



HUNGER: AN AGING ISSUE

Prepared by
Food Bank For New York City
Division of Government Relations, Policy and Research

ABOUT THE FOOD BANK FOR NEW YORK CITY

The mission of the Food Bank For New York City is to end hunger by organizing food, information and support for community survival and dignity. The Food Bank collects, warehouses and distributes food to more than 1,300 nonprofit community food programs throughout the five boroughs. The organization also offers ongoing support to its network of food programs through nutrition and food safety workshops, networking sessions and education tools that help build capacity and improve efficiency. The Food Bank serves as a resource center for member agencies, legislators, the media and the public.

The Food Bank's Government Relations, Policy and Research division develops policy and conducts innovative research to ascertain trends regarding the degree of hunger throughout the city, socio-demographic profiles of programs and participants, changes in demand for food assistance and community needs assessments.

A member of America's Second Harvest, The Nation's Food Bank Network, the Food Bank provides 67 million pounds of food annually to our network of community food programs citywide, including soup kitchens, food pantries and homeless shelters. The food provided helps programs to serve more than 250,000 meals each day to individuals and families seeking emergency food assistance to avoid going hungry.

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INTRODUCTION

In 2004, research by the Food Bank For New York City revealed that elderly New Yorkers age 65 or older are among the groups most vulnerable to hunger. *Hunger Safety Net 2004: Measuring Gaps in Food Assistance in New York City* demonstrated that more than two million New Yorkers are at risk of hunger,¹ approximately half of whom turn to emergency food programs (EFPs) for help.² Of those coming to EFPs throughout the five boroughs, close to 24 percent are elderly New Yorkers.³ In a city of 7.9 million residents,⁴ where elderly individuals comprise just 12 percent of the total population, this is a particularly worrying find.

It is encouraging to note that New Yorkers are aware of and care about this crisis. *NYC Hunger View September 2005*, a Food Bank report that analyzes the findings of a public opinion poll conducted in July 2005, demonstrates that public awareness of elderly hunger is very high and that the general issue of hunger is rated as a priority by most city residents in this election year.

The findings show that irrespective of gender, age, race/ethnicity, household income and education level, 89 percent of city residents think it is important for city government to reduce hunger in New York City in the upcoming year, and 82 percent believe that hunger is a problem among the elderly. It is interesting to note that even New Yorkers in the highest income bracket and with the highest level of education are concerned with this issue – more than three-quarters of residents with household incomes of \$75,000 or more and three-quarters of those with graduate degrees think that elderly hunger is a problem. Surprisingly, younger New Yorkers also have a strong awareness of hunger among the elderly – three-quarters of residents age 18 to 35 view the issue as a problem.

As the city braces for huge growth in its elderly population, the time is right to explore the causes of and answers to elderly hunger. Who are the elderly who are turning to EFPs? Why do they need emergency food? What safety nets exist for this vulnerable population? What measures are needed to ensure that soup kitchen and food pantry lines do not swell with hundreds of thousands of elderly people over the coming decades?

The goal of this paper is to examine the strength of the public safety net for the elderly, particularly regarding access to food. Reviewing the socioeconomic circumstances of elderly men and women currently turning to EFPs provides some insight into the causes of elderly hunger. An analysis of incomes and the basic living costs of people age 65 or older, in addition to a closer look at the government assistance programs targeting this population, allow for recommendations to prevent the crisis of elderly hunger from escalating out of control as the baby boom generation reaches retirement age.

ELDERLY NEW YORKERS IN THE EMERGENCY FOOD SYSTEM

A disproportionate number of elderly New Yorkers rely on EFPs to supplement their monthly food supply. While elderly individuals account for 12 percent (922,516) of the city's population,⁶ the Food Bank study, *Hunger Safety Net 2004*,⁷ shows that elderly individuals account for 24 percent of the total population of city residents turning to EFPs.

A demographic lens shows that elderly EFP participants are mostly poor, women, people of color and immigrants, including a substantial number who live alone. In keeping with general elderly statistics, the majority of individuals age 65 or older who visit EFPs are women – more than two-thirds (68 percent) of elderly EFP participants are female. The ethnic/racial composition of elderly participants highlights the vulnerability of elderly people of color to hunger. Three out of five (60 percent) are Black/African American, almost one-third are Latino/Hispanic, six percent are White, while Asian and Multi-Racial participants each account for close to two percent of the total. Almost half (46 percent) of elderly participants are foreign born, indicating that a sizeable portion of the city's elderly immigrant population relies on emergency food to get by. Of the total elderly participant population, close to one-third (32 percent) live alone.

As one would expect, elderly EFP participants are constrained by poverty. All participants (100 percent) age 65 or older report incomes below \$25,000 and more than four out of five (84 percent) elderly participants subsist on incomes of less than \$15,000.

The intensity of poverty among elderly participants is coupled with their reliance on fixed incomes. Almost all (89 percent) receive some form of government assistance. A full three-quarters (75 percent) receive Social Security and the remainder receive a mixture of other government cash and non-cash benefits. It is significant to note, however, that less than one-fifth (17 percent) receive food stamps, and that of all New Yorkers turning to soup kitchens and food pantries, the elderly have the lowest participation rate in the federal Food Stamp Program. This exemplifies how the elderly struggle to access existing resources, as more than twice as many non-elderly EFP participants (35 percent) are food stamp recipients.

Most illustrative of hunger among the elderly is their long-term dependence on emergency food. More than half of all elderly EFP participants have been visiting soup kitchens and/or food pantries for more than twelve months, and close to two out of five (38 percent) have been relying on emergency food assistance for longer than two years. Although EFPs are designed to provide temporary emergency food assistance, it is clear that elderly New Yorkers turn to these agencies as a more permanent source of relief. Further indicating the susceptibility of the elderly to hunger, in 2004, close to one-fifth (19 percent) of elderly city residents reported that they would be immediately unable to purchase food after a loss of just one month's income.⁸

Facing unique obstacles that discourage them from accessing public food assistance, the elderly come to rely upon the city's network of EFPs, sometimes as the sole source of direct food assistance for their dietary needs. The following sections explore why so many elderly city residents are unable to regularly put food on their tables without charity assistance from these private hunger-relief agencies, and include an analysis of low elderly-participation rates in the Food Stamp Program.

THE BOOMING ELDERLY POPULATION

As mentioned in the previous section, elderly New Yorkers account for 12 percent (922,516) of the city's total population. This mirrors state and national figures: 2004 Census data shows that the elderly make up approximately 12 percent of the total U.S. population⁹ and in New York State, almost 13 percent of residents are age 65 or older.¹⁰ Compared to other large urban areas, New York City has a higher percentage of elderly residents – 12 percent compared to ten percent in both Los Angeles and Chicago.¹¹

Within the next few decades, as the baby boom generation ages, these numbers will increase dramatically. By the year 2020, one in six Americans – 53 million men and women – will be age 65 or older.¹² In New York State, the Office for the Aging reports that the number of people aged 65 or older is expected to increase by 35 percent from 1995 to 2025 – that is, from 2.3 million to 3.3 million people. This is more than ten times greater than the projected rate of growth for individuals under 60 years of age, which is approximately three percent, over the same 30 year period.¹³

Based on the most recent census estimate, in 2004, 18 percent (163,933) of elderly New York City residents live below the federal poverty level, an increase from 17 percent (160,277) in 2000.¹⁴ In fact, the poverty rate among the city's elderly is almost double the national rate of 9 percent (3,215,298).¹⁵

A significant proportion of the elderly in New York City, and the U.S., are people of color, and a disproportionate number of elderly people of color are poor. AARP¹⁶ reports that, in 2002, the national poverty rate for elderly African Americans was more than twice that for all elderly people (24 percent compared to 10 percent respectively).¹⁷ In New York State, there were more than 234,000 Hispanic residents age 60 or older in 1995; that figure is expected to increase 203 percent to 709,000 by 2025. Similarly, the number of Black non-Hispanic elderly is expected to grow 61 percent in the same time period, from 311,000 to 500,000.¹⁸

Given that one-quarter of New Yorkers turning to EFPs are elderly, we can expect the numbers of elderly men and women waiting on soup kitchen and food pantry lines to swell out of control over the next few decades, unless public policy is enacted to address the problem. Research already reveals increased need: data shows that almost one-third (31 percent) of elderly New Yorkers had difficulty affording food in 2004, an increase from just less than one-quarter (23 percent) in 2003. Similarly, the percentage of the elderly who did not purchase food needed by their household at some time during the year nearly doubled from six to 11 percent from 2003 to 2004.¹⁹ In light of such data, it is essential to understand the myriad hardships faced by elderly New Yorkers that result in difficulty accessing food and long-term reliance on emergency food programs.

SOCIAL AND ECONOMIC CHALLENGES

Income

In 2004, the national annual median income of elderly householders was \$24,509, in contrast to \$44,389 for householders of all ages.²⁰ That same year, the Census Bureau reported a median income of \$41,509 for New York City households.²¹ According to 2003 data, the safety net of public benefit programs (including social insurance, means-tested benefits and tax credits) reduced the number of poor Americans by 27 million, including 14 million people age 65 or older (more than 80 percent). The safety net further reduced the severity of poverty for those who remained poor – “the disposable income of the elderly remaining in poverty was raised from an average of just 8 percent to 62 percent of the poverty line” – and provided health care coverage to tens of millions of individuals who otherwise would be uninsured.²²

But gaps in the safety net remain. Although entitlement programs such as Social Security and Medicare have played a critical role in eliminating poverty for the elderly, close to one-fifth (17 percent) live at or below 125 percent of the poverty threshold.²³ And, as mentioned in the previous section, almost one in five elderly New Yorkers (18 percent) live below the federal poverty level.

- **Social Security**

Social Security is the strongest and most successful anti-poverty program in the nation. It has been an essential support for elderly Americans since 1935, and remains the principal source of income for two-thirds of the elderly and the sole source for one-third.²⁴ Census data released in 1997 showed that, “Social Security reduces the proportion of elderly people living in poverty from nearly one in two to fewer than one in eight.”²⁵ In New York State, the 1997 Census report revealed that Social Security benefits reduced the number of the elderly population living below the poverty level from 50 percent to 15 percent.²⁶

Individuals who receive small or no Social Security benefits are covered by the Supplemental Security Income program (SSI). However, SSI pays a maximum federal benefit that is 27 percent below the poverty line for an individual living alone. As a result, more than three million elderly Americans had disposable family incomes below the poverty line in 2003, and almost 14 million elderly Americans had incomes between one and two times the poverty line.²⁷

Women and people of color, two of the elderly subpopulations most susceptible to hunger, are among those for whom Social Security provides the strongest safety net. Women pay 39 percent of Social Security payroll taxes and receive 50 percent of Social Security benefits, and African Americans make up 13 percent of the population but represent 17 percent of those receiving Social Security disability benefits.²⁸ According to the Hispanic Federation, Social Security is the primary source of financial protection for the vast majority of Hispanic retirees and their families.²⁹

At the same time, a number of improvements to the program would help to make these traditional low-income groups less vulnerable to the grip of poverty. For example, difficulty affording food among the elderly is greater among women than among men across all demographic groups. In a survey of elderly women living with disabilities, half of the women of color and 13 percent of the white women reported having difficulty affording food.³⁰ One solution, proposed in Congress, to alleviate poverty among elderly women is to directly increase the Social Security survivors’ benefits. This would involve, “[capping] the higher benefit at the average worker’s primary insurance amount to target the dollars toward widow(ers) with lower benefits,”³¹ as detailed by the Social Security Widow’s Benefit Guarantee Act of 2002.³²

The most pressing problem for elderly individuals who depend on Social Security is the inadequacy of benefit amounts to match basic costs of living, including food. As mentioned in a previous section, three-quarters of elderly New Yorkers turning to EFPs receive Social Security benefits. This is not surprising when one considers that the average single elderly New Yorker living alone on Social Security subsists on a mere \$12,559 a year.³³ As the aging of the baby boomers gathers speed, the time seems ripe to rectify this problem. However, concern regarding the future of Social Security is currently distracted by public debate about the value of private accounts, and the much needed discussion to address the general inadequacy of Social Security benefits to match basic living expenses is obscured.

Living Costs

Basic cost of living increases give rise to millions of elderly individuals on fixed incomes struggling to make ends meet. For example, according to the latest projections by the AARP Public Policy Institute, non-institutionalized Medicare beneficiaries age 65 or older spent 22 percent of their income (\$3,455), on average, for health care.³⁴ In New York City, Food Bank research shows that nearly one-fifth (18 percent) of the elderly population lives without savings and would not be able to afford food for themselves and their families immediately after losing only one month of income.³⁵

- **Housing**

Fixed incomes are especially problematic for elderly New Yorkers in the face of escalating housing costs. Close to three-quarters (73 percent) of the elderly population that turns to EFPs for assistance resides in rental accommodations, indicating that rent expenses take priority over food costs for this population.³⁶ For many, meeting the cost of increasing rents at a fixed income can result in reduced meal portions and skipped meals, as well as eating less nutritious foods, which tend to be more expensive.

A primary source of the housing problem for elderly New Yorkers, as for the rest of the city's population, is the chronic shortage of low-income affordable housing and subsequent spiraling rent costs. In 2002, almost three-quarters of poor New Yorkers paid 50 percent or more of their incomes for rent-regulated apartments.³⁷ In recent years, the city administration has committed to new investments in affordable housing, including Mayor Bloomberg's 2002 New Housing Marketplace plan to preserve and create 65,000 units of housing over five years. While these investments will realize significant steps toward addressing the housing crisis, the need for larger investments remains, as does the need for a targeted housing plan for New York City's growing elderly population.³⁸

Section 202 Supportive Housing for the Elderly Program

Earlier in 2005, Housing First!³⁹ revised its 2001 platform statement and, building on the foundation of the Mayor's plan, outlined a strategy to combat the city's housing crisis.⁴⁰ The plan includes a number of affordable housing preservation and creation recommendations that would allow elderly New Yorkers to "age in place," such as expanding subsidized assisted living for seniors and addressing the ever-increasing waiting list for the federal Section 202 Supportive Housing for the Elderly program. Like many federal programs that serve the elderly, Section 202 is a model program that has helped to keep hundreds of thousands of people age 65 and older out of dire poverty and homelessness. But in recent years, funding for the program has been slashed – a fate that other vital programs for the elderly will soon share if proposed federal budget cuts and plans for program restructuring are implemented, as discussed in later sections. In the mid-1990s funding for Section 202 was cut by 50 percent, and although funding for the program has increased slightly during surplus years, it continues to be one-third less than it was in 1995.⁴¹ The findings of a 2002 New York City public opinion poll revealed that some Section 202 housing facilities reported waiting lists of up to ten years, and more than 200,000 elderly city residents are waiting for vacancies from a total pool of 17,000 Section 202 housing units.⁴²

SCHE and SCRIE

Two housing programs that serve as a vital resource for New York City's elderly population are the Senior Citizen Homeowners Exemption Program (SCHE) and Senior Citizen Rent Increase Exemption Program (SCRIE). SCRIE exempts people age 62 or older, with annual incomes below \$24,000, from all or some rent increases, which enables thousands of low- and fixed-income elderly residents to stay in their homes.⁴³ Similarly, SCHE exempts eligible elderly homeowners from property tax increases.⁴⁴ Research findings reveal higher homeownership among elderly EFP participants than participants in other age categories. More than one-fifth (21 percent) of all elderly participants at soup kitchens and/or food pantries are homeowners, in contrast to just 8.5 percent of all EFP participants and five percent of participants under the age of 65. Increasing property taxes, which place an extra burden on low- and fixed-income elderly New Yorkers, may explain why so many elderly homeowners are turning to EFPs. Disseminating information about SCHE and SCRIE at soup kitchens and food pantries may help enroll more eligible individuals in these programs.

▪ **Health Care**

Perhaps the most significant difference in the causes of elderly and non-elderly poverty is accumulation of medical costs among the elderly, especially as a result of malnourishment. The American Dietetic Association reports that malnourished patients experience more complications, resulting in high costs for treatment. Lack of access to nutritious food for elderly individuals can have severe consequences, much more so than among the non-elderly population. The food insecure⁴⁵ elderly are more likely than food secure elderly to report fair/poor health status and have a higher nutritional risk even when poverty, disease, functional impairment, age, gender, education and race/ethnicity are accounted for.⁴⁶ In addition, the food insecure elderly consume fewer vital nutrients, such as vitamin B-12 and iron.⁴⁷

Malnutrition among the elderly has sweeping consequences for national health-care costs, as it significantly increases hospitalizations, physician visits and the need for expensive prescription drugs. In addition to being the morally right thing to do, hunger and malnutrition prevention is a much less expensive option. For example, the overall cost of one year's supply of home-delivered meals is equal to the cost of one overnight hospitalization.⁴⁹ Further, "every dollar spent on home-delivered meals saves \$3.25 in health-care costs."⁵⁰ Problems accessing adequate and nutritious food can also compel elderly individuals to admit themselves to nursing homes prematurely. One year in a nursing home costs approximately \$40,000, whereas a year's worth of meals only costs about \$1,325.⁵¹ In short, it is far more cost effective to ensure that elderly New Yorkers have access to food.

Medicare and Medicaid

Medicare and Medicaid, the nation's two leading health-care programs for the elderly, have been instrumental in raising millions of individuals age 65 or older out of poverty.

AARP reports that, for beneficiaries, Medicare represents a "stable source of health insurance protection that provides a vital component of retirement security."⁵² A majority of the nation's elderly had inadequate or no health care coverage before the enactment of the Medicare Program in 1965, but by 2003 less than one percent of elderly Americans had no health insurance.⁵³

Medicaid provides health care to more than 50 million low-income Americans, including the elderly. As an entitlement program, one of the strengths of Medicaid lies in its ability to provide coverage for more low-income people when need increases. For example, this allowed the program to respond to the drop in employer coverage at the turn of the new

century, ensuring that more than one million adults did not join the ranks of the uninsured.⁵⁴ A key function of the Medicaid program is to fill Medicare's gaps in coverage. To this end, Medicaid is the largest single funding source for nursing home care and is used by millions of elderly individuals to pay for Medicare premiums, deductibles and coinsurance. In total, services for low-income elderly individuals and people with disabilities account for approximately 70 percent of Medicaid spending.⁵⁵

However, there are challenges in both programs that are likely to drive even more elderly New Yorkers onto soup kitchen and food pantry lines. Growth in Medicare spending drives up premiums. For example, over the previous two years the premium for the outpatient services component of the program increased by 33 percent to \$78.20 per month, which translates as approximately two-fifths of the average Social Security benefit for a worker who retired in 2000.⁵⁶ As Medicare spending is expected to grow – by seven percent annually between 2006 and 2014 – the program's premium amounts will continue to rise as well.⁵⁷

The introduction of the Medicare prescription drug benefit, a recent improvement to the program, also poses a potential challenge for beneficiaries who receive food stamps. When the prescription drug benefit becomes available in January 2006, some elderly people may lose or have their food stamp benefits reduced.⁵⁸ In early May 2005, the Bush Administration announced that elderly people with low incomes may lose some of their food stamps if they sign up for the prescription drug benefit. Administration officials explained that when Medicare begins to cover drugs in January 2006, the elderly will spend less of their own money on drugs and will therefore have more to spend on food, thus reducing their need for food stamps.⁵⁹ Given the difficult economic circumstances of elderly Americans, this policy seems short-sighted in its creation of a "robbing-Peter-to-pay-Paul" effect. It is regrettable that as the policy is implemented the promise of an extra resource for the elderly is lost.

Perhaps the biggest health-care threat looming for elderly residents in New York City, and the nation as a whole, is a potential cut to the Medicaid program. In September 2005, the Senate Finance Committee and the House Energy and Commerce Committee must submit plans to implement \$10 billion in cuts to be included in the final 2006 Budget Reconciliation bill. It is expected that most of the cuts will come from the Medicaid program.

The impact of Medicaid cuts and restructuring in New York City would leave more vulnerable elderly individuals scrambling to make ends meet and will likely result in greater numbers of individuals age 65 or older turning to EFPs for help.

Social Constraints

In addition to economic constraints, many elderly individuals experience difficulty in obtaining or preparing food due to a functional impairment or lack of social support. Academic research shows that social support is essential not only to assist in purchasing and preparing meals, but also because of the sociological effects of isolation.⁶⁰ Generally, individuals consume less food volume and variety when eating alone.⁶¹ This problem is heightened among the elderly who often lose their partners at an old age and must adapt to living on their own.

Finally, physical and mental ailments also contribute to the elderly population's inability to access food. For example, some of the elderly are unable to purchase food because they are physically unable to go grocery shopping. The National Policy and Resource Center on Nutrition and Aging states that one in five elderly adults has trouble walking, grocery shopping, or preparing food.⁶² A high number of elderly individuals have some kind of disability; the 2004 Census report shows that 39 percent (365,142) of the elderly population are disabled,⁶³ which represents 41 percent of all elderly New York City residents. Having a disability can often be a hindrance to self-sufficiency, particularly for the elderly, and may impede the ability to access adequate and nutritious food.

GOVERNMENT FOOD ASSISTANCE PROGRAMS

As mentioned above, the elderly frequently prioritize housing and health care costs over food expenses. A number of government food assistance programs currently exist to help fill in the gaps. The largest of these is the U.S. Department of Agriculture (USDA) Food Stamp Program. Other vital USDA-funded programs that target the elderly include the Senior Farmers' Market Nutrition Program (SFMNP), the Commodity Supplemental Food Program (CSFP), and the Child and Adult Care Food Program (CACFP). The Elderly Nutrition Program (ENP), funded by the Administration on Aging (AoA), is a further resource for elderly individuals in need of food assistance.

In addition, the federal Emergency Food Assistance Program (TEFAP), New York State's Hunger Prevention and Nutrition Assistance Program (HPNAP) and New York City's Emergency Food Assistance Program (EFAP) provide funding to support emergency food services throughout the five boroughs. As demonstrated in earlier sections, elderly New Yorkers account for a large population of city residents relying on these services.

Food Stamps

Although the federal Food Stamp Program is the nation's first line of defense against hunger it is severely underutilized by elderly New Yorkers at risk of hunger. As described in the Emergency Food Participants section, less than one-fifth of all elderly city residents turning to EFPs receive food stamps. There are various reasons for this, including confusion concerning the application process, the perception that the application process is too arduous for too little benefit, lack of access to a food stamp application center and/or a desire to avoid the shame and stigma associated with needing food assistance.

A key factor of low elderly food stamp participation is the high number of elderly EFP participants who are immigrants. As mentioned earlier, 45 percent of the elderly coming to soup kitchens and food pantries are foreign born. Information about food stamps is particularly difficult for this group, as misinformation and confusion about rules and eligibility requirements abound since the enactment of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, and the subsequent legislative changes that altered eligibility requirements for immigrants. PRWORA (commonly known as welfare reform) effected changes in food stamp eligibility guidelines that stripped documented immigrants of benefits. The 2002 Farm Bill restored eligibility to some documented immigrants who lost eligibility in 1996. Currently, the 2007 Farm Bill is being negotiated – this provides the federal government an opportunity to restore eligibility for all documented immigrants by reinstating pre-1996 (PRWORA) eligibility policies.

Access to food stamp application centers is also a factor. Food Bank research provides borough-specific analysis of EFP participants that demonstrates particularly large populations of elderly individuals coming to soup kitchens and food pantries in boroughs outside of Manhattan. For example, participants at EFPs in Queens generally tend to be older than their counterparts citywide. The data also indicates that almost four out of five elderly participants (79 percent) visit programs within a ten block radius of where they live.⁶⁴ This is an indication that long and difficult commutes to food stamp application offices serve as an obstacle to enrollment for a number of elderly New Yorkers in need of food assistance.

In addition, many elderly individuals only qualify for the \$10 minimum monthly food stamp benefit, which discourages some eligible elderly New Yorkers from participating in the program. Another factor that contributes to low elderly participation in the Food Stamp Program is the allowed resource limit for food stamp recipients, which has remained at a low of \$3,000 for a number of years.

It should be noted that, in recent years, the New York City Department of Social Services Human Resources Administration (HRA) has achieved significant increases in the number of New Yorkers receiving food stamps. Also, in August 2005, the federal government awarded New York City a \$1 million grant to fund food stamp outreach – this funding will support a new food stamp outreach partnership between HRA, FoodChange and the New York City Coalition Against Hunger.

Improving access to the Food Stamp Program for the elderly stands out as a clear priority in New York City. Such an initiative requires collaboration among hunger-relief groups, advocates, community organizations, legislators and city agencies. In recent years the implementation of the New York State Nutrition Improvement Project (NYSNIP) has increased access to food stamps for SSI recipients who live alone. This model should be adapted to increase enrollment of all eligible elderly New Yorkers. Elderly individuals utilize a range of government assistance programs, including Medicare, Medicaid and Social Security, and it would make sense to connect the food stamp application process to any or all of them. Elderly New Yorkers would be more likely to utilize the wide range of available programs if one straightforward application process connected them to all services for which they are eligible.

In addition, it makes sense to develop means to ensure that elderly individuals can apply for food stamps without making repeated trips to a food stamp application center. The development of an online food stamp application process and the waiver of face-to-face interviews would especially benefit elderly New Yorkers. This would allow local community-based organizations, including EFPs and senior centers, to assist elderly individuals to complete the food stamp application process.

Even as the need to increase the number of eligible elderly New Yorkers in the Food Stamp Program is pressing, a threat to the program looms in Washington. A proposed cut of \$3 billion over five years to the USDA budget, to be included in the 2006 budget reconciliation bill, is expected to fall heavy on the Food Stamp Program.

USDA Elderly Nutrition Programs

The Senior Farmer's Market Nutrition Program (SFMNP), the Commodity Supplemental Food Program (CSFP) and the Child and Adult Care Food Program (CACFP) are among the range of other USDA-funded programs that provide food assistance to the elderly.

For example, SFMNP provides fresh, nutritious, locally grown fruits, vegetables, and herbs from farmers' markets, roadside stands and community-supported agriculture programs to low-income elderly individuals. The strength of the program lies in its ability to supply nutritious, locally farmed produce. In 2004, New York received the second highest SFMNP grant award amount (\$1.5 million) of any state.

These essential nutrition programs, like the Food Stamp Program, are also under threat from the proposed \$3 billion in cuts to USDA programs, as discussed above. Any funding cuts to the programs will only serve to further widen gaps in food assistance services for elderly New Yorkers.

Additionally, SFMNP is currently a pilot program – the 2002 Farm Bill authorized the program for 2002-2007, with mandatory funding of \$15 million annually. As the 2007 Farm Bill negotiations get underway, the federal government should move to make SFMNP a permanent program without establishing a benefit level cap, limiting eligibility or restricting application procedures. Currently, 185 percent of the federal poverty level is the recommended income limit for the program, but states have the option to request a higher eligibility limit. Maintaining this policy is particularly important for elderly New Yorkers because cost of living in the city is higher than in many other parts of the country.

The Elderly Nutrition Program

A further resource for the elderly is provided by the Elderly Nutrition Program (ENP), funded by the AoA. ENP is available to individuals who are age 60 or older, regardless of income, and provides congregate and home-delivered meals as well as other support services. Meals served under the program must provide at least one-third of the daily-recommended dietary allowances established by the Food and Nutrition Board of the National Academy of Sciences-National Research Council.

Of the nutrition programs specifically targeted at the elderly, the ENP has the largest budget. In FY 2003 the federal proportion of the budget was just over \$565 million, a figure that has been falling since the mid-1990s. Additional funding comes from state, county and city sources, private foundations, the United Way, volunteer support, community donations and contributions from elderly participants in the program.⁶⁵ Data about the program in 1999 indicated that the ENP has been more successful than the Food Stamp Program at reaching the elderly population in need of food assistance. At that time, the ENP provided services to 2.7 million elderly individuals in contrast to 1.7 million elderly individuals served by the Food Stamp Program.⁶⁶ This may be in large part due to local access to the ENP, which is provided by facilities such as senior and community centers.

The ENP is an essential program not only because of the food that it provides to seniors, but also because of the opportunities it affords nutritionists and other educators to inform seniors of their special dietary needs and their eligibility for other federal programs.

TEFAP, HPNAP and EFAP

Elderly New Yorkers who fall through the gaps in the safety net are often to be found waiting long hours on soup kitchen and food pantry lines throughout the city. In the absence of the balanced nutritious hot meals and food pantry bags that these EFPs provide it is certain that many of the most vulnerable residents in all five boroughs would not have access to adequate amounts of food.

The federally funded TEFAP, which provides USDA commodities to states that distribute the food through local emergency food providers, is a vital source of emergency food. However, FY 2006 proposed funding for the program remains stagnant at \$190 million, similar to FY 2004 and FY 2005 (TEFAP funding for food in New York City has remained at approximately \$15 million during this time period). Similar to other areas of the country, TEFAP is an essential resource for elderly New Yorkers at risk of hunger, and funding for the program should be increased to match rising need. The 2007 Farm Bill should include measures to increase funding for TEFAP.

Similarly, the state funded HPNAP has failed to increase funding to meet rising demand. HPNAP funding has remained practically flat for more than a decade – the state support for this program has remained at \$10.8 million while the federally funded TANF support for the program was reduced from \$14 million to \$12 million three years ago. Although the New York State Assembly restored \$350,000 to the program during FY 2006 budget negotiations, it is clear that much more is needed.

At the local level, funding increases are also needed to ensure that New York City's EFAP matches increasing demand at EFPs. Currently, approximately \$11 million in EFAP funding is provided to support emergency food services. With the exception of small increases in funding provided by the City Council, this program has been practically flat-funded for the past five years. In the meantime the need has risen and the poundage of food distributed via EFPs has increased by more than half.

In the meantime, the average annual operating budget of an EFP in New York City is \$49,445 with approximately half of all programs reporting budgets of less than \$17,500. As the number of retired New Yorkers grows, more poor individuals age 65 or older may turn to these programs for help. At the current funding levels it is clear that EFPs will not be able to meet this increased demand.

RECOMMENDATIONS

In May 2005, Senator Richard Durbin introduced the Hunger-Free Communities Act of 2005 to reaffirm the national commitment to end hunger by 2015. This measure aims to increase federal funding for local organizations working to reduce hunger in communities nationwide, preserve current funding levels for federal food programs and protect nutrition and hunger-relief initiatives. Additionally, it directs the Census Bureau to collect annual data on food insecurity and USDA to prepare annual reports on the status of efforts to eliminate domestic hunger.

This measure is a step toward realizing the vision of the *Blueprint to End Hunger*,⁶⁷ a report developed by the National Anti-Hunger Organizations (NAHO). The *Blueprint* includes a targeted strategy to address the unique needs of elderly people. Recommendations in the report include promoting income support such as Social Security, Supplemental Security Income and retirement funds, as well as reducing hunger by increasing elderly enrollment in the Food Stamp Program and improving food stamp benefits. It further recommends expanding and increasing funding for nutrition programs to match increasing need.

On June 28, 2002, the Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century delivered a report to Congress emphasizing the belief that “a comprehensive national policy for affordable senior housing, coordinated with health and supportive services, is urgently needed.”⁶⁸ The report highlighted the lack of coordination between services and programs for the elderly as one of the root causes of gaps in services. The same can be said of elderly hunger.

Elderly hunger is a symptom of elderly poverty, and will not end until policy is implemented to allow a natural web to form between programs which will close gaps in services. This paper suggests a comprehensive, holistic, and multi-level approach to strengthening the safety net for elderly New Yorkers in need of food assistance. Recommendations include the following:

- Protect essential government assistance programs for the elderly against proposed restructuring and funding cuts, especially Medicaid and Social Security. In addition, there is a pressing need to engage in public discussion about the real crisis of Social Security – the lack of average benefit amounts to meet basic expenses – with the goal of increasing benefits to match actual costs of living.
- Increase enrollment of elderly New Yorkers in the federal Food Stamp Program by increasing awareness of the program among the elderly, and by working with elected officials and relevant city and state agencies to promote changes that improve the application process – such as developing automatic enrollment projects, similar to the NYSNIP program, that link programs like Medicaid and Social Security to food stamps. In addition, implement simpler application procedures, develop an online application option and waive face-to-face interviews for elderly applicants.
- Increase federal, state and city funding for the federal Emergency Food Assistance Program (TEFAP), the Hunger Prevention and Nutrition Assistance Program (HPNAP) and the city Emergency Food Assistance Program (EFAP), to allow EFPs to meet increasing demand and to support initiatives that increase the ability of soup kitchens and food pantries to supply more fresh food.
- Protect the Food Stamp Program, SFMNP, CSFP, CACFP and TEFAP from the proposed \$3 billion cut to USDA programs in the 2006 budget reconciliation bill.

- Ensure that the 2007 Farm Bill protects and strengthens nutrition programs and includes measures to increase funding for programs to match rising demand for food and services. These measures should make permanent SFMNP, increase funding for TEFAP and restore eligibility to the Food Stamp Program for all documented immigrants.
- Increase investments for the preservation and creation of low-income affordable housing for elderly New Yorkers.
- Develop an awareness-raising campaign at EFPs of government assistance programs for the elderly. EFPs provide a logical venue to reach out to low- and fixed-income elderly New Yorkers about the range of assistance programs that benefit this population. Many of the elderly who participate in EFPs, particularly immigrant elderly New Yorkers, may be unaware of, misinformed or confused about existing services. City funding for such a campaign would allow the city's diverse network of EFPs to provide a comprehensive and targeted outreach initiative.

CONCLUSION

A disproportionate number of elderly New Yorkers rely on soup kitchens and food pantries to make ends meet – the elderly account for one-quarter of emergency food program participants. With the population of elderly city residents set to increase dramatically during the next few decades, policy changes are needed to ensure that soup kitchen and food pantry lines do not grow out of control.

Currently, the public safety net, which includes affordable housing, health care and access to nutritious food, is inadequate to cover the basic needs of New York's elderly. This problem is exacerbated by the failure of elderly fixed incomes to offset increases in basic living costs. The safety net of government programs used by the elderly has certainly helped to keep millions out of dire poverty but has not succeeded in keeping them off emergency food program lines. In fact, emergency food has become a permanent fix for many elderly New Yorkers.

It is regrettable that, at a time when creative policy initiatives are needed to improve the safety net for our elderly neighbors, local, state and federal government are instead proposing funding cuts and structural changes to entitlement and other assistance programs. This approach will only serve to intensify the crisis and swell the ranks of the elderly waiting for a hot meal or food pantry bag.

Already the problem of hunger has become more widespread. But even as EFPs step up to catch the hundreds of thousands of elderly residents who are falling between the gaps, funding for these programs remains at an impossible low. It is important to note that hunger-relief groups do not believe that emergency food is the sole answer to hunger, and emergency food alone should not be viewed by policy-makers as an appropriate response to elderly hunger. It is the shared goal of these groups to continue working toward a stronger safety net for all New Yorkers and an end to hunger throughout the city. However, it must also be recognized that as efforts to improve the safety net continue, these groups are essential in preventing New Yorkers, including many elderly residents, from remaining at risk of hunger – and funding levels should reflect the importance of this work.

Part of the permanent solution lies at the heart of the confusion that leaves so many elderly men and women without the help they need. One of the greatest obstacles facing elderly individuals living in or close to poverty is the disconnect between the range of available services. Navigating the system of assistance for which they are eligible coupled with the required independent application procedures for each program makes it extremely difficult for individuals age 65 or older to get the help they need. Initiatives to link existing programs would not only improve access to services for this vulnerable group, but would also serve to increase program efficiency standards.

Developing this system of linkages requires collaboration among anti-hunger groups, community-based organizations, funders, legislators, government agencies and elderly New Yorkers. Together, these groups could achieve a permanent fix to elderly hunger by implementing targeted policy initiatives that preserve existing and create new affordable housing and health-care options, improve funding to assistance programs and increase benefit amounts for the elderly.

Taking these measures to strengthen the safety net will ensure access to adequate and nutritious food, and reinforce the dignity and respect that should be afforded to all elderly New Yorkers.

NOTES

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- ²⁷ Ibid.
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