20	27	27	21	16	16
Average Number of Hospital Stays Past 12 Months	0.36	0.33	0.34	0.34	0.37	0.54	0.33	0.24	0.26
Average Number of Hospital Days Past 12 Months	3.42	2.95	3.66	3.25	3.36	5.71	3.03	2.02	1.78
Average Number Days Spent in Bed Past 12 Months	8.68	6.96	8.89	7.92	11.20	16.86	7.31	3.64	3.59
Sample Size	2,942	1,342	1,183	1,838	231	428	2,514	3,100	2,588

SOURCE: 1984 SIPP Wave 3, April extract.

NOTE: All tabulations are based on weighted data; sample sizes are unweighted. A person is defined as "low-income" if household money income is less than 185 percent of the official poverty threshold defined by the federal government, and as "non-low-income" if household money income is greater than 300 percent of the poverty-line. "Elderly" is defined as those persons age 60 years and older; "nonelderly" is defined as those persons ages 18-59. "Living alone" refers to low-income elderly persons living alone; "living with spouse" includes those low-income elderly living with a spouse only or with a spouse and others (related or unrelated). "Younger-old" refers to low-income elderly persons ages 60-74; "older-old" refers to low-income elderly persons age 85 years and older. "USDA participant" is defined as those low-income elderly persons receiving food stamps, congregate meals, or home-delivered meals. "USDA nonparticipant" is defined as those low-income elderly persons not receiving either food stamps or congregate or home-delivered meals. "*" indicates that the entry is less than 0.5 percent.

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TABLE A.3

PERCENT OF ELDERLY PERSONS WITH SELECTED CHRONIC CONDITIONS, BY AGE AND INCOME, 1984

Type of Chronic Condition	All Elderly	Income Level: Poor	Near-Poor	Modest	Moderate or High
Hypertension					
Total	43.6	50.2	44.2	43.7	39.7
Gender					
Male	36.5	37.5	35.6	36.8	36.3
Female	48.5	55.2	49.3	48.9	42.6
Age					
65-74	42.5	50.9	44.4	42.2	38.7
75-84	45.9	50.1	44.6	46.6	42.1
85+	43.6	47.3	40.0	44.8	41.0
Race					
White	42.3	46.9	43.0	42.6	39.7
Black and other	56.1	61.5	52.1	58.7	39.4
Arthritis					
Total	51.6	60.8	54.5	50.7	46.3
Gender					
Male	42.9	51.5	45.9	42.6	39.1
Female	57.6	64.5	59.8	56.7	52.4
Age					
65-74	50.2	60.2	56.3	49.6	44.4
75-84	54.1	62.8	52.5	53.1	50.0
85+	52.1	56.8	51.8	49.4	51.4
Race					
White	50.9	58.6	54.3	50.2	46.7
Black and other	58.2	68.6	55.9	56.2	35.6
Hearing Problems					
Total	37.5	41.0	39.8	36.9	35.1
Gender					
Male	44.4	49.9	48.6	44.2	41.0
Female	32.7	37.5	34.4	31.3	30.0
Age					
65-74	31.6	35.2	34.2	31.7	28.8
75-84	43.8	43.4	43.6	43.7	44.4
85+	60.9	59.5	61.5	56.6	61.2
Race					
White	37.9	43.0	39.9	37.2	35.5
Black and other	33.7	34.3	38.9	32.3	25.5

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TABLE A.3 (continued)

Type of Chronic Condition	All Elderly	Income Level: Poor	Near-Poor	Modest	Moderate or High
Vision Problems					
Total	30.7	42.5	35.7	29.1	23.9
Gender					
Male	28.2	41.9	36.9	26.4	21.9
Female	32.5	42.8	34.9	31.0	25.7
Age					
65-74	24.0	36.3	28.9	23.1	18.2
75-84	43.8	38.5	46.5	41.5	32.2
85+	54.3	57.3	56.5	51.5	53.9
Race					
White	29.8	41.1	35.5	28.4	23.9
Black and other	40.0	47.7	37.1	38.4	25.0
Diabetes					
Total	10.0	12.2	10.9	9.9	8.3
Gender					
Male	10.1	11.1	10.1	10.2	9.6
Female	9.9	12.6	11.4	9.7	7.1
Age					
65-74	10.4	13.3	12.0	10.5	8.3
75-84	10.0	12.4	9.8	9.8	8.4
85+	6.4	6.3	8.6	4.9	7.0
Race					
White	9.2	10.8	10.3	9.2	8.0
Black and other	16.9	17.0	14.8	19.4	14.1
Heart Disease					
Total	13.6	13.9	13.4	13.5	13.8
Gender					
Male	15.4	13.0	15.4	15.2	16.4
Female	12.4	14.2	12.2	12.2	11.6
Age					
65-74	13.2	14.1	12.7	13.2	13.0
75-84	14.3	12.7	15.4	13.9	15.6
85+	14.1	17.0	8.9	13.8	15.5
Race					
White	14.1	14.4	14.6	13.9	14.1
Black and other	8.8	11.9	5.5	8.2	7.2

SOURCE: Commonwealth Fund Commission, Medicare's Poor, 1988, Tables 1-3.

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TABLE A.4

ECONOMIC STATUS OF ELDERLY AND NONELDERLY PERSONS, 1984

Characteristic	Low-Income Elderly							High-Income Elderly	Low-Income Non-Elderly
	All	Living Alone	Living With Spouse	Younger-Old	Older-Old	USDA Participant	USDA Non-Participant		
Income									
Average Monthly Household Income	$642	$472	$769	$675	$581	$571	$652	$3,320	$935
Average Monthly Household Income/Poverty Threshold	1.21	1.12	1.31	1.22	1.19	0.99	1.25	5.63	1.10
Percent Receiving Income by Income Source									
Employment earnings	13%	5%	18%	19%	4%	7%	14%	59%	69%
Social security	87	88	85	82	94	79	88	75	14
Employer pensions	17	19	14	17	14	4	19	39	1
Asset income	57	58	59	52	70	18	63	94	36
Means-tested transfers	27	24	21	28	22	100	15	4	32
Other income	16	9	22	18	15	9	18	40	20
Average Income by Income Source									
Employment earnings	$ 71	$ 15	$103	$103	$ 16	$ 28	$ 78	$1,480	$652
Social Security	401	326	487	385	397	294	417	539	65
Employer pensions	29	27	32	36	18	6	33	276	7
Asset income	43	41	51	40	68	3	50	675	14
Means-tested transfers	61	39	53	71	48	227	36	9	129
Other income	35	23	43	40	36	13	39	342	68
Relative Contribution of Income Sources									
Total income	100%	100%	100%	100%	100%	100%	100%	100%	100%
Employment earnings	11	3	13	15	3	5	12	45	70
Social Security	62	69	63	57	69	52	64	16	7
Employer pensions	5	6	4	5	3	1	5	8	1
Asset income	7	9	7	6	11	1	8	21	2
Means-tested transfers	10	8	7	11	8	40	6	*	14
Other income	5	5	6	6	6	1	5	10	6
In-Kind Income									
Percent Receiving In-Kind Income									
Receiving public housing	7%	11%	4%	7%	9%	16%	6%	*%	5%
Receiving rent subsidy	4	7	2	4	3	6	4	*	4
Health Insurance									
Medicare only	25%	25%	25%	21%	34%	15%	26%	7%	1%
Medicaid only	2	2	2	4	*	12	1	*	16
Medicare & Medicaid	12	13	8	12	15	48	7	1	1
Medicare and private ins.	54	56	56	52	51	19	59	90	47
No coverage	7	4	9	11	*	6	7	2	35

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TABLE A.5

DEMOGRAPHIC CHARACTERISTICS OF ELDERLY AND NONELDERLY PERSONS, 1984
(Low-Income Defined as Less Than 100 Percent of the Poverty Line)

	Low-Income Elderly								
Characteristic	All	Living Alone	Living With Spouse	Younger-Old	Older-Old	USDA Participant	USDA Non-Participant	High-Income Elderly	Low-Income Non-Elderly
Gender									
Male	28%	13%	57%	31%	28%	28%	28%	50%	42%
Female	72	87	43	69	72	72	72	50	58
Race/Ethnicity									
Hispanic	5	4	7	6	2	8	4	1	10
Black	20	18	17	22	15	30	16	4	25
White and others	75	78	76	72	83	62	80	95	65
Age									
60-74	64	53	81	100	0	68	62	82	--
75-84	28	35	17	0	0	27	29	15	--
85+	8	12	2	0	100	5	9	3	--
Education									
<12 grade	76	76	74	72	77	77	70	28	38
High school graduate	15	14	16	18	5	9	18	34	36
Some college	5	5	7	6	5	3	6	16	17
College graduate	4	5	3	4	3	1	6	22	9
Living Arrangement									
Unmarried, living alone	54	98	0	45	78	51	55	12	11
Unmarried, with relatives	10	0	0	11	9	11	9	14	38
Unmarried, unrelated others	6	0	0	6	8	5	7	1	10
Married, with spouse only	20	0	72	24	4	22	20	57	7
Married, spouse and others	8	0	28	12	1	10	7	15	33
Married, other	2	2	0	2	*	1	2	1	1
Employment									
Working full-time	4	2	9	5	*	1	5	24	27
Working part-time	5	5	5	6	*	2	6	11	18
Not working, looking	2	1	3	3	*	2	2	1	15
Not working, NILF	89	92	83	86	99	95	87	64	40
Region									
West	14	13	19	14	18	10	16	22	18
South	50	47	52	49	43	63	44	30	36
North Central	21	21	19	20	20	14	23	25	27
North East	15	19	10	17	19	13	17	23	19
Sample Size	958	522	277	610	78	302	656	3,100	843

SOURCE: 1984 SIPP Wave 3, April extract.

NOTE: All tabulations are based on weighted data; sample sizes are unweighted. A person is defined as "low-income" if household money income is less than 100 percent of the official poverty threshold defined by the federal government, and as "non-low-income" if household money income is greater than 300 percent of the poverty-line. "Elderly" is defined as those persons age 60 years and older; "nonelderly" is defined as those persons ages 18-59. "Living alone" refers to low-income elderly persons living alone; "living with spouse" includes those low-income elderly living with a spouse only or with a spouse and others (related or unrelated). "Younger-old" refers to low-income elderly persons ages 60-74; "older-old" refers to low-income elderly persons age 85 years and older. "USDA participant" is defined as those low-income elderly persons receiving food stamps, congregate meals, or home-delivered meals. "USDA nonparticipant" is defined as those low-income elderly persons not receiving either food stamps or congregate or home-delivered meals. "*" indicates that the entry is less than 0.5 percent.

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TABLE A.6

FUNCTIONAL LIMITATIONS AND HEALTH STATUS OF ELDERLY AND NONELDERLY PERSONS, 1984
(Low-Income Defined as Less Than 100 Percent of the Poverty Line)

Characteristic	Low-Income Elderly							High-Income Elderly	Low-Income Non-Elderly
	All	Living Alone	Living With Spouse	Younger-Old	Older-Old	USDA Participant	USDA Non-Participant		
Difficulty with ADLs/IADLs									
Lifting or carrying 10 lbs.	50%	55%	39%	45%	63%	61%	45%	19%	12%
Walking 1/4 mile	52	56	41	45	72	61	47	22	11
Walking up stairs	49	54	38	45	62	61	44	19	12
Getting in/out of bed	8	8	7	7	15	11	7	2	1
Getting outside	23	23	18	17	45	29	20	8	3
Managing inside	9	9	8	7	16	13	7	3	1
Number of ADLs/IADLs Having Difficulty with									
None	34	27	46	41	15	21	39	69	82
One	14	16	13	13	17	12	15	12	7
Two	14	14	13	14	7	19	12	7	5
Three	20	23	13	18	25	24	18	6	4
Four or more	18	20	15	14	36	24	15	6	2
Needs Help with ADLs/IADLs									
Getting outside	14	13	12	9	36	20	11	5	1
Managing inside	3	2	4	2	9	6	2	2	*
Getting in/out of bed	3	2	4	2	9	6	2	2	*
Light housework	15	12	15	10	37	20	13	7	3
Preparing meals	12	8	12	7	32	16	10	5	2
Personal needs	6	4	7	4	21	10	4	3	1
Number of ADLs/IADLS Requiring Help									
None	79	80	82	85	50	70	82	90	95
One	7	9	3	5	17	10	6	4	2
Two	6	5	5	5	6	7	5	2	1
Three	3	3	3	2	9	5	3	2	1
Four or more	5	3	7	3	18	8	4	2	1
Self-Reported Health									
Excellent	6	5	7	6	6	2	7	15	26
Very good	8	10	7	8	14	6	10	21	22
Good	22	20	25	23	24	17	24	35	28
Fair	29	32	25	29	28	28	30	20	16
Poor	35	33	36	34	28	47	29	9	8
Hospital Stay Past 12 Months	23	22	22	21	29	25	22	16	15
Average Number of Hospital Stays Past 12 Months	0.34	0.33	0.32	0.33	0.37	0.42	0.31	0.24	0.24
Average Number of Hospital Days Past 12 Months	2.68	2.45	3.51	2.74	3.45	4.07	2.35	2.02	1.57
Average Number of Bed Days Past 12 Months	10.16	8.28	9.49	10.25	9.87	14.52	8.21	3.64	3.50
Sample Size	958	522	277	610	78	302	656	3,100	843

SOURCE: 1984 SIPP Wave 3, April extract.

NOTE: All tabulations are based on weighted data; sample sizes are unweighted. A person is defined as "low-income" if household money income is less than 100 percent of the official poverty threshold defined by the federal government, and as "non-low-income" if household money income is greater than 300 percent of the poverty-line. "Elderly" is defined as those persons age 60 years and older; "nonelderly" is defined as those persons ages 18-59. "Living alone" refers to low-income elderly persons living alone; "living with spouse" includes those low-income elderly living with a spouse only or with a spouse and others (related or unrelated). "Younger-old" refers to low-income elderly age 85 years and older; "older-old" refers to low-income elderly persons age 85 years and older. "USDA participant" is defined as those low-income elderly persons receiving food stamps, congregate meals, or home-delivered meals. "USDA nonparticipant" is defined as those low-income elderly persons not receiving either food stamps or congregate or home-delivered meals. "*" indicates that the entry is less than 0.5 percent.

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TABLE A.7

ECONOMIC STATUS OF ELDERLY AND NONELDERLY PERSONS, 1984
(Low-Income Defined as Less Than 100 Percent of the Poverty Line)

Characteristic	Low-Income Elderly							High-Income Elderly	Low-Income Non-Elderly
	All	Living Alone	Living With Spouse	Younger-Old	Older-Old	USDA Participant	USDA Non-Participant		
Income									
Average Monthly Household Money Income	$403	$322	$507	$423	$363	$489	$365	$3,320	$528
Average Monthly Household Money Income/Poverty Threshold	0.77	0.76	0.79	0.77	0.78	0.88	0.72	5.63	0.61
Percent Receiving Income by Income Source									
Earnings	6%	2%	8%	8%	2%	3%	7%	59%	44%
Social Security	80	82	76	76	94	77	82	75	12
Pensions	7	8	4	8	4	5	8	39	1
Asset income	38	40	38	33	55	13	49	94	24
Means-tested transfers	45	41	44	48	33	100	20	4	49
Other income	9	8	10	9	11	6	11	40	17
Average Income by Income Source									
Employment earnings	$ 16	$ 3	$ 24	$ 21	$ 3	$ 6	$ 20	$1,480	$223
Social Security	259	230	314	253	270	246	264	539	49
Employer pensions	8	7	8	11	3	8	8	276	2
Asset income	13	9	20	18	7	1	19	675	1
Means-tested transfers	93	60	125	106	67	222	36	9	207
Other income	14	11	17	15	13	7	17	342	47
Relative Contribution of Income Sources									
Total income	100%	100%	100%	100%	100%	100%	100%	100%	100%
Employment earnings	4	1	5	5	1	1	5	45	42
Social Security	65	71	62	60	75	50	73	16	9
Employer pensions	2	2	2	3	1	2	2	8	*
Asset income	3	3	4	4	1	*	5	20	*
Means-tested transfers	23	19	25	25	19	45	10	*	39
Other income	3	3	3	3	3	2	5	10	10
Percent Receiving In-Kind Income									
Receive public housing	10%	13%	5%	10%	8%	15%	8%	*%	7%
Receive rent subsidy	4	6	1	3	2	6	3	*	5
Health Insurance									
Medicare only	24%	26%	24%	21%	39%	11%	30%	7%	1%
Medicaid only	5	4	7	7	*	13	2	*	28
Medicare & Medicaid	23	24	19	22	25	55	10	1	1
Medicare and private ins.	38	40	35	35	36	6	47	90	31
No coverage	19	6	15	15	*	15	11	2	39

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TABLE A.7 (continued)

Characteristic	Low-Income Elderly: All	Living Alone	Living With Spouse	Younger-Old	Older-Old	USDA Participant	USDA Non-Participant	High-Income Elderly	Low-Income Non-Elderly
Wealth (in Thousands)									
Median Net Worth	$12.0	$8.3	$18.9	$10.1	$16.9	$1.1	$20.5	$125.8	$1.6
Median Net Worth Excluding Home and Vehicle Equity	0.1	0.1	0.1	0.0	1.4	0.0	0.6	58.1	0.0
Median Net Financial Worth	0.0	0.0	0.0	0.0	0.7	0.0	0.4	41.9	0.0
Percent Holding Asset Types									
Home equity	57%	50%	69%	57%	59%	45%	63%	87%	37%
Vehicle equity	48	32	77	55	28	40	51	94	65
Financial assets	59	59	63	53	75	33	70	98	46
Business equity	4	1	9	6	1	*	6	9	13
Real estate	9	6	16	10	8	4	11	30	8
Unsecured debt	37	29	51	43	21	38	37	53	59
Average Asset Amounts by Asset Type (in Thousands)									
Home equity	$20.86	$16.93	$27.67	$20.63	$25.75	$11.27	$25.02	$61.91	$13.67
Vehicle equity	1.32	0.61	2.68	1.73	0.41	0.46	1.69	7.04	2.38
Financial assets	4.92	3.43	8.26	4.91	4.18	0.39	76.89	89.22	3.93
Business equity	2.33	0.35	5.61	3.54	0.00	0.00	3.34	7.65	6.98
Real estate	4.12	1.74	10.01	3.57	2.72	0.91	5.51	24.87	3.73
Unsecured debt	0.98	0.43	2.18	1.34	0.24	0.53	1.17	2.30	2.64
Relative Contribution of Net Worth by Asset Type									
Total net worth	100%	100%	100%	100%	100%	100%	100%	100%	100%
Home equity	64	75	53	59	80	90	61	33	49
Vehicle equity	4	3	5	5	1	4	4	4	9
Financial assets	15	15	16	14	13	3	17	47	14
Business equity	7	2	11	10	*	*	8	4	25
Real estate	13	8	19	16	9	7	13	12	13
Unsecured debt	3	2	4	4	1	4	3	1	9
Sample Size	908	528	273	565	84	281	627	3,182	2,804

SOURCE: 1984 SIPP Wave 4, August extract.

NOTE: All tabulations are based on weighted data; sample sizes are unweighted. A person is defined as "low-income" if household money income is less than 100 percent of the official poverty threshold defined by the federal government, and as "non-low-income" if household money income is greater than 300 percent of the poverty-line. "Elderly" is defined as those persons age 60 years and older; "nonelderly" is defined as those persons ages 18-59. "Living alone" refers to low-income elderly persons living alone; "living with spouse" includes those low-income elderly living with a spouse only or with a spouse and others (related or unrelated). "Younger-old" refers to low-income elderly ages 60-74; "older-old" refers to low-income elderly persons age 85 years and older. "USDA participant" is defined as those low-income elderly persons receiving food stamps, congregate meals, or home-delivered meals. "USDA nonparticipant" is defined as those low-income elderly persons not receiving either food stamps or congregate or home-delivered meals. "*" indicates that the entry is less than 0.5 percent.

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TABLE A.8

DISTRIBUTION OF HOME EQUITY AMONG ELDERLY BY TYPE OF LIVING ARRANGEMENT AND POVERTY STATUS, 1987

	Percent with Home Equity	Average Amount of Home Equity	Families with Home Equity, Amount of Home Equity (Percent Distribution): Total	$1 - $10,000	$10,001- $25,000	$25,001- $50,000	$50,001- $75,000	$75,001- $100,000	$100,00 +
All Elderly									
Total	73.66%	$36,694	100.00%	26.94%	15.47%	23.84%	20.41%	9.15%	4.19%
Poor	54.27	20,502	100.00	45.09	24.38	17.04	8.39	3.93	1.18
Near Poor	59.61	26,415	100.00	35.33	18.79	25.85	15.13	3.16	1.75
Non-Poor	79.86	40,143	100.00	23.69	14.00	24.22	22.52	10.67	4.90
Elderly Living Alone									
Total	61.65	30,286	100.00	32.19	17.49	24.94	16.67	6.34	2.38
Poor	51.11	19,586	100.00	46.81	24.18	17.60	6.58	3.48	1.35
Near Poor	54.07	24,946	100.00	36.46	17.96	25.55	16.02	2.62	1.38
Non-Poor	68.41	34,757	100.00	27.27	15.74	26.49	19.29	8.26	2.95
Elderly Living with Others									
Total	83.30	40,502	100.00	23.91	14.31	23.21	22.56	10.78	5.24
Poor	62.64	22,491	100.00	41.46	24.80	15.85	12.20	4.88	.81
Near Poor	71.31	28,769	100.00	33.61	20.04	26.30	13.78	3.97	2.30
Non-Poor	86.00	42,440	100.00	22.19	13.28	23.27	23.86	11.68	5.72

SOURCE: Commonwealth Fund Commission, Old, Alone, and Poor, 1987, Table A-11.

NOTE: "Elderly" is defined as single persons age 65 years or older and persons in married couples in which at least one spouse is age 65 or older; the definition excludes elderly who live in institutions. Elderly "living alone" means just that: persons who live alone. Elderly "living with others" includes elderly who live with spouses, children, related individuals, and unrelated individuals. Poverty status is based on cash income. "Poor" means having cash income of less than 100 percent of the official poverty level defined by the federal government; "near-poor" refers to those elderly whose incomes are between 100 and 149 percent of the official poverty line; non-poor refers to those elderly whose incomes are over 150 percent of the official poverty threshold.

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TABLE A.9

PERCENTAGE OF U.S. LOW-INCOME HOUSEHOLDS WHOSE FOOD USE MEETS 100 PERCENT OF THE 1980 RDA FOR FOOD ENERGY AND 11 NUTRIENTS, 1979-80

	Low-Income Elderly							
Nutrient	All	Younger-Old	Older-Old	Living Alone	Living With Spouse	FSP Participant	FSP Non-Participant	Low-Income Nonelderly
Food Energy	75.3%	72.9%	71.3%	72.8%	80.6%	81.3%	71.3%	73.6%
Protein	95.2	96.1	91.2	95.6	95.6	95.3	95.0	97.5
Vitamin A	81.2	82.8	74.4	80.7	78.1	85.7	78.2	76.2
Vitamin C	81.5	82.3	73.2	78.1	85.3	82.0	81.0	84.1
Thiamin	86.8	86.8	82.9	83.3	93.4	88.3	85.7	89.2
Riboflavin	88.4	88.5	86.7	85.7	91.6	91.6	86.2	91.7
Vitamin B-6	46.7	48.2	39.5	47.3	48.5	52.5	42.8	60.2
Vitamin B-12	70.7	72.2	67.9	67.1	75.0	79.9	65.9	77.8
Calcium	60.8	59.9	57.0	62.1	64.8	69.3	55.2	57.3
Phosphorus	94.4	95.1	90.1	94.0	96.5	94.9	94.1	92.1
Magnesium	64.3	67.2	50.6	61.7	68.4	73.1	58.5	70.7
Iron	89.9	89.8	85.4	88.1	93.5	93.1	87.8	73.5
All 11 Nutrients	33.2	33.6	24.6	33.2	38.7	37.5	30.1	36.9
Sample Size	1,055	688	171	514	390	519	536	1,870

SOURCE: 1979-80 Survey of Food Consumption in Low-Income Households.

NOTE: All tabulations are based on weighted data; sample sizes are unweighted. A person is defined as "low-income" if household money income is less than 100 percent of the official poverty threshold defined by the federal government, and as "non-low-income" if household money income is greater than 300 percent of the poverty-line. "Elderly" is defined as those persons age 60 years and older; "nonelderly" is defined as those persons ages 18-59. "Living alone" refers to low-income elderly persons living alone; "living with spouse" includes those low-income elderly living with a spouse only or with a spouse and others (related or unrelated). "Younger-old" refers to low-income elderly ages 60-74; "older-old" refers to low-income elderly persons age 85 years and older. "FSP participant" is defined as those low-income elderly persons receiving food stamps. "FSP nonparticipant" is defined as those low-income elderly persons not receiving food stamps. "*" indicates that the entry is less than 0.5 percent.

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TABLE A.10

PERCENTAGE OF U.S. LOW-INCOME HOUSEHOLDS WHOSE FOOD USE MEETS 80 PERCENT OF THE 1980 RDA FOR FOOD ENERGY AND 11 NUTRIENTS, 1979-80

	Low-Income Elderly							
Nutrient	All	Younger-Old	Older-Old	Living Alone	Living With Spouse	FSP Participant	FSP Non-Participant	Low-Income Nonelderly
Food Energy	88.7%	86.2%	92.5%	90.0%	92.6%	91.9%	86.7%	88.5%
Protein	97.6	98.3	95.1	97.9	98.2	98.7	96.9	98.7
Vitamin A	88.8	91.3	81.5	89.9	85.5	91.9	86.7	89.0
Vitamin C	88.4	89.9	79.3	85.6	89.9	86.9	88.8	88.8
Thiamin	95.4	96.2	94.7	95.0	96.7	95.1	95.7	95.0
Riboflavin	96.7	97.2	96.2	97.1	96.5	96.9	96.5	95.7
Vitamin B-6	71.8	75.0	56.8	66.7	76.2	77.4	68.2	77.8
Vitamin B-12	83.8	85.7	82.6	82.9	85.4	85.2	82.8	88.3
Calcium	76.8	75.7	72.9	77.0	81.7	80.4	74.4	73.9
Phosphorus	97.3	97.5	95.4	97.8	97.8	96.8	97.6	97.5
Magnesium	82.5	81.0	79.1	79.6	82.8	86.5	78.4	84.5
Iron	96.0	95.5	95.2	97.6	96.2	95.7	96.3	85.6
All 11 Nutrients	53.6	55.9	41.4	49.5	59.8	59.8	49.5	58.3
Sample Size	1,055	688	171	514	390	519	536	1,870

SOURCE: 1979-80 Survey of Food Consumption in Low-Income Households.

NOTE: All tabulations are based on weighted data; sample sizes are unweighted. A person is defined as "low-income" if household money income is less than 100 percent of the official poverty threshold defined by the federal government, and as "non-low-income" if household money income is greater than 300 percent of the poverty-line. "Elderly" is defined as those persons age 60 years and older; "nonelderly" is defined as those persons ages 18-59. "Living alone" refers to low-income elderly persons living alone; "living with spouse" includes those low-income elderly living with a spouse only or with a spouse and others (related or unrelated). "Younger-old" refers to low-income elderly ages 60-74; "older-old" refers to low-income elderly persons age 85 years and older. "FSP participant" is defined as those low-income elderly persons receiving food stamps. "FSP nonparticipant" is defined as those low-income elderly persons not receiving food stamps. "*" indicates that the entry is less than 0.5 percent.

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TABLE A.11

QUANTITY OF FOOD USED PER PERSON (LBS./WEEK),
U.S. LOW-INCOME HOUSEHOLDS, 1979-80

	Low-Income Elderly							
	All	Younger-Old	Older-Old	Living Alone	Living With Spouse	FSP Participant	FSP Non-Participant	Low-Income Nonelderly
Vegetables, Fruits								
Potatoes	1.85	1.84	2.01	1.85	1.86	1.83	1.86	1.92
High-nutrient vegetables	3.87	3.64	3.27	4.06	3.98	3.53	4.07	2.06
Other vegetables	2.68	2.56	2.52	2.97	2.55	2.61	2.73	2.17
Mixtures, mostly vegetables; condiments	0.24	0.29	0.19	0.21	0.27	0.32	0.18	0.61
Vitamin C-rich fruit	2.76	2.57	2.67	3.67	1.69	2.52	2.91	1.95
Other fruit	2.67	2.33	3.06	3.13	2.39	2.19	2.99	1.89
Total	14.07	13.23	13.72	15.89	12.74	13.00	14.74	10.60
Grain Products								
Whole-grain/high-fiber breakfast cereals	0.23	0.22	0.26	0.28	0.21	0.23	0.24	0.20
Other breakfast cereals	0.25	0.20	0.31	0.29	0.25	0.22	0.28	0.22
Whole-grain/high-fiber flour, meal, rice, pasta	0.13	0.14	0.15	0.13	0.18	0.20	0.95	0.07
Other flour, meal, rice, pasta	1.60	1.69	1.24	1.40	1.89	1.74	1.51	1.22
Whole-grain/high-fiber bread	0.14	0.14	0.16	0.19	0.07	0.11	0.17	0.09
Other bread	0.77	0.73	0.87	0.79	0.82	0.79	0.75	0.84
Bakery products	0.38	0.37	0.42	0.44	0.32	0.40	0.37	0.33
Grain mixtures	0.05	0.05	0.05	0.43	0.05	0.05	0.04	0.13
Total	3.55	3.54	3.46	3.95	3.79	3.74	4.31	3.10
Milk, Cheese, Cream								
Milk, yogurt	7.11	6.97	8.23	7.85	6.50	8.30	6.33	7.20
Cheese	1.62	1.64	1.44	1.78	1.51	1.58	1.64	1.74
Cream; mixtures, mostly milk	0.48	0.50	0.46	0.55	0.43	0.45	0.52	0.45
Total	9.21	9.11	10.13	10.18	8.44	10.33	8.49	9.39

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TABLE A.11 (continued)

	Low-Income Elderly							
	All	Younger-Old	Older-Old	Living Alone	Living With Spouse	FSP Participant	FSP Non-Participant	Low-Income Nonelderly
Meat and Alternates								
Higher-cost red meats	1.25	1.38	1.08	1.25	1.16	1.31	1.22	1.30
Lower-cost red meats	1.68	1.78	1.58	1.81	1.47	2.04	1.44	1.67
Poultry	2.14	2.12	2.22	2.27	1.97	2.20	2.10	1.53
Fish, shellfish	0.63	0.62	0.67	0.65	0.61	0.64	0.63	0.43
Bacon, sausage, luncheon meats	1.09	1.14	0.98	1.06	1.05	1.25	0.98	1.06
Eggs	1.14	1.10	1.26	1.18	1.20	1.19	1.09	0.84
Dry beans, peas, lentils	0.29	0.32	0.23	0.22	0.35	0.38	0.23	0.26
Mixtures, mostly meat, poultry, fish, eggs, legumes	0.21	0.19	0.13	0.12	0.08	0.21	0.13	0.17
Nuts, peanut butter	0.16	0.18	0.13	0.12	0.16	0.21	0.13	0.17
Total	8.59	8.83	8.28	8.68	8.05	9.43	7.95	7.43
Other Foods								
Fats, oils	1.06	1.10	1.03	1.12	1.00	1.15	1.01	0.90
Sugar, sweets	1.26	1.24	1.31	1.30	1.32	1.39	1.16	1.16
Soft drinks, punches, ades	0.48	0.62	0.24	0.57	0.29	0.54	0.45	0.50
Seasonings	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Coffee, tea	0.22	0.20	0.24	0.22	0.25	0.24	0.20	0.16
Total	3.03	3.17	2.83	3.22	2.87	3.33	2.83	2.73
TOTAL	**38.45**	**37.88**	**38.42**	**41.92**	**35.80**	**37.77**	**38.32**	**33.25**
Household Sample Size	1,055	688	318	514	390	519	536	1,870

SOURCE: 1979-80 Survey of Food Consumption in Low-Income Households.

NOTE: All means are weighted; sample sizes are unweighted; per person is per equivalent nutrition unit (21-meal-at-home-adult-male-equivalent-person). A person is defined as "low-income" if household money income is less than 100 percent of the official poverty threshold defined by the federal government, and as "non-low-income" if household money income is greater than 300 percent of the poverty-line. "Elderly" is defined as those persons age 60 years and older; "nonelderly" is defined as those persons ages 18-59. "Living alone" refers to low-income elderly persons living alone; "living with spouse" includes those low-income elderly living with a spouse only or with a spouse and others (related or unrelated). "Younger-old" refers to low-income elderly ages 60-74; "older-old" refers to low-income elderly persons age 85 years and older. "FSP participant" is defined as those low-income elderly persons receiving food stamps. "FSP nonparticipant" is defined as those low-income elderly persons not receiving food stamps. "*" indicates that the entry is less than 0.5 percent.

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TABLE A.12

MONEY VALUE OF FOOD USED PER PERSON ($/WEEK),
U.S. LOW-INCOME HOUSEHOLDS, 1979-80

	Low-Income Elderly							
Nutrient	All	Younger-Old	Older-Old	Living Alone	Living With Spouse	FSP Participant	FSP Non-Participant	Low-Income Nonelderly
Vegetables, Fruits								
Potatoes	$0.32	$0.30	$0.39	$0.35	$0.29	$0.30	$0.34	$0.28
High-nutrient vegetables	1.59	1.49	1.30	1.73	1.58	1.40	1.71	0.89
Other vegetables	1.21	1.17	1.13	1.42	1.07	1.09	1.29	0.94
Mixtures, mostly vegetables; condiments	0.14	0.17	0.11	0.13	0.15	0.20	0.11	0.34
Vitamin C-rich fruit	0.93	0.95	0.94	1.23	0.58	0.91	0.96	0.74
Other fruit	1.10	1.00	1.28	1.37	0.84	0.90	1.23	0.84
Total	5.29	5.08	5.15	6.23	4.51	4.80	5.64	4.03
Grain Products								
Whole-grain/high-fiber breakfast cereals	0.24	0.22	0.31	0.30	0.19	0.23	0.25	0.20
Other breakfast cereals	0.31	0.25	0.33	0.31	0.34	0.27	0.34	0.34
Whole-grain/high-fiber flour, meal, rice, pasta	0.07	0.09	0.06	0.06	0.08	0.11	0.05	0.04
Other flour, meal, rice, pasta	0.58	0.59	0.42	0.49	0.62	0.31	0.27	0.34
Whole-grain/high-fiber bread	0.18	0.17	0.21	0.23	0.08	0.13	0.21	0.11
Other bread	0.71	0.65	0.93	0.77	0.68	0.71	0.71	0.76
Bakery products	0.78	0.73	1.11	0.94	0.60	0.76	0.80	0.72
Grain mixtures	0.15	0.14	0.18	0.16	0.13	0.15	0.14	0.38
Total	3.02	2.84	3.55	3.26	2.72	2.67	2.77	2.89
Milk, Cheese, Cream								
Milk, yogurt	1.67	1.62	2.03	1.89	1.48	1.93	1.50	1.73
Cheese	0.75	0.76	0.66	0.87	0.65	0.68	0.79	0.64
Cream; mixtures, mostly milk	0.38	0.35	0.40	0.46	0.30	0.41	0.37	0.31
Total	2.80	2.73	3.09	3.22	2.43	3.02	2.66	2.68

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TABLE A.12 (continued)

Nutrient	Low-Income Elderly							
	All	Younger-Old	Older-Old	Living Alone	Living With Spouse	FSP Participant	FSP Non-Participant	Low-Income Nonelderly
Meat and Alternates								
Higher-cost red meats	$2.21	$2.37	$2.26	$2.35	$1.90	$2.28	$2.11	$2.34
Lower-cost red meats	2.40	2.53	2.59	2.72	1.99	2.82	2.34	2.18
Poultry	1.76	1.62	1.71	1.89	1.74	1.70	2.28	2.18
Fish, shellfish	0.98	0.96	0.99	1.14	0.81	0.99	0.97	0.70
Bacon, sausage, luncheon meats	1.56	1.63	1.62	1.56	1.45	1.78	1.42	1.58
Eggs	0.64	0.62	0.61	0.67	0.68	0.67	0.63	0.48
Dry beans, peas, lentils	0.21	0.21	0.20	0.20	0.22	0.26	0.17	0.19
Mixtures, mostly meat, poultry, fish, eggs, legumes	0.32	0.32	0.48	0.54	0.09	0.17	0.43	0.27
Nuts, peanut butter	0.25	0.29	0.18	0.21	0.21	0.34	0.18	0.24
Total	10.33	10.55	10.64	11.28	9.09	11.01	10.53	10.16
Other Foods								
Fats, oils	0.83	0.84	0.76	0.92	0.76	0.92	0.77	0.69
Sugar, sweets	0.74	0.68	0.80	0.88	0.66	0.80	0.71	0.66
Soft drinks, punches, ades	0.55	0.66	0.42	0.56	0.45	0.62	0.51	0.87
Seasonings	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Coffee, tea	1.10	1.02	1.35	1.24	1.02	1.22	1.04	0.73
Total	3.23	3.21	3.34	3.61	2.90	3.57	3.04	2.96
TOTAL	**24.08**	**24.43**	**25.77**	**27.00**	**21.65**	**25.65**	**24.64**	**22.72**
Household Sample Size	1,055	688	177	514	390	519	536	1,870

SOURCE: 1979-80 Survey of Food Consumption in Low-Income Households.

NOTE: All means are weighted; sample sizes are unweighted; per person is per equivalent nutrition unit (21-meal-at-home-adult-male-equivalent-person). A person is defined as "low-income" if household money income is less than 100 percent of the official poverty threshold defined by the federal government, and as "non-low-income" if household money income is greater than 300 percent of the poverty-line. "Elderly" is defined as those persons age 60 years and older; "nonelderly" is defined as those persons ages 18-59. "Living alone" refers to low-income elderly persons living alone; "living with spouse" includes those low-income elderly living with a spouse only or with a spouse and others (related or unrelated). "Younger-old" refers to low-income elderly ages 60-74; "older-old" refers to low-income elderly persons age 85 years and older. "FSP participant" is defined as those low-income elderly persons receiving food stamps. "FSP nonparticipant" is defined as those low-income elderly persons not receiving food stamps. "*" indicates that the entry is less than 0.5 percent.

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TABLE A.13

HOUSEHOLD EXPENDITURE SHARES
(Percentage of Home Food Dollar)

Nutrient	Low-Income Elderly							Low-Income Nonelderly
	All	Younger-Old	Older-Old	Living Alone	Living With Spouse	FSP Participant	FSP Non-Participant	
Vegetables, Fruits								
Potatoes	1.39%	1.32%	1.58%	1.34%	1.43%	1.33%	1.44%	1.31%
High-nutrient vegetables	6.32	6.11	4.86	6.37	6.65	5.54	6.84	3.94
Other vegetables	4.71	4.56	4.32	5.02	4.78	4.17	5.06	4.18
Mixtures, mostly vegetables; condiments	0.59	0.71	0.48	0.45	0.75	0.76	0.47	1.39
Vitamin C-rich fruit	3.69	3.72	3.60	4.47	2.76	3.45	3.84	3.21
Other fruit	4.20	3.78	5.01	4.76	3.75	3.46	4.69	3.43
Total	20.90	20.20	19.85	22.41	20.10	18.71	22.34	17.46
Grain Products								
Whole-grain/high-fiber breakfast cereals	1.00	0.89	1.37	1.16	0.93	0.89	1.07	0.93
Other breakfast cereals	1.31	1.09	1.39	1.17	1.50	1.14	1.41	1.57
Whole-grain/high-fiber flour, meal, rice, pasta	0.31	0.38	0.23	0.20	0.38	0.41	0.24	0.21
Other flour, meal, rice, pasta	2.48	2.60	1.60	2.06	3.06	2.57	2.42	2.34
Whole-grain/high-fiber bread	0.70	0.68	0.85	0.87	0.39	0.52	0.82	0.46
Other bread	3.02	2.84	3.74	2.90	3.27	2.96	3.06	3.61
Bakery products	3.09	2.82	4.38	3.28	2.95	3.00	3.15	3.10
Grain mixtures	0.62	0.58	0.76	0.62	0.63	0.64	0.60	1.74
Total	12.53	11.88	14.32	12.26	13.11	12.13	12.77	13.96
Milk, Cheese, Cream								
Milk, yogurt	6.96	6.82	8.26	6.98	7.29	7.88	6.35	8.01
Cheese	2.80	2.84	2.47	2.92	2.89	2.55	2.96	2.84
Cream; mixtures, mostly milk	1.36	1.26	1.46	1.44	1.34	1.37	1.36	1.39
Total	11.12	10.92	12.19	11.34	11.52	11.80	10.67	12.24

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TABLE A.13 (continued)

Nutrient	Low-Income Elderly							Low-Income Nonelderly
	All	Younger-Old	Older-Old	Living Alone	Living With Spouse	FSP Participant	FSP Non-Participant	
Meat and Alternates								
Higher-cost red meats	8.08%	8.72%	9.20%	7.49%	9.15%	8.52%	7.41%	9.13%
Lower-cost red meats	9.49	10.16	7.45	9.46	8.12	10.72	8.67	10.67
Poultry	7.17	6.71	6.92	6.95	7.67	6.86	7.36	5.74
Fish, shellfish	3.77	3.75	3.64	3.97	3.51	3.68	3.82	3.00
Bacon, sausage, luncheon meats	6.83	7.11	7.27	6.04	7.08	7.47	6.39	7.35
Eggs	2.78	2.70	2.68	2.52	3.32	2.78	2.79	2.35
Dry beans, peas, lentils	0.91	0.93	0.83	0.73	1.09	1.15	0.75	0.93
Mixtures, mostly meat, poultry, fish, eggs, legumes	1.28	1.27	1.69	0.62	0.48	1.32	0.64	1.06
Nuts, peanut butter	0.91	1.04	0.69	1.22	0.93	0.64	1.06	1.06
Total	41.22	42.39	40.37	39.00	41.35	43.14	38.89	40.23
Other Foods								
Fats, oils	3.36	3.39	3.03	3.28	3.53	3.56	3.23	3.17
Sugar, sweets	2.99	2.72	3.03	3.08	3.17	3.12	2.91	2.92
Soft drinks, punches, ades	2.44	2.96	1.78	2.29	2.09	2.57	2.34	3.69
Seasonings	0.01	0.01	0.01	0.02	0.01	0.17	0.11	0.03
Coffee, tea	4.60	4.25	5.47	4.56	4.92	4.83	4.43	3.37
Total	13.40	13.33	13.32	13.23	13.72	14.25	13.02	13.18
TOTAL[a]	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Household Sample Size	1,055	688	171	514	390	519	536	1,870

SOURCE: 1979-80 Survey of Food Consumption in Low-Income Households.

NOTE: All tabulations are based on weighted data; sample sizes are unweighted. A person is defined as "low-income" if household money income is less than 100 percent of the official poverty threshold defined by the federal government, and as "non-low-income" if household money income is greater than 300 percent of the poverty-line. "Elderly" is defined as those persons age 60 years and older; "nonelderly" is defined as those persons ages 18-59. "Living alone" refers to low-income elderly persons living alone; "living with spouse" includes those low-income elderly living with a spouse only or with a spouse and others (related or unrelated). "Younger-old" refers to low-income elderly ages 60-74; "older-old" refers to low-income elderly persons age 85 years and older. "FSP participant" is defined as those low-income elderly persons receiving food stamps. "FSP nonparticipant" is defined as those low-income elderly persons not receiving food stamps. "*" indicates that the entry is less than 0.5 percent.

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TABLE A.14

AVERAGE NUTRIENT DENSITIES FOR 11 NUTRIENTS:
U.S. LOW-INCOME HOUSEHOLDS, 1979-80

	Low-Income Elderly							
	All	Younger-Old	Older-Old	Living Alone	Living with Spouse	FSP Participant	FSP Non-Participant	Low-Income Nonelderly
Protein (g)	36.26	36.28	36.61	36.91	35.11	35.88	36.51	34.99
Vitamin A (IU)	3754.94	3642.32	3671.29	4064.52	3365.20	3578.59	3871.79	2786.76
Vitamin C (mg)	55.36	53.08	52.37	61.38	49.49	48.94	59.60	47.13
Thiamin (mg)	0.69	0.69	0.70	0.69	0.71	0.69	0.71	0.70
Riboflavin (mg)	0.89	0.88	0.93	0.89	0.90	0.89	0.90	0.89
Vitamin B-6 (mg)	0.81	0.78	0.82	0.82	0.79	0.76	0.83	0.75
Vitamin B-12 (mg)	2.09	2.25	1.83	1.93	2.20	2.18	2.03	2.09
Calcium (mg)	367.70	358.61	391.52	379.57	364.31	370.91	365.58	363.73
Phosphorus (mg)	625.87	625.20	627.50	625.60	633.96	628.86	623.84	600.85
Magnesium (mg)	144.91	140.67	149.36	148.00	143.58	142.59	146.44	134.89
Iron (mg)	7.48	7.29	7.49	7.46	7.42	7.22	7.64	7.18
Sample Size	1,055	688	177	514	390	519	536	1,870

SOURCE: 1979-80 Survey of Food Consumption in Low-Income Households.

NOTE: All tabulations are based on weighted data; sample sizes are unweighted. A person is defined as "low-income" if household money income is less than 100 percent of the official poverty threshold defined by the federal government, and as "non-low-income" if household money income is greater than 300 percent of the poverty-line. "Elderly" is defined as those persons age 60 years and older; "nonelderly" is defined as those persons ages 18-59. "Living alone" refers to low-income elderly persons living alone; "living with spouse" includes those low-income elderly living with a spouse only or with a spouse and others (related or unrelated). "Younger-old" refers to low-income elderly ages 60-74; "older-old" refers to low-income elderly persons age 85 years and older. "FSP participant" is defined as those low-income elderly persons receiving food stamps. "FSP nonparticipant" is defined as those low-income elderly persons not receiving food stamps. "*" indicates that the entry is less than 0.5 percent.

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APPENDIX B

DESCRIPTIONS OF FEDERAL FOOD ASSISTANCE, MEDICAID, SOCIAL SECURITY, AND SUPPLEMENTAL SECURITY INCOME PROGRAMS

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FOOD STAMP PROGRAM (FSP)

Purpose of the Program

The FSP provides monthly benefits to help enhance the buying power of low-income households and individuals to purchase food to maintain nutritionally adequate diets.

Authorization, Funding, and Administration

- The Food Stamp Act of 1977, most recently amended in the Hunger Prevention Act of 1988

  Stewart B. McKinney Homeless Assistance Act of 1987 and Hunger Prevention Act of 1988 included provisions intended to benefit homeless and elderly FSP applicants.

- Benefits are 100 percent federally funded; administrative costs are shared between states and federal government. (Certain antifraud and computer development costs are 75 percent federally funded.)

- State and local administration

Filing Unit

Households--individuals or groups of individuals who live, purchase food, and prepare meals together. Elderly or disabled households are those that comprise one or more members who are at least 60 years of age or who are disabled.

Eligibility

Households that meet certain income, asset, and employment-related tests are eligible for the program without categorical restrictions. Elderly members of households are not subject to the employment-related requirements. (In addition, households comprised entirely of Supplemental Security Income (SSI) or Aid to Families with Dependent Children (AFDC) recipients are categorically eligible for food stamps as long as they meet the employment-related requirements.) SSI recipients in two states (California and Wisconsin) are ineligible for the FSP because the SSI grants in those states include amounts for food stamp benefits.

Asset Limits

Households with at least one member age 60 or older may have a maximum of $3,000 in countable assets. (Otherwise, the asset limit is $2,000 for households.)

<u>Exclusions</u>: the household's home and surrounding property; household goods, personal effects (including one burial plot per

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household member), and cash value of life insurance policies; property or work-related equipment that produces income or is essential to the employment of household members; government disaster payments designated for the restoration of a home; resources that are not accessible to the household (such as irrevocable trust funds or security deposits); and certain other resources expressly excluded by federal statute.

The value of licensed vehicles is excluded if the vehicle is used to produce income, is necessary for employment, or is used to transport a disabled household member; or if the fair market value is less than $4,500. (The portion in excess of the $4,500 is counted towards the $3,000 asset limit.) If the equity value of any vehicle (other than the household's only vehicle and any vehicle used for traveling to work) is greater than the fair market value

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3. A dependent care deduction for expenses incurred (up to $160 per month) to care for children or other dependents while household members work or seek employment

4. A medical deduction for households with elderly or disabled members equal to monthly medical expenses greater than $35 (if they are not reimbursed by insurance, a government program, or some other source). Deductible medical expenses include most medical and dental expenses (prescription drugs, dentures, doctors' care, inpatient and outpatient hospital expenses; and other medically related expenses, such as certain transportation costs, attendant care, and health insurance premiums).

5. An excess shelter deduction for those shelter costs (e.g., rent, mortgage payments, utility bills, property taxes, and insurance on the structure but not the contents of the home) that exceed 50 percent of the household's income remaining after all other deductions are taken. Households with elderly or disabled members are entitled to deduct the full value of excess shelter costs. (For other households, the excess shelter deduction maximum is $170 per month.)

Indexing

Gross and net income limits are linked to federal poverty income guidelines and are updated each July 1. Federal income guidelines are adjusted annually to reflect changes in the Consumer Price Index for all Urban Consumers (CPI-U).

Maximum food stamp allotments are linked to the June Thrifty Food Plan (TFP) costs for a family of four, and are updated each October 1.

The standard deduction is linked to changes in the CPI-U for all items other than food and the homeowners' cost, maintenance, and repair component of shelter costs for the year ending June 30, and is updated each October 1.

Form and Amount of Benefit

Assistance is in the form of coupons that can be redeemed for food in authorized food stores. A household's maximum benefit is defined as the cost of a nutritionally adequate low-cost diet under the Thrifty Food Plan (TFP), the USDA model food plan. The TFP benefit levels are adjusted for household size. A recipient household's actual monthly allotment is calculated by subtracting 30 percent of its countable (net) income from the maximum benefit amount for its household size. (The 30 percent of net income is the amount that the federal government assumes that a family can spend on food from its own income.) All eligible one- and two-person households are guaranteed a minimum benefit of $10 per month. The first month's benefits are prorated according to the application date.

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Food stamp coupons are available in $1, $5, and $10 denominations. Change of 99 cents or less from food purchases is made in cash; all other change is returned to the recipient in coupons.

Special Provisions for the Elderly

- Applications for food stamps may be taken in SSA offices or via telephone or in-home interviews, as well as in local food stamp agencies (FSAs).

- Elderly persons may designate authorized representatives to pick up their food stamp benefits for them.

- Under the Hunger Prevention Act of 1988, categorical eligibility for some SSI recipients was extended permanently, and state FSAs were required to develop a simplified method for claiming the medical deduction for ongoing medical expenses following the initial verification.

- In FY 1988, FNS approved one demonstration project in New York to provide quarterly (rather than monthly) food stamp benefits to SSI recipients (most of whom are elderly), cutting down on the number of required trips by the recipients to the issuance offices.

Interactions with Other Food Assistance Programs

Eligibility

- Households in which all members receive SSI are categorically eligible for food stamps.

Program Overlap

- In 1986, 41 percent of elderly households participating in TEFAP also received food stamps.

- According to the 1983 National Evaluation, 13 percent of congregate-meal participants and 19 percent of home-delivered-meal participants also received food stamps.

Sequencing of Income

- Food stamp benefits are not counted as income for other food assistance or public assistance programs.

Taxation of Benefits

- Food stamp benefits are not included in taxable income.

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Interactions with Medicaid, OASI, and SSI

Based on 1984 SIPP data, 26 percent of all food stamp households received OASI income; 21 percent of these households received SSI benefits, and 69 percent received Medicaid benefits.

Recipient and Program Characteristics/Elderly Participation

- In summer 1986, 8.4 percent of all food stamp participants were elderly. Over 20 percent of all food stamp households (about 1.4 million households) had at least one elderly member. These households received 8 percent of the total value of food stamp benefits in 1986. The average monthly benefit for these households was $48 for a household size of 1.5 (compared with $139 for nonelderly households with a household size of 3.0).

- Over 87 and 99 percent of all elderly households had gross and net monthly incomes, respectively, that were less than 100 percent of the Census Bureau poverty guidelines. Over 95 percent of elderly households had assets valued at $1,000 or less. Despite these figures, elderly households had higher gross and net incomes and countable resources, on average, than did nonelderly households. The average value of total deductions was less for elderly households.

- Among the 20.2 percent of all households that were elderly, over 69 percent were one-person households and 21 percent were two-person households. Among the one-person households, 83.5 percent were headed by women; in all other elderly households, 46.8 percent were headed by women.

- Nearly 30 percent of elderly households received the $10 per month minimum benefit (compared with only 3 percent of nonelderly households).

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NUTRITION PROGRAM FOR THE ELDERLY (NPE)

Purpose of the Program

The NPE provides grants, cash, and commodities to states to assist in the provision of nutritious meals (in congregate-meal settings or through home delivery) and social services to persons at least 60 years of age.

Authorization, Funding, and Administration

- The Older Americans Act, first enacted in 1965 and most recently amended in the Older Americans Act Amendments of 1987. In 1978, Title III consolidated the Act's social services, nutrition services, and multi-purpose senior centers programs formerly authorized under Titles III, V, and VII, and the new Title VI established the nutrition program for elderly persons living on Indian reservations.

- Federal and state agencies share funding for the costs of developing and operating local congregate and home-delivered meal programs. Federal DHHS funds are allocated to State Agencies on Aging based on the state's proportion of the total U.S. population at least 60 years of age, the minimum share being 0.5 percent of the total appropriation. (The minimums for Guam, the Virgin Islands, the Trust Territory of the Pacific Islands, American Samoa, and the Northern Mariana Islands are somewhat smaller than the states' minimum.) The federal share of a state's allotment for meal services from DHHS may cover up to 85 percent of local program costs. Cash and in-kind contributions comprise the non-federal matching share. State funds are then allocated to Area Agencies on Aging to provide the local services.

  Title III funds are supplemented by USDA commodities or cash in lieu of commodities. The supplemental allocation amount is currently equal to 56.76 cents for each meal served under the Title III programs.

- Federal and state administration

Filing Unit

Individual

Eligibility

Facilities are approved as eligible for Title III funding by Area Agencies on Aging (AAAs) and may provide a wide range of services to the elderly, such as outreach, preventive health, special needs, ombudsman, in-home, and supportive services, as well as congregate and home-delivered meal services. Facilities providing meal benefits may include senior centers,

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religious facilities, schools, public or low-income housing, day care centers, restaurants, or residential care facilities.

Persons at least 60 years of age and their spouses (regardless of age) are eligible for congregate-meal benefits. Meals are also available to handicapped or disabled persons younger than 60 years of age who reside in housing which is occupied primarily by the elderly and which serves congregate meals; to persons who reside with and accompany elderly persons to meal sites; or to volunteers in the meal programs. Home-delivered meals are available to persons who are homebound due to disability, illness, or isolation.

Preference for meal benefits must be given to persons with the greatest economic or social need. Economic need is defined as gross income equal to or less than 100 percent of the Census Bureau's poverty threshold; in January 1988, that threshold was $5,447 for persons at least 65 years of age. Social need is defined as need for services due to "physical and mental disabilities, language barriers, and cultural or social isolation including that caused by racial or ethnic status."

Asset Test

None

Means Test

None

Countable Income Types

Not applicable

Indexing

Following the passage of the Older Americans Act Amendments of 1987, the USDA per-meal reimbursement rates were no longer tied to the Consumer Price Index; instead, fixed reimbursement rates were established for the four-year period following the authorization of the 1987 Amendments. The current reimbursement rate (FY 1988 through FY 1991) is 56.76 cents per meal.

Form and Amount of Benefit

Eligible provider projects (which may include several nutrition sites) are required to serve at least one meal per day at least five days per week; individual nutrition sites must serve at least one meal per day at least three days per week. Meals (both congregate and home-delivered) can be hot, cold, or packaged, according to local need; and they must meet at least one-third of the recommended dietary allowances (RDAs) established by the Food and Nutrition Board of the National Academy of Sciences National Research Council and other USDA nutritional guidelines. In many states, meal menus must be pre-approved by Area Agency on Aging nutrition councils.

USDA support for the program includes commodities or cash in lieu of commodities provided to the nutrition sites. Currently, 5 percent of USDA

meal support is provided in donated commodities. In FY 1988, USDA initiated a pilot project that permitted AAAs to make cash/commodity elections independent of a state's elections, provided that the AAA elections are at least 20 percent commodities. Nationwide, 23 AAAs participated in this project in FY 1988; 87 AAAs are participating in FY 1989.

Special Provisions for the Elderly

- Nutrition sites are to be located within walking distance of the majority of the residences of elderly persons.
- When possible, the AAAs must provide transportation to and from the sites for elderly persons who need such assistance.
- Home-delivered meals are to be provided to the extent possible to homebound and isolated elderly.

Interactions with Other Food Assistance Programs

Eligibility

- Households in which members receive benefits under other food assistance programs are eligible for meal benefits under NPE as well.

Program Overlap

- According to the 1983 National Evaluation, 13 percent of congregate-meal and 19 percent of home-delivered meal participants also received food stamps.

Sequencing of Income

- Meal benefits are not counted as income for other food assistance or public assistance programs.

Taxation of Benefits

- Meal benefits are not included in taxable income.

Interactions with Medicaid, OASI, and SSI

Unknown

Recipient and Program Characteristics/Elderly Participation

- In 1985, approximately 225.4 million meals were served to 3.6 million persons, of whom 56 percent had incomes below the poverty line. About 16 percent of the 3.6 million were minority recipients.

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- Approximately 237.2 million meals were served in FY 1988. The value of USDA assistance was $137.6 million (approximately $130 million in cash in lieu of commodities and $8 million in commodities).

- Based on FY 1989 cash/commodity elections, USDA support is 95 percent cash and 5 percent commodities for the standard Title III program, and 77 percent cash and 23 percent commodities for the AAA Title III Pilot Program.

- In FY 1988, approximately $420.3 million from DHHS was allocated to the states' nutrition service programs--82 percent for congregate meals and 18 percent for home-delivered meals. The total amount appropriated for FY 1989 is $435.2 million. The value of USDA assistance for FY 1989 is $141 million.

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COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

Purpose of the Program

The CSFP provides supplemental foods, nutrition education, and referrals to health services to infants and children up to age 6; pregnant, postpartum, or breastfeeding women; and persons at least 60 years of age who have low incomes (or who are at nutritional risk) and reside in approved project areas.

Authorization, Funding, and Administration

CSFP

- The Agriculture and Consumer Protection Act of 1973, Section 4a, as amended by the Agriculture and Food Act in 1981. Program authorization was most recently extended through FY 1990 by the Food Security Act of 1985 (PL 100-202).
- 100 percent federally funded
- Federal and state administered (20 state agencies)
- CSFP is not an entitlement program; availability is determined by overall appropriation and state allocations.

Elderly Feeding Projects

- The Agriculture and Food Act of 1981 authorized the pilot projects in Des Moines, IA, and Detroit, MI; the Agriculture Appropriations Act of 1983 authorized the pilot project in New Orleans, LA. The Food Security Act of 1985 ended the provisional status of the elderly program and authorized all approved project sites to have elderly feeding components through FY 1990. (In FY 1989, 12 of the 20 state agencies serve the elderly.)
- 100 percent federally funded
- Locally administered

Filing Unit

Individual

Eligibility

Eligibility is limited to infants and children up to age 6; pregnant, postpartum, or breastfeeding women; and persons at least 60 years of age who have low incomes (or who are at nutritional risk) and reside in approved project areas. Low income is defined as income eligibility criteria for local benefits under existing federal, state, or local food, health, or welfare programs. For elderly persons certified for the program on or after

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September 17, 1986, household income must be at or below 130 percent of poverty. Otherwise, most states set 185 percent of poverty as the maximum income eligibility requirement. The nutritional-risk criterion is a state option; about half of the states that operate the CSFP require a nutritional-risk determination.

Elderly persons may be certified as eligible for CSFP benefits for up to six months at a time.

If an applicant is found to be on a restricted sodium or sugar diet, an agency many choose to deem the applicant ineligible for benefits rather than to tailor the benefits to the applicant.

Asset Limits

There are no federal asset limits.

Means Test

For elderly persons certified for the program on or after September 17, 1986, household income must be at or below 130 percent of poverty.

Countable Income Types

Countable income is defined as countable income under existing federal, state, or local food, health, or welfare programs.

Indexing

OMB poverty income guidelines are adjusted each July. Benefits are not indexed, since they are commodity food packages self-indexed to market conditions.

Form and Amount of Benefit

Local public or private nonprofit agencies authorized by the state distribute commodities generally in the form of food packages on a monthly basis. To the extent possible, the food packages are tailored according to the recipient's category and health status (and, in some instances, to individual needs), and may include federally purchased commodities, such as rice and hot cereal, canned and nonfat dry milk, canned meat or poultry, powdered eggs, juice, dehydrated potatoes, peanut butter, dried beans, and infant formula, and surplus federal commodities such as rice. Other surplus foods, such as cheese, butter, raisins, and honey, may be available as bonus foods to be distributed at the state's option.

The amount of food in the food packages is based on FNS guidelines of maximum allowable rates of distribution.

Benefits are distributed to recipients at local facilities, or are delivered directly to homebound elderly persons. Benefit eligibility determination and benefit distribution are often conducted by CSFP volunteers.

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In one local area, the food centers are set up as grocery stores to allow the participants to choose among the available authorized goods.

Special Provisions for the Elderly

- Program volunteers may arrange transportation to the distribution sites for elderly persons, or may deliver pre-packaged commodities to the homebound elderly.

- Special distribution hours may be set for the elderly.

Interactions with Other Food Assistance Programs

Eligibility

- Households in which members receive food stamps may be categorically eligible for CSFP in some local areas.

Program Overlap

- FY 1983 program data on the three Elderly Feeding Pilot Projects described 40 percent of program participants as also receiving food stamps.

Sequencing of Income

- Other cash public assistance income is generally counted as income for the CSFP. Other food assistance program benefits are not counted as income. CSFP benefits, however, are not counted as income for other programs.

Taxation of Benefits

- CSFP benefits are not included in taxable income.

Interactions with Medicaid, OASI, and SSI

- FY 1983 program data on the three Elderly Feeding Pilot Projects described 34 percent of program participants as also receiving Medicaid benefits.

Recipient Characteristics/Elderly Participation

- In FY 1987, approximately 56,216 elderly persons and 136,565 women, infants, and children received commodity food packages valued at a total of $32 million, or a monthly average of $13.88 per recipient.

- In FY 1988, the authorized caseloads were 80,000 for elderly persons, and 165,755 for women, infants, and children; in FY 1989, these levels increased to 83,108 and 179,126, respectively. Half of the elderly caseloads were in two of the original pilot areas--Detroit, MI, and New Orleans, LA.

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- In FY 1988, the average cost of a food package for an elderly participant was $11.87 in paid food, $3.82 in free food, and $8.02 in bonus food, for a total of $23.71 per food package. (For nonelderly participants, the costs were $17.14 in paid food, $2.33 in free food, and $4.99 in bonus food, for a total of $24.46 per food package.)

- FY 1983 program data on the three Elderly Feeding Pilot Projects in Michigan, Iowa, and Louisiana described recipients as 80 percent female, 35 percent age 75 years or older, 60 percent living alone, and over 75 percent with gross incomes of less than $400 per month.

- FY 1983 data also indicated that 64 percent of the recipients were served through home delivery (53 percent in Detroit, 100 percent in Des Moines, and 36 percent in New Orleans).

- The four major health problems reported by the program participants in FY 1983 were arthritis (68 percent), high blood pressure (55 percent), heart disease (37 percent), and diabetes (22 percent).

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TEMPORARY EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)

Purpose of the Program

TEFAP provides federal funds to states for the transportation, storage, and handling costs incurred by nonprofit organizations and food banks in providing emergency nutrition assistance to needy persons. TEFAP also provides surplus commodities to states for use as emergency nutrition assistance.

Authorization, Funding, and Administration

- The temporary Emergency Food Assistance Act of 1983 (Title II of PL 98-8, as amended). Most recently, PL 99-198 (the Food Security Act of 1985), PL 100-77, and the Hunger Prevention Act of 1988 revised and extended the program through FY 1990.

- Funding allocation. Federal funds are allocated to states annually on the basis of the number of persons in households whose incomes are below the poverty level (60 percent of the allocation) and the number of unemployed persons within the state (40 percent). Each state agency is required to make available to emergency feeding organizations (EFOs) at least 20 percent of the funds allocated to pay for or to cover storage and distribution costs. Funding cannot exceed 5 percent of the value of the USDA commodities distributed by the EFOs. The remaining funds may be used for state storage and distribution costs. Each state is required to match, in cash or in-kind, each federal dollar retained by the state and used solely for state-level activities.

  Commodities allocation. Commodities are allocated to states according to the same formula that is used to allocate funds.

- Federal and state-administered

Filing Unit

Households

Eligibility

Eligibility is limited to low-income households as certified by EFOs on the basis of state income criteria. Eligibility criteria must be approved by the states' FNS regional offices.

State income limits currently range between 125 and 185 percent of the federal poverty guidelines. States may use higher income criteria for elderly than for nonelderly households, and may provide categorical eligibility for households receiving other forms of public assistance, such as food stamps, AFDC, or SSI.

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Eligible funding and commodity recipient agencies are authorized by the states and may include public agencies, nonprofit organizations that administer other nutrition programs, charitable institutions and hospitals that serve the needy, disaster relief programs, food banks, soup kitchens, hunger centers, temporary shelters, churches, community action agencies, and other entities that offer food assistance to the indigent and needy. Only those designated as EFOs may be reimbursed for distribution costs in addition to receiving commodities; others may receive commodities only. In addition, if a state's TEFAP commodities allocation is not sufficient to meet the needs of the available agencies, EFOs are given priority.

Asset Limits

State eligibility criteria may include asset limits.

Means Test

States establish eligibility criteria for the program. Income limits currently range between 125 and 185 percent of federal poverty guidelines.

Countable Income Types

States establish eligibility criteria for the program. Some states count assistance from other programs as income.

Indexing

There are no federal indexing provisions.

Form and Amount of Benefit

Surplus commodities are made available by USDA to state agencies each month. The state agencies allocate and distribute the commodities (on a monthly, quarterly, or other basis) among the recipient agencies for further distribution as food packages for home consumption by eligible households. Food packages are developed according to household size, and may include such items as processed cheese, nonfat dry milk, flour, honey, butter, cornmeal, and rice, in package sizes convenient for household use. In general, recipients pick up their food packages at local facilities.

Special Provisions for the Elderly

- Volunteers in some areas may deliver TEFAP commodities to homebound elderly or help elderly recipients carry commodities to their cars.

- Some distribution sites may set up separate distribution hours for elderly participants.

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FOOD DISTRIBUTION FOR CHARITABLE INSTITUTIONS

Purpose of the Program

The program provides commodities to non-profit charitable institutions that provide nutritional assistance to the needy. Commodities are also provided to low-income households during Presidentially declared major disasters.

Authorization, Funding, and Administration

- Section 416 of the Agricultural Act of 1949 and Section 32 of PL 74-320 authorize the distribution of commodities. Section 409 of the Disaster Relief Act of 1974 authorized the distribution of commodities during a Presidentially declared disaster.
- Federally funded
- FNS-administered, state-monitored

Filing Unit

State-determined

Eligibility

Persons served by charitable institutions or who are determined to be eligible for services may receive donated commodities. Eligible charitable institutions are those that serve meals on a regular basis, and may include non-education, non-profit organizations, such as homes for the elderly, congregate-meal programs, hospitals, soup kitchens, Meals-on-Wheels, temporary shelters, orphanages, and adult day care facilities not participating in other child nutrition programs or the Adult Day Care Food component of the Child Care Food Program.

Asset Limits

Charitable institutions determine participant eligibility criteria, including asset limits.

Means Test

Charitable institutions determine participant eligibility criteria, including income limits.

Countable Income Types

Charitable institutions determine participant eligibility criteria, including types of countable income.

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Indexing

There are no federal indexing requirements.

Form and Amount of Benefit

Charitable institutions receive federally purchased and surplus commodities in institutional-size packages. Federal cash assistance to the institution and administrative funding to the states are not provided under this distribution program.

The amount of commodities received by an institution is based on the number of needy persons for whom the institution serves meals for up to three meals a day. The number of needy persons served is determined by the ratio of subsidized (public assistance payments or private tax-deductible contributions) to nonsubsidized income (all other income) received by the institution, multiplied by the average daily number of participants.

The commodities are used to prepare meals to be served to needy persons. Federally purchased commodities generally include dried milk, potatoes or rice, egg mix, peanut butter or dried beans, and canned fruits, vegetables, and juices. Surplus commodities may also be received by an institution and used to serve nonneedy persons as well. These commodities may include cheese, nonfat dry milk, and butter.

Special Provisions for the Elderly

Special provisions vary by institution and participant population served.

Interactions with Other Food Assistance Programs

Eligibility

- Households in which members receive assistance under child nutrition programs or elderly nutrition programs under the Older Americans Act are not eligible for food assistance in charitable institutions.

- In most cases, persons who receive at least 50 percent of their meals in charitable institutions are not eligible for food stamps. However, persons who receive food stamps may redeem their stamps for meals in some nonresidential charitable institutions.

Program Overlap

- Charitable institutions participating in this food distribution program may not participate in other Child Nutrition Programs or elderly feeding programs under Title III of the Older Americans Act.

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Sequencing of Income

- Other program assistance is counted as subsidized income toward the level of commodities received under this program.

Taxation of Benefits

- Meal benefits from charitable institutions are not included in taxable income.

Interactions with Medicaid, OASI, and SSI

Unknown

Recipient and Program Characteristics/Elderly Participation

- In FY 1986, over 13,000 charitable institutions were estimated to have received donated commodities. The total value of food distribution benefits in the United States in FY 1985 was approximately $172 million.

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ADULT DAY CARE IN THE CHILD CARE FOOD PROGRAM

Purpose of the Program

The program provides cash reimbursement and commodity assistance for meals and snacks served in nonresidential adult day care centers to chronically impaired disabled adults or persons at least 60 years of age.

Authorization, Funding, and Administration

- The Child Care Food Program was permanently authorized under PL 95-627 in 1978. The Adult Day Care component of the program was authorized under the Older Americans Act Amendments of 1987 (PL 100-175) and the Rural Development, Agriculture and Related Agencies Appropriations Act of 1989 (PL 100-460).

- 100 percent federally funded

- Administered jointly by states and local sponsors

Filing Unit

Public agencies, private nonprofit organizations, or proprietary Title XIX or XX centers that are licensed and approved by federal, state, or local authorities to provide adult day care services to chronically impaired disabled adults or persons at least 60 years of age in a group setting outside their homes on a less than 24-hour basis. Participation by proprietary Title XIX or XX centers is limited to those which receive Title XIX (Medicaid) or XX compensation for at least 25 percent of their enrolled eligible participants in the calendar month preceding initial application or annual reapplication for program participants. Centers which provide socialization and/or recreation care, or employment and developmental opportunities, only to persons at least 60 years of age who are not functionally impaired are not eligible.

Eligibility

Persons at least 60 years of age or chronically impaired disabled persons, including victims of Alzheimer's disease and related disorders with neurological and organic brain disfunction, who take their meals in an approved adult day care facility.

Adult participants are categorically eligible for free meal benefits if they are members of food stamp households or are recipients of SSI or Medicaid. Adult participants are eligible for reduced-price meals if they meet eligibility criteria approved by the state agency.

Asset Limits

Not applicable except as they apply to criteria set by the institution and approved by the state for eligibility for reduced-price meals.

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Means Test

Not applicable for adult participants who receive SSI or Medicaid, or who are from food stamp households.

For other adult participants, eligibility for reduced-price meals is determined by an income maximum set by the institution and approved by the state.

Countable Income Types

Countable income for the purposes of determining eligibility for reduced-price meals includes earnings and wages; welfare, pension, and support payments; unemployment compensation; Social Security; and other case income received or withdrawn from any source, including savings, investments, trust accounts, and other resources.

Indexing

Per-meal reimbursement rates are adjusted each July according to increases in the Consumer Price Index for Food Away from Home for All Urban Consumers.

Administrative costs to sponsoring centers are adjusted annually to the Consumer Price Index for Food Away from Home for All Urban Consumers.

Federal poverty guidelines are adjusted annually in July.

Form and Amount of Benefit

Meals provided by the institutions must meet federal program standards to be eligible for cost reimbursement. These standards apply to the types and amounts of food served.

State agencies reimburse institutions according to the number of meals by type served to participants (free, reduced-price, and other meals) and the per-meal reimbursement rates. Reimbursement can be claimed for no more than two meals and one supplement daily per adult participant.

Special Provisions for the Elderly

Unknown at this time

Interactions with Other Food Assistance Programs

Eligibility

- Individuals whose household receives assistance under the FSP are categorically eligible to receive free meals under this program.

Program Overlap

Unknown

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Sequencing of Income

- o Adult day care meal benefits are not counted as income for other programs.

Taxation of Benefits

- o Meal benefits are not included in taxable income.

Interactions with Medicaid, OASI, and SSI

- o Individuals who receive SSI or Medicaid benefits are categorically eligible to receive free meals under this program.

Recipient and Program Characteristics/Elderly Participation

Unknown at this time

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FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)

Purpose of the Program

The FDPIR distributes commodity foods to ensure a more nutritious diet for low-income persons residing on or near Indian reservations and in the Republic of Palau, a Trust Territory of the Pacific.

Authorization, Funding, and Administration

- Section 416 of the Agricultural Act of 1949, Section 32 of PL 74-320, and Section 709 of the Food and Agricultural Act of 1963 authorized the donation of commodities.
- Section 4(a) of the Agriculture and Consumer Protection Act of 1973, amended by Section 1304 of the Food and Agriculture Act of 1977, authorized program operations on Indian reservations.
- 100 percent federally funded
- State agencies or Indian Tribal Organizations (ITOs) administered the program on more than 200 Indian reservations in FY 1988.

Filing Unit

Households which buy and prepare meals together

Eligibility

Households are individually certified according to local age, asset, and means criteria, and must reside on or near an Indian reservation that operates the program.

Asset Limits

The allowable resources maximum is $3,000 for households of two or more members that include members 60 years of age or older. For all other households, including one-person elderly households, the resources limit is $1,750.

Allowable resources include cash on hand or in a readily negotiable form, and exclude cash value of life insurance policies and pension funds, government payments for home repair due to disaster damage, the income of students, or other resources specifically excluded under federal statutes.

Means Test

Income limits are identical to Food Stamp Program limits, increased by the amount of each state's standard deduction.

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Countable Income Types

Countable household income includes all cash income, including federal assistance program benefits, but excludes in-kind income, vendor payments, irregular income that does not exceed $30 per quarter, loans with deferred payments, expense reimbursements, payments for third-party beneficiary care, the earned income of students younger than 18 years of age, nonrecurring lump-sum payments, self-employment income costs, or other federally excluded income types.

Households are permitted a 20 percent earned income deduction and a dependent-care deduction up to the maximum set in the FSP.

Indexing

Income eligibility standards are adjusted each January and July to reflect changes in the FSP.

Form and Amount of Benefit

Benefits are in the form of food packages distributed monthly to eligible households, and are allocated on the basis of the number of household members. Food packages include between 25 and 35 different commodities, such as canned meat or poultry; vegetables, fruits, and juices; dried beans; peanuts or peanut butter; dried egg mix; milk; cheese; pasta, flour, or grains; corn syrup; and shortening. Approximately 60 to 70 pounds of food are distributed to each person each month.

Special Provisions for the Elderly

Unknown

Interactions with Other Food Assistance Programs

Eligibility

- FDPIR is an alternative to the FSP in rural areas or in areas where food stores are inconveniently located. Program participants may not participate in the FDPIR and the FSP at the same time; however, eligible households may switch from one program to the other, if both programs are available in their area.

Program Overlap

Unknown

Sequencing of Income

- Food package benefits are not counted as income for other food assistance or public assistance programs.

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- SSI, AFDC, GA, and other assistance program benefits are included in countable income for this food distribution program.

Taxation of Benefits

- Food package benefits are not included in taxable income.

Interactions with Medicaid, OASI, and SSI

Unknown

Recipient and Program Characteristics/Elderly Participation

- In FY 1987, an average food package was valued at $28 per person.

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MEDICAID

Purpose

Medicaid provides medical assistance to low-income individuals who are aged, blind, disabled, or members of families with dependent children.

Authorization, Funding, and Administration

- Social Security Act of 1935, Title XIX
  Social Security Amendments of 1965 and 1972
  Omnibus Budget Reconciliation Acts of 1981 and 1987
  Medicare Catastrophic Coverage Act of 1988 (as amended by the Family Support Act of 1988)

- State and federally funded. The federal portion of funding, which is inversely related to a state's per capita income, ranges from 50 to 77 percent. For outlying territories, federal funding pays for 50 percent of program costs up to a maximum dollar limit.

- Administered by the individual states and by the U.S. Department of Health and Human Services

Filing Unit

Individual

Categorical Eligibility

Eligibility for Medicaid is related to the actual or potential receipt of AFDC or SSI benefits. There are two classes of eligibility under Medicaid: categorically needy and medically needy. Categorically needy individuals, generally defined as recipients of AFDC and federal SSI benefits, are automatically eligible for Medicaid benefits. States may elect to limit their coverage of SSI recipients by requiring that they meet the more restrictive eligibility criteria that were in effect before SSI was implemented in 1972. These states must allow SSI recipients to deduct medical expenses from income in determining Medicaid eligibility. Fourteen states apply more stringent eligibility criteria to SSI recipients.

States must extend coverage for 4 additional months to families that, after receiving benefits for at least 3 of the last 6 months, have lost their AFDC eligibility, and thus their Medicaid eligibility, due to an increase in earnings. Coverage must be extended for 9 months to families that have lost their AFDC eligibility because their 4 months of eligibility for the AFDC earned-income disregard has been exhausted. Federal law also mandates coverage for certain groups of persons who meet AFDC income and asset eligibility requirements, but who are not currently receiving AFDC benefits: first-time pregnant women who will be eligible for AFDC upon the birth of her baby, pregnant women in two-parent families in which the principal bread

winner is unemployed, and all children born on or after October 1, 1983, up to age 7.

In defining "categorically needy," states have the option of including recipients of state supplemental SSI benefits and individuals who would be eligible for cash assistance were they not residents of medical institutions or group-living arrangements. Coverage may also be extended to an individual who has become ineligible for SSI due solely to a Social Security cost-of-living increase. States may elect to provide coverage to two-parent families in which the principal earner is unemployed and all or certain categories of children are under a specified age.

States may also offer Medicaid coverage to individuals who are medically needy. These individuals have high medical expenses and meet the categorical eligibility criteria for AFDC or SSI, but are ineligible for public assistance due to excess income. Medically needy individuals are subject to a means test, discussed below. States with medically needy programs are required to provide, at a minimum, ambulatory services to children, and prenatal and delivery services to pregnant women. Thirty-nine states and jurisdictions provided medically needy coverage in December 1988.

Asset Limit

Asset limits vary by state. In 1984, the limit for a two-person family averaged $2,950. A state's definition of Medicaid-countable resources is required to be the same as that used by its AFDC program.

Means Test

Federal regulations require that the income limits not exceed 133 and 1/3 percent of the maximum state AFDC payment made to a family of the same size. A family or individual whose income is above the limit may become eligible for Medicaid benefits through a spend-down provision. This provision permits medical expenses incurred over a specified time period to be deducted from gross income. When net income falls below the income limit, the individual becomes eligible for the remainder of the spend-down time period, which ranges from 1 to 12 months.

Countable Income Types

All cash income of the family, less public assistance received through other programs, is countable. (Countable income is the same as AFDC-countable income.) Earned income received through participation in JTPA is disregarded for six months in almost all states.

Exclusions

The earned income of an AFDC child who is a full-time student is disregarded for 6 months by 34 states in determining gross income subject to the AFDC gross income test, and for 6 months in 36 states in determining countable income subject to the AFDC net income test.

Deductions

Deductions from countable earned income are applied in the following order:

1. A standard $75 per month for work-related expenses per month (prorated for part-time work)

2. The actual cost, up to $160 (prorated for part-time work), of child-care costs for each child or incapacitated adult

3. $30 of earnings monthly for a 12-month period

4. One-third of any additional earnings for a period of four consecutive months.

Indexing

Not applicable

Form and Amount of Benefit

Medicaid operates as a vendor payment program. Payments are made directly to the providers of services for care rendered to eligible individuals. Providers must accept the Medicaid reimbursement level as payment in full. Payment rates are state-determined and are based on: (1) what is reasonable and adequate to meet costs incurred by efficiently and economically operated facilities according to laws and safety and quality standards; (2) whether facilities serve a disproportionate number of low-income patients; and (3) the level which ensures that Medicaid patients have reasonable access to services of adequate quality.

States are required to offer the following services to categorically needy recipients under their Medicaid programs: inpatient and outpatient hospital services; laboratory and X-ray services; skilled nursing facility (SNF) services for those older than age 21; home health services for those entitled to SNF care; early and periodic screening, diagnosis, and treatment for those younger than age 21; family planning services and supplies; and physicians' services. They may also provide additional medical services, such as drugs, intermediate care facility (ICF) services, eyeglasses, and inpatient psychiatric care, to individuals younger than age 21 or older than age 65. States are permitted to establish limitations on the amount of care provided under a service category, such as limiting the number of days of covered hospital care or the number of physicians' visits.

Federal law establishes the following requirements for the coverage of medically needy: (1) if a state provides medically needy coverage to any group, it must provide ambulatory services to children and prenatal and delivery services to pregnant women; (2) if a state provides institutional services for any medically needy group, it must also provide ambulatory services to this population group; and (3) if the state provides medically needy coverage for persons in ICFs for the mentally retarded, it must offer

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all groups covered by its medically needy program the same mix of institutional and noninstitutional services as required under prior law (that is, either all of the mandatory services or, alternatively, the care and services listed in the law that defines covered services).

Federal law permits states to impose cost-sharing charges on all Medicaid beneficiaries for all services, with the following exceptions:

- States are barred from imposing such charges on children younger than age 18. States have the option of exempting children ages 18 to 21 from copayments.
- States are barred from imposing copayments on services related to pregnancy (including prenatal, delivery, and postpartum services). States may also exclude pregnant women from making copayments for any service provided to them.
- States are barred from imposing copayments on services provided to inpatients in SNFs and ICFs who are required to spend all their income on medical expenses except for the amount exempted for personal needs.
- States may not impose copayments on family planning or emergency services.
- States are precluded from imposing copayments on categorically needy HMO enrollees. They may also exempt medically needy HMO enrollees from such charges.

All copayment charges must be "nominal" in amount, with one exception. The Secretary of Health and Human Services may waive the "nominal" requirements for non-emergency services provided in emergency rooms if, subject to the satisfaction of the Secretary, the state has established that alternative sources of non-emergency services are actually available and accessible. In such cases, the state may impose a charge of up to twice the amount defined as nominal.

HCFA data for FY 1987 show that estimated average annual Medicaid payments per recipient were:

For the aged	$4,948
Blind	3,629
Disabled	4,986
Children	541
Adults in families with dependent children	996
For all groups	1,945

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Special Provisions for the Elderly

- o Telephone and in-home eligibility interviews

Interactions with Food Assistance Programs

Eligibility

None

Program Overlap

According to 1983 SIPP data, 70 percent of families with children that participated in Medicaid also participated in the Food Stamp Program. The average food stamp benefit for these families was $143 per month.

Sequencing of Income

Medicaid benefits are not included in FSP countable income.

Public assistance payments from other programs are not included in Medicaid-countable income.

Taxation of Benefits

Medicaid benefits are not included in taxable income.

Interactions with OASI, SSI, and Other Programs

Medicaid eligibility for SSI recipients is automatic in most states.

Recipient and Program Characteristics/Elderly Participation

- o In FY 1980, 64.3 percent of all Medicaid recipients were female. Female recipients accounted for 66.5 percent of all Medicaid expenditures.

- o In FY 1987 persons age 65 and older constituted 14.1 percent of Medicaid recipients and accounted for 35.8 percent of total Medicaid expenditures. (Dependent children accounted for 43.1 percent of Medicaid recipients and 11.7 percent of Medicaid expenditures.)

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SUPPLEMENTAL SECURITY INCOME (SSI), INCLUDING STATE SUPPLEMENTATION

Purpose

SSI provides monthly cash payments to needy aged, disabled, or blind persons according to nationally uniform standards.

Authorization, Funding and Administration

- o 1972 amendment to the Social Security Act, Title XVI; most recently amended in 1984
- o 41 to 100 percent federally funded in FY 1985; average federal funding to all states was 79 percent
- o Social Security Administration, U.S. Department of Health and Human Services (states may opt to administer supplemental payments)

Filing Unit

Individual or married couple

Categorical Eligibility

Individuals who are age 65 or older, blind, or disabled and living in the 50 states, the District of Columbia, or the Northern Mariana Islands. If both members of a married couple are eligible, then benefits are based on a benefit rate for couples. Benefits may be augmented to provide for an essential person in the household. An essential person is usually a spouse or relative whose needs are counted toward the eligibility of the households under pre-SSI State programs but who is not eligible for SSI.

Asset Limit

$2,000 per individual and $3,000 per couple in 1989

Exclusions

Home equity, $2,000 in personal effects and household goods, the first $4,500 of the market value of a vehicle (full value if the vehicle is used for employment), life insurance with a cash surrender value of up to $1,500, and a burial plot fund.

Means Test

Benefits are paid only when countable income is less than the combined federal and state benefit level. An individual only with earned income is eligible for a declining SSI payment until his or her earnings equal twice the basic benefit plus $85 ($20 from any income, and $65 from earned income). An

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individual without earnings is eligible for SSI payments until his or her unearned income exceeds the basic benefit by $20.

Countable Income Types

Earned income, asset income, retirement benefits, and social insurance payments. Income received through sheltered workshops or activity centers is treated as earned income. The income of an ineligible spouse or parent is included when it exceeds the amount that would be excluded if the ineligible person were applying for SSI benefits.

Exclusions

$20 from any non-needs-tested source of unearned income, the first $65 of earned income, and 50 percent of additional earnings. Blind or disabled recipients may also exclude work-related expenses. Aged, blind, or disabled individuals may exclude home energy assistance (cash or in-kind) and in-kind assistance provided by private nonprofit organizations.

Deductions

None

Form and Amount of Benefit

The amount of federal benefits is determined by the recipient's countable income, living arrangements, and marital status. The SSI monthly basic federal benefits in 1989 are $368 for an individual living alone and $553 for a couple living in their own household. The benefit to an SSI recipient living in the household of another person and receiving in-kind support and maintenance from her or him is reduced by one-third of the federal benefit standard. The federal guarantee is increased by 50 percent of the individual guarantee to provide for an essential person. Benefits are limited to a $25 personal-needs allowance for individuals living in a hospital or other medical facility in which 50 percent of the costs are being paid by Medicaid. These guarantees are reduced by countable income as described above.

Federal payments are supplemented by state payments in all states except two. The eligibility criteria and payment levels of these supplementation programs are set by the respective states and may be determined by the recipients' living arrangements, income, and basis of SSI eligibility (aged, blind, or disabled). When the SSI program was implemented in 1974, states were required to maintain the average benefits of individuals on programs

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Indexing

Federal SSI guarantees are indexed by the change in the Consumer Price Index for Urban Wage Earners (CPI-W) in the same manner as OASI benefits.

Interactions with Food Assistance Programs

Eligibility

Except in Wisconsin and California, SSI recipients are eligible for food stamps if they meet the FSP income and asset requirements. In California and Wisconsin, food stamp benefits are "cashed out" through state payments supplemental to SSI benefits. SSI recipients are excluded from FSP work registration requirements.

Program Overlap

SSI income was received by 1.28 million FSP households in September 1986, according to FSP quality control data.

Sequencing of Income

SSI benefits are included in FSP countable income.

Interactions with Medicaid, OASI, and Other Programs

Eligibility

Medicaid eligibility for SSI recipients is automatic in most states. Fourteen states may apply more restrictive income-eligibility requirements for Medicaid. These states are required to deduct medical expenses from income when determining Medicaid eligibility.

Sequencing of Income

OASI payments are included in countable income. The value of any assistance provided by federal housing programs and any assistance provided by state or local governments is excluded from countable income. The Earned Income Tax Credit is treated as earned income.

Taxation

SSI benefits are nontaxable.

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OLD AGE AND SURVIVORS INSURANCE (OASI) PROGRAM

Purpose

OASI provides monthly cash benefits to retired workers and their dependents and survivors, based on work experience in insured employment.

Authorization, Funding, and Administration

- o Social Security Act of 1935
- o 100 percent federally funded
- o Social Security Administration, U.S. Department of Health and Human Services

Filing Unit

Individual

Categorical Eligibility

Retired workers age 62 and older with work experience in covered employment. Work experience is defined as one-quarter of coverage for each year elapsing after 1950 (regardless of when acquired) or the year in which the worker attained age 21, if later, and before the year in which the worker attains age 62 or dies. Effective 1986, one-quarter of coverage is credited for every $440 of earnings. No more than four quarters can be credited in one year. Workers with 40 or more quarters of coverage are fully insured for life. A worker is currently insured if he or she has at least six quarters of coverage during the thirteen calendar quarters ending with the quarter in which the worker died, most recently became entitled to disabled-worker benefits, or became entitled to retired-worker benefits.

Spouses and other dependents are eligible for benefits if they meet certain requirements. Spouses are eligible if they are age 62 or older or if they are caring for one or more of the worker's entitled children who have not reached age 16 or are disabled. Divorced spouses are eligible if they are age 62 or older, are not remarried, and were married to the insured worked for at least 10 years before divorce. A nondisabled widow(er) or surviving divorced spouse age 60 or older is eligible for benefits if the worker was fully insured. A young widow(er) or surviving divorced spouse can receive benefits if she or he is caring for a child who is younger than age 16 or who is disabled. These beneficiaries can receive benefits if the worker was either fully or currently insured. Widow(er)s or surviving divorced spouses ages 50 to 59 can be entitled to benefits if they have a disability that began no later than seven years after the month in which the worker died or seven years after the last month in which they were entitled to a widow(er) benefit. Widows or widowers who remarry after age 60 or after the date on which they became disabled can continue to receive benefits.

Children of retired and deceased workers are eligible for benefits if they are (1) younger than age 18, or are (2) between ages 18 and 19 and are full-time students in elementary or secondary schools, or are (3) age 18 or older and were disabled before age 22. Child beneficiaries must be unmarried. However, benefits to disabled children can continue if they marry certain other Social Security beneficiaries. Grandchildren are eligible for benefits if they depend on the grandparent for more than one-half of their support and meet other specified requirements.

Asset Limit

None

Means Test

There is no means test for program eligibility; however, an eligible individual with substantial current earned income may not qualify for a positive benefit. The relationship between current earnings and benefits is referred to as the "retirement test" and is discussed below under Form and Amount of Benefit.

Countable Income Types

Earned income and, for the surviving spouse's benefits, government pensions

Exclusions

First $6,480 of earnings for retirees younger than age 65; the first $8,800 of earnings for retirees age 65 and older (1989 levels).

Deductions

None

Indexing

Indexed Parameters

- Bend points in the computation of the PIA from the AIME
- Monthly benefits
- PIA after the initial year of eligibility for those workers not taking early retirement
- Bend points in the maximum family benefit computation
- Earnings exemption

Indexing Factors

The bend points in the PIA computation are indexed by the annual growth in average wages. The other parameters are indexed on the basis of the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). Automatic benefit increases are initiated whenever a measurable (0.1 percent) increase occurs in the CPI-W. The increase is reflected in checks mailed in January. If the trust funds fall below a certain reserve ratio and wage growth has not kept up with prices, then the indexation is based on wage growth rather than on price inflation.

Form and Amount of Benefit

Monthly benefits are determined via a three-step process. A worker's earnings history is used to calculate an average indexed monthly earnings (AIME). The AIME is used to determine a primary insurance amount (PIA). Actuarial reductions or increases are applied to the PIA for workers electing early or delayed retirement. The description below applies to workers reaching age 62 in 1989. The parameters in the PIA calculation are subject to indexing each year, and the normal retirement age and actuarial adjustments are scheduled to change in 1990.

The AIME is determined by first indexing each year of posted taxable earnings to the year in which the worker attains age 60 (the indexing year). Earnings after age 60 are not indexed. The index for each year of earnings is the ratio of the average earnings of all workers in the indexing year to the average earnings of all workers in the earnings year. The maximum posted earnings in a given year is the Social Security wage base for that year. The lowest five years of indexed earnings may be dropped. However, a minimum of two years is required for the calculation. Earnings after age 62 can replace lower indexed earnings from the calculation. The indexed earnings of the remaining computation years are then summed and divided by the number of months in the computation years to yield the AIME.

The PIA is the figure from which almost all cash benefits are derived. The PIA is determined from the AIME by the following schedule: PIA = 90 percent of the first $339, plus 32 percent of the next $1,705, plus 15 percent of the AIME above $2,044. The AIME amounts at which the relationship between the PIA and the AIME change are referred to as "bend points."

The monthly benefit is determined from the PIA based on the age at retirement. Workers retiring at age 65 are eligible for the full PIA. The actuarial reduction for early retirement is 5/9 of 1 percent for each month of entitlement before the worker reaches age 65. The maximum reduction is 20 percent. The minimum retirement age is 62. For workers delaying retirement beyond age 65, the monthly benefit is increased by 1/3 of 1 percent per month of work beyond age 65 until age 70. The benefit increment of 4 percent per year (1/3 of 1 percent per month) will increase by 1/2 of 1 percent every second year until reaching 8 percent per year for workers reaching age 65 after the year 2007.

A worker who continues to work after retirement, whether on a part-time or full-time basis is subject to the "earnings test" (or "retirement test") until

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attaining age 70. If the worker's earnings exceed the annual benefit amount, his or her benefits are withheld by 50 percent of the excess earnings (see above for 1986 exempt amounts).

Benefits paid to dependents and survivors are a percentage of the insured worker's PIA. The percentages for the major benefit types are listed below. These benefits are subject to a family maximum benefit limitation.

Dependents:	
Spouse--age 65	50% PIA
Dependent	50% PIA
Survivors:	
Spouse--age 65	100% PIA
Dependent parent--age 62	82.5% PIA
Disabled spouse--age 50	71.5% PIA
Widow(er) with children, children	75% PIA

The maximum family benefit from a single earnings record is calculated from the PIA using the formula below. When the family benefit exceeds the maximum family benefit, all benefits (except for those of the retired worker) are reduced by the same proportion such that the total adjusted family benefit is within the maximum. Benefits payable to a divorced spouse or to a surviving divorced spouse are not included in the calculation of the family benefit.

Maximum family benefit =
150% of the first $433 of the PIA, plus;
272% of the PIA from $433 through $626, plus;
134% of the PIA from $626 through $816, plus;
175% of the PIA over $816.

Interactions with Food Assistance Programs

Eligibility

None

Program Overlap

Social Security income was received by an estimated 20.5 percent of FSP households in Summer 1987. This figure, which is based on FSP quality control data, includes Social Security disability benefits, in addition to retirement and survivors benefits.

Sequencing of Income

Social Security income is included in FSP countable income.

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Interactions with Medicaid, SSI, and Other Programs

Eligibility

None

Sequencing of Income

The Social Security retirement test is based solely on earned income; income from other transfer programs is not counted.

Taxation of Benefits

Up to 50 percent of Social Security benefits are subject to federal income taxation if the sum of a taxpayer's adjusted gross income, non-taxable interest, and 50 percent of Social Security income exceeds a base amount. The base amount is $25,000 for a single taxpayer, or $32,000 for a married couple filing a joint return. Taxable benefits are the lesser of 50 percent of the excess income over the base amount, or 50 percent of the benefits received.

Recipient and Program Characteristics/Elderly Participation

- In 1988, an estimated 88 percent of the civilian labor force and 93 percent of the employed population were covered by OASI.

- Retired workers comprised 61 percent of the OASI caseload in December 1987. Surviving spouses, the next largest category of recipients, comprised 12.8 percent of the caseload. The average benefit for a retired worker was $537.

- In 1987, 16 percent of the family units receiving OASI had incomes below the poverty threshold.