Opportunities to Strengthen Nutrition Programs in DC to Address Senior Food Insecurity

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Low-income seniors are vulnerable to food insecurity, as limited income and growing expenses make it difficult to make ends meet. Senior food insecurity is especially prevalent in the District of Columbia, where the senior food insecurity rate was 13.5% in 2019; the highest among U.S. states. Although more recent data on senior food insecurity is unavailable, increased use of federal and local nutrition programs by seniors in the District suggests that senior food insecurity has risen throughout the COVID-19 pandemic.

DC’s high senior food insecurity rate persists despite the existence of 14 government-funded programs that can be used by seniors to address their food needs. Nutrition programs use federal and local funding to provide financial resources or food to eligible low-income residents, including seniors. See Appendix C for a summary of nutrition programs covered by this report. For this report, interviews were conducted with 14 seniors that use nutrition programs, and 22 service providers affiliated with government-funded nutrition programs. The interviews were used to evaluate barriers that limit senior participation in nutrition programs and identify recommendations to address senior food insecurity in the District. The main barriers identified were related to communication methods, enrollment processes, and user experiences with nutrition programs.

**COMMUNICATION METHODS**

Insufficient communication was a common theme across all interviews, manifesting in insufficient outreach to new clients, limited engagement with current clients, and a lack of coordination between some service providers. Interviewees reported that service providers frequently rely heavily on flyers and word-of-mouth to reach new clients. Although these methods reach many seniors, they can exclude seniors that are not already connected to other social services or involved in their communities. Seniors without English fluency are also frequently missed in outreach, due to insufficient translation of materials and multilingual staff. Minimal targeted outreach to communities with low enrollment perpetuates these issues.

Current clients were sometimes dissatisfied with the amount of communication and engagement they received from service providers. Although some programs contact seniors to remind them to access their benefits, many programs do not send automated reminders. Insufficient communication regarding delivery times and program changes also frustrated seniors, causing some to drop out of programs. Many seniors also felt that feedback was not collected frequently enough and did not result in program changes.

Nutrition program service providers (“service providers”) could better coordinate their communication efforts to increase senior enrollment. Interviewees repeatedly noted that there was no centralized District resource on nutrition programs. Although some service providers cross-promote and refer seniors to each other, there is no centralized strategy guiding collaboration. Further, limited data sharing between service providers has
EXECUTIVE SUMMARY

resulted in a lack of data on total senior nutrition program usage across the District, making it harder to identify communities for targeted outreach or identify clients for referrals to other programs.

ENROLLMENT PROCESSES

Challenges with enrollment was another frequently mentioned barrier to nutrition program access. Seniors who enroll in person can receive assistance navigating enrollment processes, but not everyone can easily get to enrollment events. Difficulties using public transportation prevent some seniors from enrolling in person. For seniors that can attend in person, insufficient staff can cause long wait times. This especially impacts individuals with disabilities that make it hard to stand for long periods. Insufficient multilingual staff can also make it difficult or uncomfortable for seniors without English fluency to enroll in person. The COVID-19 pandemic has recently added additional challenges for in-person enrollment.

Alternative methods of enrollment can increase accessibility but come with their own challenges. Enrollment by mail can be frustrating due to delayed or unreceived applications. Online and phone enrollment require access to technology that some seniors lack. Many seniors do not have the digital literacy needed to complete online applications. Online applications can also feature accessibility issues, such as small print, when designed without senior input. Phone enrollment can be inaccessible due to long wait times, and automated phone answering systems that are hard to navigate. Insufficient staff can also cause longer wait and processing times for these methods. Seniors generally preferred to enroll in person because of these challenges.

The number and length of applications for various nutrition programs can discourage some seniors from enrolling in all of the programs they might be eligible for. Filling out redundant information and providing documentation to multiple programs can be frustrating and difficult. Although some service providers are combining applications, most programs use separate applications. Generally, service providers do not use a shared database to store client information and documents, creating additional work for clients and service providers.

USER EXPERIENCES

Seniors frequently noted the positive impact nutrition programs had on their well-being, while also acknowledging that the user experience could be improved. Although seniors generally liked the food they received, several reported receiving expired food and damaged produce. Several seniors with medical dietary restrictions often received foods that they could not eat without health consequences. Most seniors approved of the variety of foods received, although some wanted more choice and more fresh produce. These experiences point to the need to have more opportunities for seniors to give feedback on food quality and options.

The amount of food or money provided by nutrition programs was often inadequate to meet the needs of seniors. Despite using multiple nutrition programs, half of the seniors interviewed were unable to fully meet their nutritional needs. Seniors are worried about how they will afford food when increases to nutrition program benefits related to the COVID-19 pandemic end. Some seniors are planning to adapt by eating less or lowering diet quality and variety. Others are seeking out more nutrition programs to meet their needs, although some are running out of options.

Nutrition programs are not equitably accessible to all seniors. In addition to challenges with public transportation and language barriers, program sites can be difficult for people with mobility challenges or visual impairments to navigate without assistance. Although delivery programs can help overcome some of these challenges, determining eligibility based on criteria that was designed without community input can be exclusionary. Discrimination, bullying, and inadequate cultural competency can also make programs unwelcoming to some seniors, especially those in the LGBTQ+ community. Including seniors in program development can help identify and prevent accessibility issues.

SUMMARY OF RECOMMENDATIONS

Below is a list of key recommendations to address some, but not all, of the above barriers. More context and details can be found in the Recommendations section.
**CONCLUSION**

Senior food insecurity is a persistent problem that will require persistent attention to fully address. Although this report outlines some recommendations to address senior food insecurity based on senior input, these recommendations only reflect the concerns and ideas of a small sample of seniors regarding nutrition programs. Active collaborations between senior communities and service providers should be established to ensure that nutrition programs are equitable and effective for all. When possible, service providers should coordinate efforts, aiming to create an interconnected system that helps all seniors achieve food security. It is also important that the District evaluate and address the systemic causes of poverty and senior food insecurity highlighted in this report when working on this issue. Eradicating senior food insecurity will require a multi-faceted approach and significant investment from the District government and external stakeholders.

**SUMMARY OF RECOMMENDATIONS**

1. Develop a senior community ambassador program within the Department of Aging and Community Living (DACL).
2. Develop and maintain a permanent, user-friendly government website where all nutrition program information is available.
3. Government agencies should require community partners to develop outreach plans for nutrition programs as part of their contracts.
4. Service providers should enhance feedback processes to give seniors more decision-making power, information, and opportunities to provide input.
5. Service providers should hire more staff to focus on communication and enrollment, prioritizing applicants from communities with low program enrollment.
6. Service providers should ask about dietary needs and preferences during program intake.
7. Complete an assessment of transportation services for seniors to evaluate knowledge of transportation programs and identify gaps in access.
8. The Department of Health Care Finance (DHCF) should require that Medicaid Managed Care Organizations (MCOs) screen for food insecurity and refer patients experiencing food insecurity to resources.
9. Embed more nutrition programs in the DC Access System and DC Direct.
10. The Department of Human Services should implement the Elderly Simplified Application Process (ESAP) and create a standard medical deduction for SNAP.
11. Local SNAP benefits should be increased.
12. Service providers should maximize federal funding by applying to all federal programs that they are eligible for.
Food insecurity is a growing problem with major consequences for seniors in the United States. Food insecurity can drastically negatively impact the health, quality of life, and independence of seniors. Senior food insecurity is associated with a reduction in activities of daily living comparable to those of food secure seniors that are fourteen years older. Not only does this make it more difficult for seniors to live comfortable and healthy lives, it also means that they are less able to care for themselves and may have to rely on aides or assisted living. Food insecurity is also associated with chronic health conditions and higher health care expenditures. These healthcare costs may limit spending on other goods and services, demonstrating one way that senior food insecurity can impact local economies. As seniors are estimated to constitute approximately 7% more of the U.S. population by 2060, senior food insecurity will come with increased consequences if left unaddressed.

Senior food insecurity is especially prevalent in the District of Columbia. In 2019, the District had the highest estimated rate of food insecurity in the United States at 13.5%. Although the District has at least 14 nutrition programs that seniors can use, senior food insecurity has remained high for years.

The high rate of senior food insecurity in the District can be partially explained by several factors. Many seniors have fixed incomes from Social Security and retirement, making it difficult to afford the high costs related to food and housing in the District. Additionally, many seniors do not enroll in all of the nutrition programs that they are eligible for. This underenrollment leaves seniors more vulnerable to food insecurity and, for federally-funded programs, leaves federal dollars unspent that could be used to address this problem. Seniors also frequently lose their ability to drive as they get older, making them more reliant on public transportation to reach stores or food distribution sites. Health conditions and disabilities also make it more difficult for many seniors to navigate public spaces, further complicating the process of accessing programs.

**DEFINITIONS**

**FOOD INSECURITY:** Limited access to adequate food due to a lack of money and other resources.

**VERY LOW FOOD SECURITY:** Food insecurity that features at least one household member experiencing reduced food intake and disrupted eating patterns due to limited money or other resources.

**FOOD INSUFFICIENCY:** Sometimes or often lacking enough food to eat in the past 7 days.
Further, the COVID-19 public health emergency drastically altered life for many seniors, as well as changing how nutrition programs operate. As seniors were especially likely to experience severe COVID-19 symptoms if infected, many seniors were unwilling to leave their homes to access nutrition programs or other essential services, due to a fear of exposure in public spaces. Those that were willing to leave their homes to use nutrition programs found that services had changed due to safety concerns. For some programs, this led to longer wait times and exposure to weather. Although those measures were vital to ensuring the safety of staff and clients, they may have decreased accessibility for some seniors. Seniors that needed new nutrition assistance may have been unaware of programs they were eligible for, as social isolation and limited digital literacy made it more difficult for seniors to learn about resources.

This report identifies ways that the District could enhance federal and local nutrition programs to better meet the needs of seniors in the District of Columbia. Interviews with government agencies and community partners were used to identify challenges related to program operations (see Appendix B for a list of interviewed organizations). Interviews with seniors who use nutrition programs in the District were used to identify barriers experienced by clients and solutions that clients would like to see. Recommendations to reduce senior food insecurity in the District were developed based on interviews. Opportunities to maximize federal funding by increasing participation in federal nutrition programs were also identified. This report was created by Fleurian Filkins, a Congressional Hunger Center Emerson Fellow, during their placement at the DC Office of Planning. More information on the methods used to conduct this research can be found in Appendix A.
Overview of Senior Food Insecurity in DC

Senior food insecurity manifests differently across communities and can be impacted by a variety of factors, including poverty, occupational segregation, household composition, and home ownership, among others. These factors disproportionately affect people of color, perpetuating inequities. They are highlighted in this report because they came up repeatedly during interviews and background research. Identifying ways to address senior food insecurity in the District requires understanding who experiences it and what perpetuates it.

OVERALL FOOD INSECURITY IN DC

Between 2017 and 2019, an average of 10.2% of District households were food insecure, and 4.0% had very low food security. Food insecurity in the District spiked during the COVID-19 pandemic, reaching 21.1% in June 2020. Feeding America estimates that the District’s overall food insecurity rate was 11% in 2021. Although no reliable data exists for senior food insecurity during the pandemic, emergency food providers which primarily serve seniors in the District have reported an increased demand for their programs throughout the COVID-19 pandemic.

A SYMPTOM OF POVERTY

Food insecurity is fundamentally a symptom of poverty. Not having enough money for food and other necessities leads people to reduce the amount or variety of food that they eat. In 2019, 32.1% of seniors in the U.S. below the federal poverty guideline were food insecure. In the District, 13.3% of residents over 65 lived beneath 125% of the federal poverty guideline in 2019, placing them at a higher risk of food insecurity. However, the number of DC seniors at risk of food insecurity because of poverty is likely even higher, as individuals well above the federal poverty guideline can be food insecure. This is especially true in DC, where the cost of living is high.

Among seniors, having a fixed income from retirement and Social Security can result in rigid budgets that are unable to afford rent, medical care, transportation, and food, especially as prices increase. This can cause seniors to reduce expenses by buying less or less nutritious food. Some seniors try to compensate by working past retirement. Approximately 23% of the seniors in the District are employed. Although employed seniors do have lower
rates of food insecurity than unemployed or disabled seniors. 4.4% of employed seniors in the U.S. were still food insecure in 2019. This may be partially due to the work available to seniors. In the District, employed older adults frequently work in low wage positions, especially in the Accommodation and Food Services Industry.

**OCCUPATIONAL SEGREGATION, WORKPLACE DISCRIMINATION & FOOD INSECURITY**

Helping some seniors gain employment in higher paying fields may help, but work is not a viable solution to senior food insecurity. Seniors often experience health and mobility challenges, making work impossible and making them more vulnerable to food insecurity. Seniors with disabilities that prevent working are much more likely to be food insecure than seniors that are in the workforce or retired. The same is true of working people with disabilities. This makes saving for retirement difficult, leaving individuals with disabilities especially likely to be food insecure as seniors. Low asset limits required to receive Supplemental Security Income benefits similarly make it difficult to save for retirement or achieve financial stability.

Occupational segregation and workplace discrimination disproportionally impacts Black and Hispanic residents. Occupational segregation is the over or under-representation of one demographic group among different types of jobs. Black and Hispanic residents disproportionally work in industries and positions that pay less. Workplace discrimination perpetuates the issue, making it less common to receive promotions that increase pay. This makes it harder to save money and afford food, helping explain why Black and Hispanic households experience higher rates of poverty and food insufficiency than white households.

Workplace discrimination also impacts the ability of other groups to achieve financial stability. Due to stigma and discrimination, returning citizens frequently have difficulty finding adequate work after being released, resulting in high unemployment rates, reduced earnings, and higher poverty and food insecurity. Undocumented immigrants are vulnerable to workplace discrimination and wage theft, as they may fear legal retaliation if they try to confront exploitative employers. LGBTQ+ individuals also frequently experience workplace discrimination that results in reduced pay. Although food insecurity and poverty data are unavailable for District seniors from these communities, it is likely that workplace discrimination impacts the ability of seniors from these communities to save for retirement and remain food secure.

**HOUSEHOLD COMPOSITION & FOOD INSECURITY**

Household composition can determine how many sources of income are supporting household members. Limited financial assets can especially impact seniors from single households. Seniors that are married and live with a spouse are less likely to live in poverty than unmarried seniors. Similarly, seniors without a spouse are more likely to be food insecure.

Seniors with dependents are also more likely to experience food insecurity. U.S. households with grandchildren in the home were approximately 9% more likely to be food insecure in 2019 than those without. In the District, nearly half of Hispanic households with children and more than 25% of Black households with children reported food insufficiency in June 2020. In contrast, just 1.5% of surveyed white households reported food insufficiency during that same time. Although this data is not disaggregated by age, it likely applies to seniors raising children as well. Caring for other dependents, such as adults with disabilities, may similarly increase poverty and food insecurity.

The LGBTQ+ community includes lesbian, gay, bisexual, trans, queer, questioning, intersex, pansexual, two-spirit, androgynous, and asexual individuals.
HOME OWNERSHIP, PUBLIC SERVICES, AND FOOD SECURITY

Seniors who rent, rather than own, their housing are also more likely to experience food insecurity. U.S. seniors over 60 that rent were 14.4% more likely to be food insecure in 2019. In the District, approximately 28.0% of seniors were renters between 2013 and 2017, with over 50% of seniors (65+) in the bottom 25% of earnings renting their housing. Although seniors in the District that rent their housing pay less per month, they lack the financial benefits of ownership. Seniors that could not afford to buy a house pay more for housing in the long run.

The factors that perpetuate food insecurity and poverty discussed above are just a small sample. Residential segregation, inequal transportation infrastructure, and disparities in public education also perpetuate poverty. The impact of those disparities primarily falls on communities of color. Although this report has primarily focused on Black and Hispanic communities, which are more prevalent in the District, similar issues are common in Indigenous and Asian communities, among others. It is also important to note that there are many people with intersecting marginalized identities who may face additional barriers to food security. Addressing senior food insecurity requires addressing the conditions that disproportionately cause and perpetuate poverty among some communities.

NUTRITION PROGRAMS FOR SENIORS

Seniors in DC have a variety of programs they can use to address their food insecurity. Although independently funded non-profits and mutual aid groups are vital for addressing the needs of seniors, this report focuses on nutrition programs that receive direct government funding. Table 1 summarizes the programs included in this research.

A matrix that includes a brief summary of each program, eligibility criteria, administrative bodies, and sources of government funding can be found in Appendix C.

The role of federal nutrition programs in reducing food insecurity is well-documented. In 2013, SNAP participation was found to decrease urban food insecurity by 11% within 6 months of enrollment. CSFP and SFMNP participation have also been associated with significant decreases in food insecurity among seniors. The impact of other nutrition programs on food insecurity has not been measured and published, although the high number of seniors enrolled, and anecdotal evidence, suggest that they are important means of meeting seniors’ food needs.

Seven of the above programs receive federal funding, mitigating local expenses to address food insecurity. Currently, DC residents, especially seniors, are not enrolled in all of the nutrition programs that they qualify for. In 2018, only 46% of eligible seniors were enrolled in SNAP. Low participation rates leave some federal funding unused. Maximizing participation in these programs would provide additional federal funding to address local food insecurity, without increasing local expenses.
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Program Summary</th>
<th>Eligibility Criteria</th>
<th>Currently Administered By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commodity Supplemental Food Program (CSFP), part of “Grocery Plus”</td>
<td>-Provides a monthly box of nutritious shelf-stable foods</td>
<td>-60+ years old</td>
<td>DC Department of Health</td>
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<tr>
<td></td>
<td>-Currently operated by the Capital Area Food Bank</td>
<td>-DC resident</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Household income &lt;= 130 percent of federal poverty guideline</td>
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<tr>
<td>Community Dining Meal Services</td>
<td>Daily congregate meals at locations in every ward</td>
<td>-Either: 60+ years old or married to someone over 60 years old that is attending</td>
<td>DC Department of Aging and Community Living</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Or: Disabled</td>
<td></td>
</tr>
<tr>
<td>DACL Home-Delivered Meals</td>
<td>-Prepared meals delivered to homebound adults</td>
<td>-60+ years old</td>
<td>DC Department of Aging and Community Living</td>
</tr>
<tr>
<td></td>
<td>-Operates every day of the week</td>
<td>-Meets DACL nutrition screening criteria</td>
<td></td>
</tr>
<tr>
<td>Home-delivered Nutrition Supplements</td>
<td>Nutrition supplements for seniors with unintentional weight loss or health conditions that impact nutritional intake</td>
<td>-Enrolled in DACL Home-Delivered Meals program</td>
<td>DC Department of Aging and Community Living</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Physician's prescription for nutrition supplements</td>
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<td></td>
<td></td>
<td>-Have a condition that interferes with nutritional intake, self-report unintentional weight loss, or have a dietitian assessment that determines the applicant to be underweight or frail</td>
<td></td>
</tr>
<tr>
<td>Home-Delivered Meals</td>
<td>-Delivers meals to those experiencing a life-changing illness</td>
<td>-Have a qualifying illness or receive hospice care</td>
<td>DC Department of Health</td>
</tr>
<tr>
<td></td>
<td>-Operates every day, except Sunday</td>
<td>-Compromised nutritional status</td>
<td>-Food &amp; Friends</td>
</tr>
<tr>
<td>Produce Plus Program</td>
<td>-Farmers market incentive program</td>
<td>-DC resident</td>
<td></td>
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<tr>
<td></td>
<td>-Monthly monetary benefits to spend at participating farmers markets across DC</td>
<td>-18+ years old</td>
<td>DC Department of Health</td>
</tr>
<tr>
<td></td>
<td>-Currently operated by FRESHFARM</td>
<td>-Member of AmeriHealth Caritas DC, CareFirst, or MedStar Family Choice-DC</td>
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<tr>
<td></td>
<td></td>
<td>-Patient at select clinics</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Diagnosed with hyper-tension, pre-diabetes, or diabetes</td>
<td></td>
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</tbody>
</table>
### Table 1: Government-Funded Nutrition Programs for DC Seniors (cont.)

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Program Summary</th>
<th>Eligibility Criteria</th>
<th>Currently Administered By:</th>
</tr>
</thead>
</table>
| Produce Prescription (Rx)                                            | Medical professionals in DC write prescriptions for $80 worth of fresh and frozen fruits and vegetables that can be redeemed at Giant Food to help patients manage diet-related chronic illnesses | - DC resident  
- 18+ years old  
- Member of AmeriHealth Caritas DC, CareFirst, or MedStar Family Choice-DC  
  - Patient at select clinics  
  - Diagnosed with hyper-tension, pre-diabetes, or diabetes | - DC Greens  
- DC Department of Healthcare Finance                                                                                   |
| Senior Farmers Market Nutrition Program (SFMNP), part of “Grocery Plus” | Provides a one-time allotment of $50 that can be redeemed for local produce from authorized farmers at farmers markets from June - November | Receive CSFP benefits                                                                                      | DC Department of Health                                                                                                |
| Supplemental Nutrition Assistance Program (SNAP)                      | - Provides funds to buy non-prepared foods at participating grocery stores and farmers markets using Electronic Benefits Transfer cards  
  - Monthly funding amount differs based on several factors | - DC resident  
- Categorically eligible if receiving TANF of SSI benefits  
- People 60+ years old do not need to meet usual monthly gross income standards. Net income must be <= 100% federal poverty guideline | Department of Human Services                                                                                       |
| The Emergency Food Assistance Program (TEFAP)                        | - Emergency nutrition assistance via food pantries, soup kitchens, and homeless shelters  
  - Currently operated by the Capital Area Food Bank | - DC resident  
- Must meet TEFAP income guidelines to use food pantries  
- No eligibility criteria for soup kitchens                                                                                       | DC Office of the State Superintendent of Education                                                                 |

Key: DACL = Department of Aging and Community Living; QMB = Qualified Medicare Beneficiary; SSI = Supplemental Security Income; TANF = Temporary Assistance for Needy Families; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children
Research Findings

Interviews were conducted with 14 seniors and 22 nutrition program staff from government agencies and non-profits (“service providers”) regarding senior food insecurity and program accessibility (see Appendix B for more information on interviewees). Findings are separated into three key themes: Communication, Enrollment, and Senior Experiences Using Nutrition Programs. The following section reflects on research findings and introduces potential recommendations that are expanded on in the Recommendations section. Quotes are used to augment findings.

COMMUNICATION

Communication was one area that interviewees thought service providers could significantly improve. Opportunities for improvement include expanding outreach to new clients, engaging current clients more, and increasing collaborations between service providers.

OUTREACH TO NEW CLIENTS

Communication is fundamental to helping seniors enroll in nutrition programs. Interviewed service providers reported using a variety of outreach formats to inform seniors about their programs, including a mix of physical materials (e.g. flyers), digital materials (e.g. social media posts), and program representatives. Physical materials and representatives were most frequently used in outreach across programs.

Among the seniors interviewed, verbal outreach was the most commonly reported way that they learned about nutrition programs. For about half of the seniors, this was from a program representative. For another half, this was via word-of-mouth from their social networks. About a third of those interviewed reported learning about programs from flyers or other written materials, while only two had seen digital outreach. Seniors living in senior housing complexes seem to receive much more outreach than other seniors interviewed. Senior housing buildings were reportedly frequently visited by program representatives, sent flyers, or emailed printable materials. As a result, seniors that resided in senior housing complexes were generally more aware of nutrition programs and enrolled in more. Although most of the seniors thought that not enough outreach had been done to seniors in their neighborhoods, those living in senior housing complexes were more often satisfied with current outreach methods.

ADMINISTRATIVE BARRIERS IN OUTREACH

Service providers were generally aware that current outreach was insufficient, resulting in some seniors not knowing about programs. Although new initiatives are being planned to address the issue, limited funding was frequently raised as a barrier to implementing better outreach tactics. Programs that had already hit their caseload limit and had a long waitlist had no incentive to conduct more outreach. Other service providers wanted to do more outreach but lacked the staff to do so. Multiple agencies reported that their outreach teams were very small, sometimes only one person. This sometimes resulted in outreach duties being contracted out to community partners. However, low administrative budgets make it so that some community partners lack adequate funding to do much outreach to new clients, while maintaining current services to existing clients.

These tactics leave individuals that are not already using a nutrition program or other social service disconnected. Targeted outreach to communities that are underutilizing programs is rare, unless it is the primary focus of the community partner. Underfunded community partners may have difficulty affording translation services, whereas agencies are constrained by the time required to translate materials. Service providers suggested that immigrants, LGBTQ+ seniors, and unhoused seniors in the District may be more frequently missed by current outreach methods.
Outreach was further complicated by the COVID-19 pandemic. As more seniors stayed home and isolated, service providers had to alter their outreach tactics dramatically. Larger, more well-funded programs were able to quickly shift to online outreach, using video call presentations and helping seniors learn to use technology. Service providers with less funding struggled to adapt to virtual platforms, as they lacked finances to hire staff to assist seniors or invest in new technology.

**IMPROVING OUTREACH TO NEW CLIENTS**

Interviewees had a variety of ideas for how nutrition program outreach could be improved. Many acknowledged that outreach needed to increase overall. Some seniors felt comfortable turning to government services or representatives to learn about new programs. Others preferred tapping into connections through programs they already used. Others preferred to talk to individuals in their social network. Reaching all seniors will require a multi-faceted approach that accommodates a variety or preferences.

Service providers and some seniors reported that some seniors have become more comfortable with technology over the COVID-19 pandemic. Programs that provided digital tablets or laptops and technology training to seniors helped some seniors gain digital literacy. Service providers could tap into the increased literacy by using more email, texts, and virtual presentations to share program information to seniors. Service providers could also get permission to share contact information with other service providers, allowing digital outreach to new clients. Targeted advertisements on social media could also be used to reach new senior clients and raise awareness of resources. Similarly, a permanent District government website could be developed as a hub of information on all nutrition programs for clients and service providers to reference.

Seniors also expressed a desire for programs to meet them in their neighborhoods. Some seniors especially valued having a representative to interact with in person. They liked the idea of community ambassadors going door-to-door, to senior housing complexes, and to public venues with information about nutrition programs. Having these people be well-connected members of the community could increase impact by adding a sense of trust and familiarity. This method may be especially effective in outreach to seniors that do not speak English, LGBTQ+ seniors, unhoused seniors, seniors with disabilities, and immigrant seniors. Local nonprofit DC Greens successfully uses a similar model with their Food Champions program, training senior community members to share resources and advocate for their community.

The seemingly lower rate of senior food insecurity at senior housing complexes demonstrates the power of tapping into hubs of senior activity. Seniors noted
the potential role faith-based organizations could have in connecting seniors to nutrition programs. Although some churches already provide emergency food assistance through pantries, there have not been widespread efforts to have faith-based organizations share information on nutrition programs. Libraries, health clinics and other community centers could also be better leveraged as outreach locations.

**KEEPING CLIENTS INFORMED & ENGAGED**

Seniors valued clear communication from programs about program changes and pickup reminders. Some service providers do a good job of maintaining contact with seniors that are already enrolled in nutrition programs. Seniors especially liked that the Capital Area Food Bank sent phone reminders about when to pick-up food boxes for the Grocery Plus program. These reminders are especially helpful for seniors with emerging memory problems. Implementing similar practices for all programs would help ensure that seniors utilize their benefits.

Not all seniors were content with the amount of communication from nutrition programs. Some had negative experiences with delivery programs, waiting at home all day, only for no one to show up. Several seniors left programs due to poor communication about deliveries. Delivery updates could improve the user experience and reduce frustration.

Clear communication about program changes could also increase program retention. As programs have adapted to the COVID-19 pandemic, some seniors reported confusing experiences where they were suddenly dropped from delivery programs without explanation. Frustrated with the experience, they did not follow up with the organization on other programs, losing a source of food. Other seniors did not sign up for a program because they weren't informed that enrollment processes were moved online. Consistently communicating program changes and the reasons behind them to seniors could increase retention and help seniors feel valued.

**FEEDBACK**

Service providers and seniors both agreed that feedback is critical for improving nutrition programs. Without feedback from clients, service providers lack the qualitative data needed to make informed changes or evaluate if changes improved services. The amount of feedback requested by organizations varied greatly. Some only requested feedback once a year, while others, such as So Others Might Eat, used regular client check-ins to collect feedback more frequently. Not all programs had the funding or staff required to obtain feedback. Minimally, all programs had a hotline or email to contact with concerns.

“I think if maybe you have somebody, an outreach person in each Ward... They can just get the word out... at the recreation center...or at church... and a lot of the big apartment complexes. Tell them [people] what's going on, where you can get this, and just put it out there for the people in the neighborhood...I think people would reach out.”
–Ward 7 Senior

“I’d be waiting [for a delivery] and they don’t call. So I missed that week and then next week they’re calling, and I’ll just say, ‘what happened last week?’ and they say they didn’t have enough to go around.”
–Ward 7 Senior

“My team is working, making sure that we do hear that feedback...Our program is here to serve our participants and we need to hear what’s not working so we can change it...If it’s not accessible to them and being utilized, what’s the point?”
–Service Provider
Feedback could be improved by offering more mediums to provide feedback. Feedback opportunities could be automated through emails and texts. For seniors without digital literacy, over the phone or in-person data collection should still be offered. Community ambassadors would be especially useful for collecting feedback from groups that may be less comfortable expressing direct criticism to program staff.

Many interviewed seniors reported not receiving opportunities to give feedback, although most were eager to do so. A couple of seniors felt that their feedback was not listened to and did not result in change. This may be because only one senior reported being told of changes that would be made from their feedback. Food & Friends informed one senior of resulting changes, increasing her enthusiasm for the program. To make feedback processes more meaningful, service providers should let seniors know of program changes based upon feedback. Ensuring that feedback mechanisms result in communicated changes can improve programs and increase client satisfaction.

COLLABORATION BETWEEN PROGRAMS

Currently, there is no centralized way for all service providers to share program updates and coordinate communication strategies with each other. The only formal practice that facilitates communication between service providers are monthly emergency food provider and inter-agency emergency food calls hosted by the Office of Planning’s Food Policy Division (OP). These calls have been an important means of coordinating efforts and sharing information throughout the COVID-19 pandemic. OP could improve these meetings by ensuring that more service providers that work on senior food security are invited and by occasionally dedicating meetings to coordinating communication strategies.

Although some service providers collaborate on cross-promotion, other opportunities to collaborate on outreach are being missed. A lack of data sharing between most service providers means that organizations are only aware of the demographics of their own clients. Using a shared database would allow service providers to identify and target communities with low engagement, as well as provide a baseline to compare the impact of program changes to. A lack of strategic coordination between organizations on outreach (besides cross-promotion) also results in multiple service providers inefficiently using their limited resources to conduct outreach to the same seniors independently. Conducting outreach as an integrated system of service providers would allow more targeted outreach, less overlapping outreach, and potentially a reduction in cost.

ENROLLMENT

Enrollment was another area that could be improved, although most seniors did not have so much trouble enrolling that they did not use a program. Enrollment could be improved by hiring staff from communities with low program engagement, increasing the accessibility of enrollment processes, and streamlining processes.

ENROLLING IN PERSON

Seniors generally found enrollment processes easy. This seems to be largely because they signed up in person and had program representatives to help them through the process. Representatives helped seniors fill out forms and answer program questions, as well as putting some seniors at ease. Service providers reported that in-person enrollments made it easier to enroll individuals with limited literacy or vision impairments, as well as facilitating social connection with clients.

“Whenever I have to ask for help, I get a little anxious... The lady who took my intake, she was busy that day and ...she still had it in her to make me feel like a queen. She put me at ease. She made me feel like it was my right [to sign up]”

~Ward 8 Senior, talking about enrolling in Grocery Plus

Though most seniors preferred enrolling in person, some reported barriers that made it more difficult to access in-person enrollment events. Seniors that lived in senior housing complexes where program representatives came to the complex had few issues, but those living...
in other settings reported transportation difficulties. Limited sign-up time windows were a barrier for seniors that used public transportation. Periodically hosting sign-up events in public venues in different neighborhoods could address these concerns. Ensuring outreach happens weeks in advance of enrollment events would give seniors more time to coordinate their travel plans. Including information on required documentation can reduce the number of clients that show up without documentation and get deterred from applying. Information on the types of food or resources provided through the program would allow seniors with dietary restrictions to decide if programs can meet their needs before enrolling. Outreach materials could also offer information on free or discounted transportation programs for seniors.

Hiring more staff for enrollment provides an opportunity to address other issues. Currently, in-person enrollment events are often inaccessible to seniors that do not speak English. If more multilingual staff are hired, seniors that don’t speak English may feel more comfortable accessing nutrition programs. When enrolling marginalized communities, such as the LGBTQ+ community and communities of color, it may be helpful to have staff with similar identities to build trust. Hiring more staff that have lived experience using nutrition programs could also improve services, because they understand the needs and concerns of clients more personally.

Seniors and service providers noted that more staff was needed to improve enrollment. Insufficient staff slows down enrollment assistance, causing long wait times. These wait times are especially an issue if queues are outside. Setting up canopies could help protect seniors from the elements. Seniors with disabilities that make it difficult to stand for long (e.g. those with mobility issues or breathing difficulties) should be brought to the front of lines to increase accessibility.

“Make sure that there’s clear communication to clients in advance... in terms of what the requirements are... They [seniors] go to a place and they’re like, ‘Oh, they didn’t tell me I needed this, this, and this to go get something. That’s very frustrating and I don’t want to be bothered.'”

–Service Provider

“‘You [the interviewer] cannot tell me ‘I understand where you’re coming from, the wait, or the frustration when you don’t have all the paperwork you need to apply’... Sometimes, if you let a person know what to expect, it’s less frustration... If you have been there before, you say to me ‘It’s going to take an hour, but be patient, it’s worth the wait.’”

–Ward 5 Senior

ALTERNATIVE MEANS OF ENROLLMENT

Seniors also had opportunities to enroll through the mail, online, and over the phone, although none of these methods were preferred over in-person enrollment. These methods have been relied on more throughout the COVID-19 pandemic, with some service providers halting in-person enrollment events. Sometimes applications that were mailed in were delayed or never received, causing frustration. Although seniors did not like enrollment by mail, they thought it was important to keep it as an option.

Online and phone enrollment options are quicker but require digital literacy and access to technology that many seniors do not have. Some programs have increased technology access and digital literacy among seniors, but many are still uncomfortable. One interviewed senior talked about how she still does not understand how to download or upload documents,
even though she had participated in a computer skills training program. Programs that shifted their enrollment processes entirely online over the pandemic received many complaints from seniors.

Enrollment options that are online or over the phone pose other challenges as well. Phone applications and automated phone answering systems can be challenging for people with difficulties with verbal communication. Some programs use online applications that were designed without community input, resulting in applications with small print and other accessibility issues. Designing application processes with community input could help identify accessibility issues and offer potential solutions. Some seniors are also wary of sharing information online or over the phone, due to scams. Fewer seniors are answering their phones due to scam calls, impeding enrollment and recertification processes. Public messaging and education may be needed to help seniors identify genuine communications from nutrition programs.

Response delays over the phone and online can also frustrate seniors. This was the main reason that interviewed seniors who applied over the phone did not enjoy it. Long wait times on the phone also frustrated some seniors. In some cases, seniors never received calls back when they were expecting them. These issues are reportedly caused by service providers lacking the staff needed to handle high call volumes.

“I’ve called that number a number of times, and it just rings and rings... or they’ll put you on hold and you’re sitting on hold a whole hour. There’s just no help there to help anybody do anything.”
–Ward 4 Senior

STREAMLINING PROCESSES

For some seniors, the enrollment process can be a hassle. A few seniors had trouble acquiring and providing required documentation, such as proof of income, or residency. This can be especially challenging for unhoused seniors. Difficulties providing proof of medical deductions has resulted in few seniors receiving a medical deduction for SNAP in the District, causing seniors to receive lower benefits than they are eligible for. The length of the SNAP application in particular poses a barrier for some seniors, discouraging seniors who perceive the required effort as greater than the low benefits they expect to receive.

“You have to worry about going to the landlord, trying to get them to provide you documents that you need, which can take some time. If they could streamline that process, I think it would be a whole lot easier.”
–Ward 4 Senior

The burden and frustration associated with applying to multiple nutrition programs could be reduced in several ways. A shared database could be established for nutrition programs, allowing service providers to access the same information and documentation needed for enrollment and preventing seniors from filling out redundant information. Service providers could check eligibility for multiple programs and make referrals.
Embedding all nutrition programs into the DC Access System would achieve this, without the costs of creating an entirely new system. If joint applications were also developed, seniors could go through fewer enrollment processes. These changes could drastically reduce the amount of effort required by program staff and seniors. It would also make it possible to analyze data across programs to make data-informed program changes and guide targeted outreach.

“One piece of feedback that I hear frequently is ‘If I’m qualified for one program, why do I need to continue signing up for each individual program?’”
–Service Provider

One service provider also suggested creating a digital portal that helps participants through application processes. Some programs already do this on an individual basis, but it would be more effective to centralize this effort in conjunction with a shared application and database. The portal could be available as a website and app, including resources on available social programs and applications. The portal could track the status of applications, reducing demand for case manager interactions. Rather than developing new software, other nutrition programs could be embedded into District Direct, which already handles SNAP cases. Although a digital portal would not be accessible to seniors without digital literacy or access, it could improve data collection, application processes, and help compensate for staff shortages. Critically, even if digital options are improved, it is important to offer alternatives for seniors that prefer other modes of communication.

**SENIOR EXPERIENCES USING NUTRITION PROGRAMS**

Seniors were appreciative of the role nutrition programs had in supporting their well-being, though they still saw opportunities for improvement. The quality of food, inadequacy of benefits, and program accessibility could be addressed to improve the experience of using nutrition programs.

“The importance of programs

Nutrition programs can improve the quality of life of participating seniors in a variety of ways. They provide nutritionally diverse foods that support good physical health, which seniors may be otherwise unable to afford. Nutrition education components of programs can also improve health, teaching participants healthy recipes, how to read food labels, and how to balance their diets. Nutrition education programs can give seniors information to make better choices for themselves, while nutrition programs provide the materials needed to act on that information.

“I’m a get a cheaper alternative if I have to pay for it. If I’m in a program and they give it to me, I’m gonna try it... I have more wider opportunities, and it will open my eyes to a new food.”
–Ward 7 Senior

Nutrition programs also improve the mental health of seniors. Receiving food can reduce financial stress and worries about getting enough food. Seniors talked about how much they look forward to nutrition program days. They can also improve mental health by providing opportunities to socialize. Seniors that use programs for months come to know the staff and fellow clients personally and look forward to seeing them. One interviewed senior especially valued eating and talking with friends at community dining sites. For isolated seniors, nutrition programs are a consistent source of interactions, helping combat loneliness and depression.

“I would be so happy to go up there and see all that beautiful produce... I hope it [Produce Plus] doesn’t go anywhere, because it was the light of my life... It just makes life much easier for me.”
–Ward 7 Senior
THE FOOD

Generally, seniors liked the food they received from programs, although they did voice concerns. Many of them thought that the quality of prepared foods had decreased in some programs, as prepared meal programs transitioned to delivery or sent more frozen, rather than fresh, meals to reduce delivery frequency. They also thought that they were given more shelf stable foods than produce. Several seniors reported receiving food that was expired and produce that was badly damaged or rotten. In the future, some hope to see more high-quality fresh produce. When that is not possible, some prefer the quality and health benefits of frozen produce over canned.

A few seniors with medical diet restrictions received foods that they were unable to eat without health consequences. One senior reported that the prepared food he received was often too dry for him to digest. Two seniors with diabetes and high blood pressure could not eat much of the canned food they received, due to added sugar and salt. One senior admitted to eating some of those foods anyhow, out of necessity and impulse, resulting in health consequences. These events suggest that more service providers need to ensure that the foods they provide are tailored to clients by asking about dietary needs during enrollment.

Most seniors were happy with the variety of foods they received, although some wanted more variety in produce, more meat, and spices. Receiving the same products regularly without much variation can make programs less enjoyable. Seniors wanted more say in the food they received. Having the opportunity to choose food was especially valued in programs that offered it. Digital forms could be used to let seniors in delivery programs choose their food in advance, but an alternative would be needed for seniors with technology barriers. One senior wanted to see programs that allowed participants to select their food, like they would at the grocery store. Although allowing individual choice for every program is not currently feasible, providing more opportunities for seniors to give feedback on their food preferences can increase satisfaction with programs.

ADEQUACY OF BENEFITS

The quantity of food or money provided by nutrition programs was a concern for many seniors. Most were using multiple nutrition programs to try to meet their nutrition needs. Despite this, about half of them were unable to get the amount of food they needed from nutrition programs. Those with tight budgets made up the difference by relying on donations from relatives and reducing portions. For seniors that rely on nutrition programs for most or all of their food, not being able to get benefits for a week has a big impact. A missed delivery can have major consequences, especially if disabilities impair the client’s ability to leave the house to obtain food alone.

Recent changes to SNAP had a large impact on all of the seniors that were enrolled in it. In response to
the COVID-19 pandemic, the USDA increased SNAP benefits to the maximum amount per household size through emergency allotments.42 This dramatic increase provided financial stability and food security to many seniors. Unfortunately, the District’s emergency allotment approval will eventually end, causing benefits to decrease, sometimes by hundreds of dollars. Although federal changes increased SNAP benefits by 21.03% in October of 2021, this increase did not benefit all SNAP participants in the District.44 Residents, including many seniors, that receive the minimum SNAP benefit saw no increase, as the $30 per month minimum SNAP benefit that the District provides is higher than the new federal minimum. Unless permanent increases to SNAP benefits are implemented, District residents that receive the minimum benefit will end up receiving the same benefit as before the COVID-19 pandemic.

The decrease in SNAP benefits after the end of the emergency allotments is a source of worry for many seniors. Even when using additional nutrition programs, it can be hard to stretch $30 per month to acquire essentials that are not provided by other programs. To compensate, some seniors plan to buy cheaper foods with less nutritional value. Some plan to maintain food quality by reducing the amount they eat. Others plan to find part-time work, which may expose them to COVID-19. The large reduction in SNAP benefits will likely increase the reliance of many seniors on other nutrition programs and increase food insecurity.

Some seniors also mentioned relying on deals and shopping around to spread benefits further. This becomes tricky for seniors that lack cars, as travel expenses may offset savings. Recent alterations to Transport DC, an alternative transportation system for MetroAccess customers, increased costs and limited the number of trips that could be taken per month.45 This may add additional expenses and complications related to transportation.

“They give you a raise [of benefits] on one thing and take off on something else… You can’t really get enough.”

–Ward 7 Senior

PROGRAM ACCESSIBILITY

Nutrition programs are not equally accessible to all seniors, particularly those without fluency in English, those who communicate via American Sign Language, and DeafBlind individuals. Even when accommodations are available, program staff may not always know how to interact appropriately with seniors that need accommodations. Hiring staff with fluency in languages besides English and offering cultural competency trainings could increase accessibility.

Physical spaces where programs take place can also be inaccessible. Although service providers make efforts to accommodate a variety of needs, some lack funding to renovate their physical spaces. Some distribution sites have stairs, making them inaccessible to some seniors with mobility impairments. Some buildings and farmers markets are not easily navigable for people with visual impairments without assistance. Structural changes that increase accessibility, such as ramps and tactile flooring, should be invested in as soon as possible.

Social qualities of spaces can also create accessibility issues. Although most seniors had not faced discrimination while using nutrition programs, their experiences are not universal. One senior felt that he had been treated in a less friendly manner because of his mental disabilities. An LGBTQ+ senior advocate shared that some seniors in the LGBTQ+ community had faced discrimination while using nutrition programs, causing some to hide their identities to safely receive services. He also reported that many staff members are unfamiliar with how to ask about or use pronouns, making transgender seniors feel uncomfortable and
unwelcome. Interpersonal hostility between clients can also discourage participation in programs. More training on how to interact with people from groups that face discrimination or need accommodations would improve the user experience. Increasing awareness of the Office of Human Right’s Discrimination Complaint process by sharing it through service provider distribution lists could also help build trust.46

Offering delivery increases accessibility, but not for all seniors. Basing delivery eligibility on disability can exclude seniors who would benefit from delivery but do not meet the criteria. For example, some people with mental health conditions may feel uncomfortable in public spaces, but do not legally have disabilities. LGBTQ+ seniors may not access in-person programs due to hostility from other seniors. Disability-based eligibility can also exclude people who have a valid fear of crowded public spaces due to COVID-19 exposure. A more equitable approach would be to design criteria with clients and offer flexibilities when possible. Though increasing delivery would come with a cost, the cost could be limited if service providers synchronize deliveries.

Transportation also poses an accessibility issue for many seniors. Several seniors did not access some programs because they had difficulty getting to distribution sites. Program sites also are not always located near public transportation routes. For those that are, public transportation can be difficult to navigate. Seniors in Wards 5, 7, & 8 have lower Metro access, fewer grocery stores, and fewer farmers market than those in other Wards. This makes it harder to get to program sites or redeem benefits. Reduced nutrition program service hours and Metro disruptions add additional barriers, especially for seniors who must plan around work or dependents. Physically bringing food home can also be a challenge for participants that use public transportation. Limited finances can make it hard to afford public transportation in the first place. Although programs such as Transport DC and subsidized ConnectorCards can reduce the financial burden of transportation, they do not always provide enough support. Designing solutions to transportation barriers will require more thoroughly analyzing gaps in available programs and how challenges vary across neighborhoods.

NEIGHBORHOOD CHARACTERISTICS

When asked about root causes of senior food insecurity, seniors talked about low upward mobility, jobs that pay too little, and lower educational attainment in their neighborhoods. Each of these can make it hard to achieve financial stability and save for retirement, predisposing seniors to be food insecure. Seniors also talked about how the Social Security and retirement distributions they receive often leave little money for other expenses. Rising food prices and a lack of affordable housing exacerbates the issue. For seniors living on insufficient fixed incomes, all it takes is one financial emergency to become food insecure.

“The rent is high and just the bills you have to pay to live. I pay rent, gas, electric, and phone bills… You got to get groceries… It’s rough on low-income people, especially if you get Social Security.”

–Ward 7 Senior
The quality of public services in a community also affects how seniors interact with nutrition programs. Insufficient public transportation, and food apartheid, the systematic racial segregation of food resources, can make it harder to get to program sites or grocery stores in Wards 7 & 8. Even if seniors can get to a grocery store, some stores in Wards 7 & 8 are perceived as offering lower-quality foods, making it harder to spend benefits on fresh produce. These experiences point to the need to address concentrated poverty and inadequate public services when trying to address food insecurity.

Though some communities may be more vulnerable to food insecurity, community also offers resiliency. An interconnected community was vital for many seniors to meet their nutrition needs. Seniors often work together to access programs. Program information is shared through social networks, rather than directly from programs. Seniors with limited literacy get help applying from literate friends. Seniors with and without disabilities sometimes travel to program sites together, ensuring everyone gets there safely. Seniors with cars will drive those without. Excess food is shared, and people in need get support from their neighbors, friends, and families. Being a part of an interconnected community has mental and physical benefits that communities with high turn-over rates lack.

“If one knew, everybody on the block knew [about programs/resources] ...We were a family.”

–Ward 8 Senior, referring to a community where she used to live in Ward 5
Recommendations

This section highlights and expands upon key recommendations based on the Findings in the previous section. Some recommendations would specifically target senior food insecurity, while others would help address food insecurity overall.

1. **Develop a senior community ambassador program within the Department of Aging and Community Living (DACL).**

Well-connected seniors across the District should be hired and trained as community ambassadors to conduct outreach in their communities. Hiring seniors from senior housing complexes would be especially impactful. Community ambassadors would distribute handouts and verbal information on nutrition programs in public spaces. They would also go to senior centers and door-to-door, ensuring that homebound or isolated seniors are not excluded in outreach. They would increase enrollment accessibility by helping clients that cannot access enrollment sites apply to nutrition programs. They would also serve as senior advocates, meeting with staff from DACL, DC Health, and the Department of Human Services (DHS) to discuss communication strategies and program changes.

2. **Develop and maintain a permanent, user-friendly government website where all nutrition program information is available.**

Currently, the only DC nutrition program resource hub is the District’s COVID-19 Food Resources page, but this page is temporary and not up to date. A permanent website should be developed in collaboration with DACL, DC Health, and DHS to house all government-funded nutrition program information. Non-government nutrition programs could also be added. A website specialist should be hired to ensure that the website is user-friendly and accessible on smart phones and computers. The website should be designed with senior input and input from community ambassadors. It should be updated regularly. Links to agency newsletter sign-up forms should be embedded in the site to help people to stay informed of program updates. Agencies should also share a link to the website through their newsletters. The website should be advertised to seniors by using targeted social media advertisements, as DC Health is planning to do for the Special Supplemental Nutrition Program for Women, Infants, and Children.

3. **Government agencies should require community partners to develop outreach plans for nutrition programs as part of their contracts.**

These plans should include a variety of outreach methods, including paper handouts, phone, and digital formats. Each community partner should implement a system to send texts, calls, or emails to clients regarding program updates. When appropriate, pickup reminders and delivery updates should be sent the same way. Community partners should distribute nutrition program resource sheets, such as the DC Federal Nutrition Program Toolkit, through their communication channels to current clients, as well as mailing it to residences to reach new clients. Community partners should include information on programs that can help seniors afford transportation in their outreach materials. A standardized sentence could be used, such as "Seniors that need assistance finding or affording transportation to nutrition program sites can view options at https://dacl.dc.gov/service/transportation or call DACL at 202-724-5626." All contracted community partners should also share discrimination complaint processes with their clients. They should also provide information on whether their services can accommodate dietary needs and preferences on outreach materials. Each
community partner should plan how they will get materials translated and distributed in a timely manner. Opportunities for cross-promotion and collaboration with other programs should be listed. Additional funding will have to be provided for contracted community partners to implement these plans.

4. Service providers should enhance feedback processes to give seniors more decision-making power, information and opportunities to provide input.

Regular feedback opportunities for seniors should be implemented for each nutrition program to evaluate the quality of services and opportunities for improvement. Feedback should also be used to design enrollment processes to ensure accessibility. These opportunities should be offered in digital, phone, and in-person formats to ensure accessibility. Senior community ambassadors should be asked to provide input as well. More in-depth feedback could be collected using paid focus groups. Seniors should also be given the opportunity to support or oppose proposed changes to the services of programs that they are enrolled in. The logic behind subsequent program changes should be shared with clients and the public, demonstrating that senior input was heard.

5. Service providers should hire more staff to focus on communication and enrollment, prioritizing applicants from communities with low program enrollment.

Insufficient staff currently limits the ability of service providers to provide more comprehensive outreach, respond to all inquiries in a timely manner, or speed up enrollment processes. Hiring more staff would address these issues and offer an opportunity to further diversify staff. Hiring staff from communities that have low engagement could provide insights into tactics that would increase engagement. Staff from these communities could also help cross cultural barriers, potentially increasing the comfort of individuals from marginalized communities. Staff with lived experience with food insecurity or using nutrition programs could help identify opportunities for improvements that staff who have never experienced food insecurity may be unaware of. Hiring multilingual staff could be especially impactful, reducing language barriers that prevent some seniors from enrolling in programs.

6. Service providers should ask about dietary needs and preferences during program intake.

Many service providers attempt to accommodate dietary needs and preferences, but evidently still miss some seniors. Some seniors reported receiving foods that they were unable to eat because of health conditions. Some service providers said that they did not accommodate cultural dietary preferences. Embedding a questionnaire within all program enrollment processes could address these issues in a standardized way. Appropriate questions should be defined with senior clients, but examples of questions that could be asked include:

- Are there certain foods or food groups that you cannot or will not use if received?
- Do you have any cultural dietary preferences?
- Do you have any health conditions that make it difficult or harmful to eat some foods?

For each of these questions, program staff could ask follow-up questions to define what foods are not preferred and include them in a database. Food could then be tailored to accommodate needs.

7. Complete an assessment of transportation services for seniors to evaluate knowledge of transportation programs and identify gaps in access.

Transportation was a commonly reported barrier to nutrition program access for seniors. This barrier manifested as lack of knowledge of transportation assistance programs, inadequate public transportation infrastructure and assistance programs, and accessibility issues. More research is needed to understand the limitations of current transportation options for seniors, identify gaps in coverage, and develop solutions. This study could be conducted by a government agency or non-government organization to more thoroughly evaluate the issue and develop recommendations that are tailored to different Wards.
8. The Department of Health Care Finance (DHCF) should require that Medicaid Managed Care Organizations (MCOs) screen for food insecurity and refer patients experiencing food insecurity to resources.

Food insecurity is a health issue, so it makes sense to use the healthcare system to address it. Future DHCF contracts should require MCOs to screen for food insecurity and refer clients to nutrition programs, as is done in many other states. To avoid burdening doctors, food insecurity screeners could be embedded in intake and appointment check-in forms. If clients are food insecure, they could be offered a standardized resource, such as the Federal Nutrition Program toolkit or a link to a nutrition program resource hub website. MCOs could track and report referral success rates to evaluate the effectiveness of this tactic. DC Primary Care Association is working on uniform language for food insecurity screeners and resources for physicians, which could support this initiative.

9. Embed more nutrition programs in the DC Access System and DC Direct.

The District Access System provides digital infrastructure to determine eligibility, manage cases, communicate with clients, and manage data for a variety of social services, including SNAP, Temporary Assistance for Needy Families, and Interim Disability Assistance. Embedding Grocery Plus, Produce Plus, and DACL nutrition programs in the District Access System could enable easier data sharing. Other programs could eventually be integrated as well. In the long term, DC Access System could be used to analyze user data across nutrition programs and refer seniors to additional social services they could use. This data would also provide a baseline to evaluate how program changes are impacting senior nutrition program enrollment.

DHS currently uses District Direct as an online portal for clients to check eligibility, apply for benefits, and renew benefits for SNAP. Integrating Grocery Plus and Produce Plus into District Direct could streamline enrollment processes for seniors with digital literacy. District Direct could also help manage waitlists for these programs, though processes would be needed to decide who gets to participate when the number of applicants exceeds the available number of program slots. Application status could be monitored without contacting service providers. Documents could also be uploaded to avoid requesting proof of income and residency multiple times. In the long term, a joint application could be developed to reduce the number of applications seniors have to fill out. A base questionnaire could be made to acquire data that is commonly requested across programs. Additional questionnaires could be used to collect data needed to apply to specific programs. Clients could also opt-in to an automatic referral system. Although these changes would require time-consuming digital infrastructure changes, the resulting increase in efficiency makes them worth investigating as long-term strategies.

10. The Department of Human Services should implement the Elderly Simplified Application Process (ESAP) and create a standard medical deduction for SNAP.

The ESAP would make it easier for seniors to apply to and stay enrolled in SNAP by easing application and recertification requirements for seniors. Data matching reduces the amount of client-provided information. Extended recertification periods make it so that eligible seniors only have to recertify every three years. DHS has reported that they are in the process of applying for ESAP. The timely submission and implementation of this application could reduce a barrier to SNAP access for seniors, if the U.S. Department of Agriculture approves.

DHS should also consider creating a standard medical deduction for SNAP to simplify application processes and increase average SNAP benefits for seniors. Currently, SNAP allows seniors to deduct unreimbursed medical expenses exceeding $35 per month from their net income when applying to SNAP. This medical expense deduction can increase the amount of benefits received, but the complexity of documenting medical expenses can discourage seniors from using it. Historically, the District has had the lowest percent of eligible households claiming medical expense deductions out of all U.S. states. A standard medical deduction could address this by deducting a standard amount for all seniors that spend more than $35 a month on medical expenses. Although implementing this change would require
decreasing SNAP expenses elsewhere in the budget or supplementing the budget with local funding, the resulting increased average senior benefit amount and reduced application processing times makes it worth considering.54

11. Local SNAP benefits should be increased.

When SNAP emergency allotments end, seniors (and others) that are enrolled in SNAP are expected to see a sharp decrease in SNAP benefits, likely resulting in increased financial instability and food insecurity. Although federal changes permanently increased SNAP benefits for some, it did not increase benefits for DC residents that receive the minimum benefit, including many seniors. Even those that received the increase may find that benefits are not enough to achieve food security, due to DC’s high cost of living. Increasing benefits could ease financial burdens for many, as well as reducing health care expenditures in low-income households.55 Doing so could benefit the local economy, as SNAP is an economic multiplier.56

12. Service providers should maximize federal funding by applying to all federal programs that they are eligible for.

All organizations that serve meals to seniors should apply for the federal Child and Adult Care Feeding Program (CACFP), which could reimburse senior meal costs.57 Given that very few senior centers utilize this program, it could have a large financial impact. Service providers should also consider applying to participate in the Senior Community Service Employment Program.58 This program uses Older Americans Act funds to pay seniors to learn relevant job skills at public and non-profit facilities. Service providers should also consider applying for competitive federal Administration for Community Living grants online when relevant grants are available.59
Conclusion

Senior food insecurity is a persistent, significant problem in the District. Nutrition programs help address senior food insecurity by providing the food, resources, and nutrition education needed to eat healthy, improving mental and physical health. Although government-funded nutrition programs are helping many seniors achieve food security, they are not serving all seniors equally. Interviews demonstrated how communication, enrollment, and the user experience could be improved to increase accessibility. This report proposed specific recommendations that could improve nutrition programs to better serve seniors, increasing program engagement and service quality. Although implementing these recommendations will require significant funding, the resulting benefits to senior well-being make it a worthwhile investment.

Fully addressing senior food insecurity in the District will require sustained efforts. It is vital that service providers collaborate with seniors to address senior food insecurity, ensuring seniors have regular feedback opportunities and decision-making power. Addressing senior food insecurity will also require addressing other issues that perpetuate food insecurity, such as food apartheid, income inequality, and inadequate public transportation. Service providers should collaborate with each other and other social program administrators whenever possible to streamline services and address interrelated issues as a system. Eradicating senior food insecurity in the District will require a multi-faceted approach inclusive of all programs and seniors themselves.
Appendix A: Methodology

POLICY LANDSCAPE

A literature review was conducted to understand the contemporary state of senior food insecurity in the U.S. and DC. This included reviewing demographic information on senior populations from the U.S. Census to understand how DC’s senior population differed from the general U.S. senior population. This information was paired with a review of root causes of food insecurity to identify factors that may be perpetuating food insecurity among seniors in the District. Resources available to address senior food insecurity in DC were identified through local non-profit reports and government briefings. Sources of funding were identified for these resources, allowing the scope of this project to be narrowed to programs that received government funding. Changes to local and federal programs were also identified. A full list of secondary materials is available in the References section.

INTERVIEWS

Interviews were conducted by phone and videocalls to gain a more in-depth understanding of senior nutrition programs in DC from the people who administer and use the programs. Interviews were transcribed. All interviewees were anonymized in this report. All interview data is stored on a protected government database. Senior interview responses were anonymized during data collection by replacing names with assigned ID numbers.

Twenty-two interviews were conducted with members of DC government agencies and non-profits involved in the administration of government-funded nutrition programs (see Appendix B for a list of interviewees). Interview questions were tailored to each interviewee and took place via recorded videocalls. Subjects included services offered, administrative challenges, and perceived barriers to access for seniors.

Fourteen seniors were recruited for hour-long interviews. Outreach was done through organizations that had been interviewed. Interviewed organizations were sent informational flyers in English and Spanish to share with seniors. Some organizations directly connected seniors that used their nutrition programs to the interviewer. Others distributed flyers to program enrollees and senior communities. To be eligible, participants had to:

- Live in DC
- Be 60 years or older
- Have lived experiences with food insecurity in the past year

To determine whether seniors had lived experiences with food insecurity in the past year, a series of questions that evaluated different aspects of food insecurity were used. The first was “In the past year, have you worried about how you would afford food, or run out of food before you had money to buy more?” If the participant responded “No,” we asked “Would that still be the case if you didn’t have access to nutrition programs?” If they responded “Yes,” we asked “Do you have a good variety of fresh fruits and vegetables in your diet? Do you eat 3 meals a day?” If the participant responded “Yes,” they were ineligible to participate in the study.

Attempts were made to include diverse perspectives in the sample, by reserving slots for individuals from communities and Wards that disproportionately experience food insecurity. Eligible seniors filled slots on a first come, first serve basis. If a senior was eligible, but came from an already represented community or ward, they were added to a waitlist. Slots that remained unfilled during the last week of data collection were filled with participants from the waitlist.

All interviews were conducted in English, although alternative languages were offered through an interpreter. Participants chose between videocall or phone call interview formats. A script and standardized set of questions was used with impromptu follow-up questions. Topics included familiarity with nutrition programs and experiences enrolling in or accessing nutrition programs. Each participant was compensated.
with a $100 Visa gift card for their time. Potential recommendations were shared with participants via mail or email. Prior to publication, participants had the opportunity to provide feedback and oppose recommendations via phone, mail, or email. Edits were made to bring the recommendations in line with the views of the participants.

**LIMITATIONS**

The small sample size and limited time frame of this study resulted in a sample that was not representative of DC’s senior population. A majority of participants self-identified as Black, non-Hispanic seniors from Wards 7 & 8. Some communities that disproportionately experience food insecurity are missing from the sample. Communities that were not represented in interviews with food insecure seniors include: Latinx seniors, immigrant seniors, recently unhoused seniors, and LGBTQ+ seniors. No seniors were interviewed from Wards 1, 2, 3, or 6. Although the perspectives and experiences of the interviewed seniors are valuable, they likely differ significantly from those of seniors from different communities and Wards.

The lack of representation from some communities and Wards may be partially attributed to the sampling method used. Potential senior interviewees were identified using convenience sampling, by collaborating with interviewed organizations to contact seniors. Because of this, all of the interviewed seniors were already using at least one nutrition program. Many of the collaborating organizations offer services in Wards 7 & 8, potentially resulting in the high turn-out rates in those Wards. Those Wards also have a high concentration of non-Hispanic, Black, English-speaking residents, skewing the sample.

The language options used in outreach may have also limited the turnout of some communities. Although informational flyers were offered in English and Spanish, the OP staff doing outreach only knew limited Spanish. This could have further discouraged Spanish-speaking seniors from learning about the opportunity. The lack of translation into additional languages excluded many immigrant communities.

Some potential participants may also have been excluded by the interview options offered. Due to the COVID-19 pandemic, only phone and video call interviews were completed. This excluded anyone without access to a phone, omitting the perspectives of seniors who have an additional technology barrier to overcome when trying to access nutrition programs.

**APPENDIX A: METHODOLOGY**
Appendix B: Interviews

### Government Agencies

Representatives were interviewed from:

- DC Department of Aging and Community Living
- DC Department of Employment Services
- DC Department of Health
- DC Department of Human Services
- DC Mayor’s Office on Returning Citizen Affairs

### Community Organizations

Representatives were interviewed from:

- Capital Area Food Bank
- DC Food Project
- DC Greens
- D.C. Hunger Solutions
- Food Research & Action Center
- G III Associates
- Iona Senior Services
- Mary’s Center
- Plaza West
- Seabury Resources for Aging
- So Others Might Eat
- Unity Health Care
- Vida Senior Centers

### Seniors

14 seniors were interviewed. Their ages ranged from 61-75, with an average of 68 years old. 11 of them identified as female. None of them identified with the LGBTQ+ community. 13 of them identified as Black. One identified as “Other.” None of them were Hispanic or Latino. None of them were immigrants. All of them were native English speakers. Four of them were in the workforce. 9 of them had disabilities. Seniors from Wards 7, 8, 5, and 4 were interviewed, with 6, 5, 2, and 1 participant(s) coming from each, respectively. No seniors were interviewed from Wards 1, 2, 3 or 6.

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<table>
<thead>
<tr>
<th>NUTRITION PROGRAM NAME</th>
<th># OF SENIORS ENROLLED</th>
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<tbody>
<tr>
<td>CSFP</td>
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<tr>
<td>Community Dining</td>
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<tr>
<td>Meal Services/Group</td>
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<td>Meals</td>
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<td>Food &amp; Friends</td>
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<td>Home-Delivered Meals</td>
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<tr>
<td>Produce Plus Program</td>
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<tr>
<td>Produce Rx</td>
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<td>SFMNP</td>
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<td>SNAP</td>
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<td>TEFAP</td>
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# Appendix C: Overview of Federal and Local Nutrition Programs for Seniors in DC

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Program Summary</th>
<th>Eligibility Criteria</th>
<th>Currently Administered By:</th>
<th>Government Funding</th>
</tr>
</thead>
</table>
| Commodity Supplemental Food Program (CSFP), part of "Grocery Plus" | -Provides a monthly box of shelf-stable foods  
-Currently operated by the Capital Area Food Bank | 60+ years old  
-DC resident  
- Household income <= 130 percent of federal poverty guideline | DC Department of Health | -Federally funded through USDA Food & Nutrition Service  
- Food & Nutrition Service sets max number of caseloads for DC |
| Community Dining Meal Services                    | Daily congregate meals at locations in every ward  
- Either: 60+ years old or married to someone over 60 years old that is attending  
- Or: Disabled | | DC Department of Aging and Community Living | -Partially federally funded under Title III of the Older Americans Act  
- DC matches >= 15% of federal funding |
| DACL Home-Delivered Meals                         | -Prepared meals delivered to homebound adults  
- Operates every day of the week | -60+ years old  
- Meets DACL nutrition screening criteria | DC Department of Aging and Community Living | -Partially federally funded under Title III of the Older Americans Act  
- DC matches >= 15% of federal funding |
| Home-Delivered Nutrition Supplements              | Nutrition supplements for seniors with unintentional weight loss or health conditions that impact nutritional intake | -Enrolled in DACL Home-Delivered Meals program  
- Physician’s prescription for nutrition supplements  
- Have a condition that interferes with nutritional intake, self-report unintentional weight loss, or have a dietitian assessment that determines the applicant to be underweight or frail | DC Department of Aging and Community Living | -DC Department of Aging and Community Living |
| Home-Delivered Meals                              | -Delivers free meals to those experiencing a life-changing illness  
- Operates every day, except Sunday | -Have a qualifying illness or receive hospice care  
- Compromised nutritional status  
- Limited ability to prepare meals  
- Referral from healthcare provider | DC Department of Health  
- Food & Friends | -DC Department of Health Community Health Administration |
## Summary of Nutrition Programs (cont.)

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Program Summary</th>
<th>Eligibility Criteria</th>
<th>Currently Administered By</th>
<th>Government Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Produce Plus Program</td>
<td>Farmers market incentive program - Monthly monetary benefits to spend at participating farmers markets across DC - Currently operated by FRESHFARM</td>
<td>-DC resident - Enrolled in one of the following programs: Medicaid; Medicare QMB; SFMNP; SNAP; WIC; SSI Disability; TANF</td>
<td>-DC Department of Health</td>
<td>-DC Department of Health Community Health Administration</td>
</tr>
<tr>
<td>Produce Prescription (Rx)</td>
<td>Medical professionals in DC write prescriptions for $80 worth of fresh and frozen fruits and vegetables that can be redeemed at Giant Food to help patients manage diet-related chronic illnesses</td>
<td>-DC resident - 18+ years old - Member of AmeriHealth Caritas DC, CareFirst, or MedStar Family Choice-DC - Patient at select clinics - Diagnosed with hypertension, pre-diabetes, or diabetes</td>
<td>-DC Greens -DC Department of Health Care Finance</td>
<td>-DC Department of Healthcare Finance -Federally funded through the USDA Gus Schumacher Nutrition Incentive Program</td>
</tr>
<tr>
<td>Senior Farmers Market Nutrition Program (SFMNP), part of “Grocery Plus”</td>
<td>Provides a one-time allotment of $50 that can be redeemed for local produce from authorized farmers at farmers markets from June - November</td>
<td>-Receive CSFP benefits</td>
<td>-DC Department of Health</td>
<td>-Federally funded through USDA Food &amp; Nutrition Service</td>
</tr>
<tr>
<td>Supplemental Nutrition Assistance Program (SNAP)</td>
<td>Provides funds to buy non-prepared foods at participating grocery stores and farmers markets using Electronic Benefits Transfer cards - Monthly funding amount differs based on several factors</td>
<td>-DC resident - Categorically eligible if receiving TANF of SSI benefits - People 60+ years old do not need to meet usual monthly gross income standards. Net income must be &lt;= 100% federal poverty guideline</td>
<td>Department of Human Services</td>
<td>-Federally funded through USDA Food &amp; Nutrition Service</td>
</tr>
<tr>
<td>The Emergency Food Assistance Program (TEFAP)</td>
<td>Emergency nutrition assistance via food pantries, soup kitchens, and homeless shelters - Currently operated by the Capital Area Food Bank</td>
<td>-DC resident - Must meet TEFAP income guidelines to use food pantries - No eligibility criteria for soup kitchens</td>
<td>-DC Office of the State Superintendent of Education</td>
<td>-Federally funded through USDA Food &amp; Nutrition Service</td>
</tr>
</tbody>
</table>

Key: DACL = Department of Aging and Community Living; QMB = Qualified Medicare Beneficiary; SSI = Supplemental Security Income; TANF = Temporary Assistance for Needy Families; USDA = United States Department of Agriculture; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children
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3The Office of the Budget Director. The State of Older Adults in the District of Columbia. 2020. https://static1.squarespace.com/static/5bbd09f3d74562c7f0e4abb0/t/5f9c4438a2bf90a9b2416ee/1604076613803/Final_Public+Benefit+Programs+Available+to+Seniors+in+the+District+of+Columbia+Report.pdf


10Filkins, at endnote 1.

11Filkins, at endnote 2.

12Filkins, at endnote 1.


15Filkins, at endnote 1.


17Filkins, at endnote 1.


References


28Filkins, at endnote 18.


33Filkins, at endnote 1.

34Filkins, at endnote 1.

35Filkins, at endnote 2.

36Filkins, at endnote 1.

37Filkins, at endnote 3.


*Endnote 43 was removed after final editing.


48Filkins, at endnote 41.


References


