Older Adult SNAP Access

Final Report Submitted to AARP Foundation

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Abstract

This report analyzes interview data collected for the Evaluation of Alternatives to Increase Elderly Access to Supplemental Nutrition Assistance Program (SNAP) for the U.S. Department of Agriculture Food and Nutrition Service. Data from 193 interviews with a diverse cross-section of SNAP-eligible (or near-eligible) older adults from varied regions and settings inform a set of profiles of diverse SNAP participants, applicants, and non-participants, as well as descriptions of SNAP participant journeys, from the application and enrollment process to using and remaining on the program.

While the low-income older adults who participated in the interviews were all unique individuals with their own backgrounds and experiences, we were able to draw on the data to identify a set of composite profiles. These profiles illustrate key factors that influence the relationships that many SNAP participants, applicants, and non-participants have with the program. These factors include geographic location, health status, and internet use, as well as literacy level, veteran status, and level of social connection in the community.

Then, a series of SNAP journeys illustrates systemic barriers, service gaps, and what we refer to as participant “pain points” (for example, recertification) encountered by older adults, as well as their experiences with different policies and requirements. The journeys underscore how a mixture of individual attributes, such as social isolation or low literacy, and the policies in place in particular locations, such as the Elderly Simplified Application Project, shape the ability of older adults to navigate SNAP.

It must be noted that even the individual attributes we describe in both the profiles and the journeys are often the result of structural inequities experienced by low-income people, and especially people of color in the United States, such as lack of broadband access, poorly financed public schools, and declining housing markets.

Through this analysis, and based on our previous research, this report provides recommendations for improving access to SNAP for older adults at both the individual and systemic levels.
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Executive Summary

This report is based on analysis of 193 interviews with low-income older adults that were originally conducted in 2018 by Social Policy Research Associates for a U.S. Department of Agriculture Food and Nutrition Service (FNS) study. The current analysis was undertaken to uncover further findings from the original data. Through this analysis, and based on our previous research, this report provides recommendations for improving access to SNAP for older adults at both the individual and systemic levels. The goal was to enable AARP Foundation to build a deeper understanding of the older adults who are eligible for SNAP, including their needs and challenges, in order to develop effective strategies that increase the enrollment of older adults in SNAP. The analysis developed both a set of composite profiles and journeys that illustrate key attributes of SNAP-eligible older adults, systemic barriers and service gaps, and how SNAP program options shape older adults’ ability to navigate their journey.

Older Adult Profiles

This report first presents a set of profiles that synthesize recurring themes and salient findings from the interviews. The profiles are divided into three groups: SNAP participants, applicants, and non-participants. During analysis, the following factors were used to build the composite profiles:

- Living on a fixed Income
- Experiences with health problems
- Experiences of death, loss, or depression
- Unexpected life events or trauma
- Housing instability and homelessness
- Limited transportation and mobility

The 13 profiles included in this report were drawn from a subset of respondents who were coded as part of each corresponding subgroup. For each profile, we first describe the subgroup and then present a composite profile, written as if the subgroup is one person. Each subgroup actually contains characteristics of multiple individuals in the group, but we present it this way to protect the

### Profiles

#### SNAP Participants
- Cognitive and Literacy Challenges
- Diabetic
- Farmers Market Goer/Healthy Eater
- Grandparent/Guardian
- Medical Crisis
- Socially Connected
- Socially Isolated
- Veteran

#### SNAP Applicants
- Recently Applied
- Unsuccessful Applicant

#### SNAP Non-Participants
- Discouraged
- Lack of Awareness
- Negative Impressions or Past Experiences
confidentiality of the respondents and to better represent the overall subgroup.

These profiles illustrate key factors that influenced many SNAP participant, applicant, and non-participants’ relationship with the program, such as literacy levels, veteran status, or being socially connected in their communities.

**Older Adult SNAP Journeys**

Following the profiles, we present five individual SNAP journeys informed by the profile descriptions. The journeys show systemic barriers, service gaps, and what we refer to as participant “pain points” (for example, recertification), as well as individuals’ experiences with different policies and requirements, all of which can facilitate SNAP access or disrupt it. For non-participants, these factors can prevent applying altogether; for applicants and participants, these barriers can exacerbate stress during a process that can be difficult and bewildering for older adults.

As the journeys illustrate, a mixture of individual attributes, such as social isolation or low literacy, and the policies in place in each location, such as the Elderly Simplified Application Project, shape the ability of older adults to navigate SNAP. It is important to note, however, that even the individual attributes described here are often the result of systemic racism and structural inequities experienced by low-income people, and especially people of color in the United States, such as lack of broadband access, poorly financed public schools, and declining housing markets.

Each of the five SNAP journeys we describe is framed around the five steps that older adults typically follow as they learn about, apply for, and use the program: (1) Awareness/Outreach, (2) Application, (3) Interview/Eligibility Certification, (4) Benefit Usage, and (5) Periodic Checks & Recertification. There are decision points between these steps that can propel a person forward in the journey. For example, once a person is aware of SNAP, they decide whether to apply. If they choose not to apply, their journey ends; if they choose to apply, then they either begin the application process alone or with help from someone.

Each of the five journeys focuses on the key factors resources that the individual relied on for SNAP application and enrollment. The journeys are as follows:

- **Elderly Simplified Application Project—Sandra**
- **Local Office—Donna**
- **Need for Specialized Call Center—Sally**
- **Internet Application—Nyla**
- **Combined Application Project—Shawn**

As with the profiles, while we summarize the steps of common journeys through SNAP, these depictions cannot include all the nuances and diversity that older adults might experience in
this process. It will be key to incorporate the local community context and other factors when using the journeys developed here to create new SNAP outreach strategies.

Recommendations

The analysis presented in this report confirms that much can be done, by AARP Foundation, its state and local partners and state and local government agencies, to assist older adults in simplifying and improving their SNAP journeys. Especially pertinent to AARP Foundation efforts, the profiles and journeys we present demonstrate the importance of tailored outreach, individual in-person assistance, customized phone services for older adults, and improved adoption of program options at the state and local levels. We offer specific recommendations to AARP Foundation around outreach and communication, program access, and benefits use.

Outreach and Communication

Overall, outreach materials should use simplified language and be targeted, especially to reach those with the greatest need. User research can help craft targeted messaging about who is eligible, how benefit amounts are calculated, why changes to participation status or benefit levels are made, and how to get help with applications and recertifications. Our research indicates that, across all the profiles, the communication strategies that are most likely to be effective are the following:

- **By snail mail.** One of the most common suggestions from interviewees for improved outreach was for SNAP to send letters to everyone once they turn 65 to let them know what programs they may qualify for, including SNAP and other programs, such as LIHEAP. According to most of our interviewees, they read their mail daily and prefer this mode of communication over others, such as by telephone or email where they are concerned about scams and pressure tactics. Clearly, the current older adult cohorts represented in our research still rely on the U.S. Postal Service, although this may diminish in the future.

- **Targeted communications using data to reach potentially eligible older adults.** There are several significant efforts to conduct outreach to likely eligible groups, such as older adults on Medicaid but not SNAP using Medicaid enrollment data. Also, clearly SSA can do more to alert individuals who receive SSI once they turn 60 with a targeted mailing about potential SNAP eligibility. AARP Foundation could explore using AARP data to reach out to potentially eligible older adults.

- **By social media.** Older adults reported they—and their family and friends—heard about SNAP through social media websites, such as Facebook. Given that many older adults reported relying on assistance from younger family members, social media advertising can be an effective way to reach this broader audience as well.

- **By medical personnel.** Older adults, especially those who were more isolated and had not used the program before, reported learning about the program through their healthcare
providers. This is a promising approach, as older adults visit their doctors more frequently and are more likely to have chronic health conditions.

**Individualized Assistance**

AARP Foundation can make a significant impact on older adults’ access to SNAP by funding efforts to assist them with the application process through local organizations. Benefits enrollment centers, AAA offices, and anti-hunger organizations often partner with states through outreach initiatives and can help strengthen implementation of SNAP policy options aimed at supporting access for older adults. Additional support is often needed to train staff and volunteers who work in the aging and food security arena on the specifics of policies aimed at improving access to SNAP, such as the Standard Medical Deduction.

Additional support is often needed to train staff and volunteers who work in the aging and food security arena and who are focused on reducing variation in implementation of policies to improve access. This training should address topics such as:

- which policies affect older adults across social services programs, since many enroll in several programs at once;
- how medical expenses should be calculated when they fluctuate over time; and
- how reporting changes in household composition, income, or medical expenses can be communicated more clearly to older adult recipients.

**Program Options**

AARP Foundation can continue to make an impact on access to SNAP for older adults by supporting efforts at the state and county levels to implement policy options and waivers that are proven to increase access for older adults. Such policies can result in less bureaucratic “red tape”—fewer interviews, less paperwork—and less disruption in benefits. Phone interviews, for example, are important for simplifying the process and encouraging participation.

AARP can also advocate for better policies through administrative actions by FNS and through the legislative process of the Farm Bill and other vehicles for statutory changes. In particular, we recommend support for the programmatic options listed below.

- **Expand the number of states that adopt the Elderly Simplified Application Project, including all the policy options that can be included in the package.** States that currently do not have ESAP should apply for the entire package of waiver options (i.e., shortened application form, eliminate periodic report, streamlined verification, etc.) to truly garner its benefits and to help seniors like Sandra. Also, states that were recently approved for ESAP have eliminated the periodic/interim report requirement, which means that ESAP participants in those states do not have to complete an interim report to stay on ESAP for the entire 36-month certification period.

- **Implement a longer certification period.** At a minimum, states that do not implement ESAP should have a 24-month certification period for all households containing older
adults and/or individuals with disabilities and no earned income. States can do this under current federal regulations without any need for a waiver.

- **Create specialized units within the SNAP agency for serving older adults.** States should seek to establish call centers or other staff units where staff are well trained in the rules as they apply to people 60 and older—so that they can streamline access to information and case management—benefiting both SNAP administration and elderly applicants and recipients. Creating a dedicated team could mean that those households have a specific call center or team of caseworkers who understand their unique needs and may be more familiar with their specific cases or circumstances.

- **Improve SNAP outreach materials and notices to better meet the needs of older adult individuals and increase awareness of medical expense deductions.** States can focus on creating accessible, easy-to-read materials that explain eligibility rules and factors that affect benefit levels, as well as on having clear information about all expenses that may be deducted. States can also produce examples to illustrate commonly missed medical expenses, such as transportation costs, dental and optometry costs, and over-the-counter items prescribed by a doctor.

- **Integrate benefit systems and user-friendly tools so that older adults can apply for multiple benefits through a single application.** While many older adults may not access benefits through an online application or portal, if those who do could apply for multiple programs with one application, it would greatly streamline the process of getting connected to all potential benefits. A centralized or multi-benefit application would ensure that no matter where the older adult enters the system (e.g., SNAP or Social Security office, senior center, healthcare provider, or senior housing center), they are informed of all of the benefits for which they may be eligible.

- **Expand the number of states that implement the Standard Medical Deduction.** All states should apply for this waiver, and FNS should seek to make it standard throughout the program. This program option can help streamline verification, but it has to come with increased training for caseworkers and staff in order to make it effective for older adult SNAP participants.

AARP Foundation can continue to make significant inroads in increasing access to SNAP for older adults in need of nutrition support by supporting tailored outreach, individual in-person assistance, specialized call centers for older adults, and improved adoption of program options at the state and local levels.
Introduction

From 2016 to 2020, Social Policy Research Associates (SPR) conducted the *Evaluation of Alternatives to Increase Elderly Access to Supplemental Nutrition Assistance Program (SNAP)* for the U.S. Department of Agriculture Food and Nutrition Service (FNS). (We refer to this study here as the Elder SNAP study.) The goals of the project were to explore the reasons for the enduringly low SNAP participation rate of individuals age 60 and over, to better understand how various FNS policies aimed at improving program access for older adults were implemented, and to assess the potential effects of these policies on older adults’ access to SNAP. Our research included interviews and focus groups with SNAP-eligible older adults in nine states to learn their perspectives on the program as well as both qualitative and quantitative analyses of the FNS SNAP policy options these states adopted to increase older adult participation. The findings from this research were presented in a final report published by FNS in May of 2020.¹

While the final report to FNS included a chapter on older adults’ perspectives on SNAP, the scope of the report did not allow us to fully explore and depict the voices of these individuals. Thus, this report for AARP Foundation is based on additional analysis of the interview data to uncover further findings from these rich narratives. In particular, our analysis of 193 interviews with low-income older adults helps to illustrate:

* differences between SNAP participants and non-participants;
* profiles of diverse SNAP participants and non-participants based on demographics, geographic location, health status, internet use, and other key attributes; and
* participant SNAP journeys, from the application and enrollment process to using and remaining on the program.

Through this analysis, and based on our previous research, this report describes the perceptions, service gaps, and barriers that hinder the enrollment of older adults in SNAP and provides recommendations for improving access to SNAP for older adults at both the individual and systemic levels. This will enable AARP Foundation to build a deeper understanding of the older adults eligible for SNAP—including their needs and challenges—in order to develop effective strategies that increase their enrollment and benefit levels in the program.

Research Frame

Previous research² and the interviews conducted for the Elder SNAP study suggest that a variety of barriers combine to make participation difficult for some older adults. A wide range

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¹ The report can be found at https://fns-prod.azureedge.net/sites/default/files/resource-files/AlternativesImproveElderlyAccess.pdf

² See Appendix A for a full review of the relevant literature.
of studies from social science literature suggest that participation in SNAP is a complex social phenomenon that transcends simple cost–benefit calculations and often hinges on social perceptions of one’s identity with a specific socioeconomic class and cultural norms. Also, participation can be affected by an individual’s cognitive ability to navigate the application process, their physical limitations and mobility, and their social isolation. While other groups may also encounter these barriers, they are prevalent among older adults.

**Barriers to Applying for and Enrolling in SNAP**

Research has shown that the following barriers can prevent older adults from applying or enrolling in SNAP:

- A lack of information about SNAP.
- Perceived or real burdens of applying for SNAP, often related to concerns about sharing private information, completing long applications, or waiting for extended periods of time in public assistance offices.
- Perceptions about benefit amounts, such as the perception that older recipients living alone will often receive the minimum benefit of $16.
- Stigma, or the perception that others will think less of a person for using government assistance.
- Cognitive limits, including difficulty with reading, organizing, and retaining written information due to neurological changes related to chronic health conditions (e.g., heart disease or stroke) or the normal aging process.
- Social isolation, including lacking connections to others and to sources for assistance or feeling uncomfortable seeking these out.

**Barriers to Remaining on SNAP**

Research has shown that some SNAP procedures can lead to older individuals losing benefits although they are still eligible, such as:

- Bi-annual or annual reporting requirements.
- The recertification process (reporting and interview).

**Barriers to Receiving Full Benefit Amounts**

Research has shown that some SNAP procedures can lead to older individuals not receiving the full benefit amount that they could possibly receive, such as:

- Procedures to report changes in household status which can result in older adults not receiving full benefits for example when a dependent child comes to live with them.
- Unreported or misreported medical expenses, which can lead to a lower medical deduction than they are otherwise entitled.
Our research confirmed that these barriers exist for many older adults. For example, multiple older adult interview respondents reported struggling with online applications, having difficulty reading SNAP notices, and feeling that SNAP was more targeted toward families with children (with respondents often noting how these families typically got larger benefit allotments). Overall, both the literature and SPR’s research reveal many barriers that stop older adults from applying for SNAP, make the application process burdensome, and prevent participants from staying on the program.

**Overview of Research Questions and Study Methodology**

This report answers three broad research questions focused on better understanding older adult SNAP participants, applicants, and eligible non-participants, how they interact with SNAP, and how the program can better attract and serve them (Exhibit).

### Exhibit: Research Questions

1. **What do we know about SNAP participants and non-participants? How are they different?**
   - What are the characteristics of SNAP participants versus non-participants?
   - What are their relationships to SNAP?

2. **What does the journey of older adults applying to and enrolling in SNAP look like?**
   - How do participants learn about their eligibility and apply for SNAP (including method, type of assistance, duration of application period)?
   - What types of information are they asked to provide and how easy/hard is it to find and provide?
   - What are the narratives of their journey(s) to apply and recertify for SNAP (highlighting barriers and facilitators)?

3. **What are the promising strategies to improve access to SNAP for older adults at the individual and systemic levels?**
   - What would make it easier for older adults to apply for and enroll in SNAP?
   - What are the highest priority barriers to address?
   - What would make it easier for older adults to stay enrolled in SNAP?
   - What would encourage more older adults to apply for SNAP?

**Data Collection and Analysis**

In this section we present a brief summary of our approach to data collection; further information can be found in the methodology appendix of the Elder SNAP study report.
Interview Data Collection

For the Elder SNAP study, SPR conducted interviews in nine states: Alabama, Arkansas, Florida, Massachusetts, Pennsylvania, Nebraska, New York, North Dakota, and Washington. Our research was not intended to be nationally representative, though we did include states and local areas that were diverse with respect to urbanicity, race and ethnicity, and the size of the older adult population. In addition, we made sure to include states that had chosen different combinations of the FNS policy options of interest.

During in-person visits to each of these nine states, we gathered direct input from older adults about their awareness of SNAP, perceptions of the program, and experiences applying for and receiving SNAP benefits. The visits occurred between July 2018 and April 2019, with a team of two researchers conducting the visits to selected counties in the nine states. The researchers documented field observations while on site and conducted semi-structured, in-person interviews (lasting 30 to 60 minutes each) with 193 older adults. They conducted interviews in senior centers, senior housing facilities, community centers, and libraries, as well as in the homes of older adults.

The interviews were held with three types of individuals age 60 and over:

- **SNAP participants**, or those enrolled in SNAP and receiving benefits at the time of their participation in the study.
- **Non-participating applicants** (hereafter “applicants”), or those who had attempted to apply for SNAP but had not succeeded, and eligible individuals who had enrolled in SNAP after reaching age 60 but were no longer participating at the time of the study.
- **Non-participants**, or those who were eligible for SNAP but had not applied since reaching age 60.

While the overarching goal guiding recruitment of these individuals was to maximize diversity in the sample, we did not intend to achieve a representative sample. (For an overview of the sample characteristics, see Appendix B.) Instead, the aim was to gather extensive information from a small sample that was roughly in balance with the demographics of the eligible older adult population in the selected counties while minimizing the exclusion of certain subpopulations that tend to be very hard to reach or less inclined to participate in research.³ We audio-recorded all interviews. Recordings were transcribed and coded using NVivo qualitative data analysis software.

Data Analysis

For the analysis conducted for this report, we delved deeper into the interview transcripts from the Elder SNAP study to explore more fully the different attributes of older adult SNAP

³ For example, hard-to-reach subpopulations include individuals who struggle to leave their homes (those with certain disabilities or health issues) and homeless individuals who do not have a fixed address.
participants, applicants, and non-participants, and their diverse journeys on the program. To develop profiles of older adults, we first discussed likely profiles based on our familiarity with the data and the patterns we had encountered. We then validated these profiles by rereading the interview transcripts and codes. During this process, we created new codes that focused on the profiles of interest.

It is important to note that while these profiles may be useful in designing outreach strategies that meet the needs of specific groups of older adults, each older adult also has their own intersectional identity that cannot be uniquely ascribed to one profile. AARP Foundation will need to carefully consider local context, how the profiles may overlap, and other key factors, such as race and gender, when planning outreach strategies based on these profiles.

After creating the profiles, we then mapped out various journeys that older adult SNAP participants and applicants take when applying for, enrolling in, and staying on the program. We created these journeys to illustrate the barriers and “pain points” that people have had to overcome to participate in SNAP and maintain their benefits. We built on the analysis conducted for the profiles, highlighting the key factors that influence both individuals and their journeys with SNAP. Through this new analysis and our previous work with these data, we make recommendations about how best to reach and connect older adults to SNAP while considering their diverse needs and backgrounds.

**Study Limitations**

During the original data collection, we experienced recruitment challenges for applicants, finding that those who had difficulty with the application process were less likely to agree to be interviewed. As such, the findings may overrepresent the experiences of successful applicants and should be interpreted in that light. In addition, the interview sample is not designed to be nationally representative, and local differences and context should be considered when building strategies based on this research. Further, the profiles and journeys are research constructs that were developed in dialogue with the data; as such, they are influenced by our perspectives as researchers.

**Roadmap to the Remaining Report Chapters**

The chapters that follow describe our analysis and recommendations, focusing on findings that will be useful to AARP Foundation in reaching a diverse group of low-income older adults to streamline and increase SNAP enrollment and to maximize their benefit amounts. Specifically, the remainder of the report is organized as follows:

**Profiles of SNAP-Eligible Older Adults** includes a summary of key factors, including income restrictions, mental and physical health, and housing stability, in income-eligible older adults’
status as participants, applicants, and non-participants. Our composite profiles of older, SNAP-eligible adults illustrate key attributes of SNAP participants, applicants, and non-participants while also acknowledging their uniqueness.

The SNAP Journey includes an analysis of key factors that influence older adults’ SNAP experiences, including state policies, personal attributes, and structural inequities. It includes descriptions of five illustrative SNAP journeys for older adult participants, including the main routes they take to participation, systemic barriers and service gaps, and the ways that FNS policy options shape their ability to navigate their experiences with SNAP.

The report concludes with a **Summary and Recommendations**.
Profiles of SNAP-Eligible Older Adults

The interviews on which we have based these profiles were conducted with a diverse cross-section of SNAP-eligible (or near-eligible) older adults from varied regions and settings. While the 193 individuals who participated in the interviews were all unique, with their own backgrounds and experiences, we identified a set of composite profiles. These profiles illustrate key factors that influenced the relationships of many SNAP participants, applicants, and non-participants with the program, such as having a low level of literacy, being a veteran, or being socially connected in the community.

The two attributes that all respondents had in common were that they lived on a limited income and utilized at least one state or federal program due to their age and income level, including Medicare, Medicaid, the Low-Income Home Energy Assistance Program (LIHEAP), Social Security (SSI or SSDI), and others. Beyond that, the respondents described many trajectories as they related their histories of SNAP usage and struggles to afford enough food and daily necessities, such as medication, sanitary products, and transportation. Nevertheless, several factors emerged in the interview analysis as recurring themes, and these inform the composite profiles. These factors are listed and described on the next page.

Profiles of Older Adults

SNAP Participants

• Cognitive and Literacy Challenges
• Diabetic
• Farmers Market Goer/Healthy Eater
• Grandparent/Guardian
• Medical Crisis
• Socially Connected
• Socially Isolated
• Veteran

Applicants

• Recently Applied
• Unsuccessful Applicant

Non-Participants

• Discouraged
• Lack of Awareness
• Negative Impressions or Past Experiences
Factors Contributing to Economic Insecurity

**Fixed income.** Older adults frequently reported a sense of ongoing stress over their finances, given their typically fixed income but changing expenses. It was rare for older adults to report working (even part-time), due to health issues and physical disability. It was common for older adults, especially men, to express a desire to work—and a frustration that they could not. Aside from a handful of exceptions, they generally relied on a fixed amount of income from Social Security, Social Security Disability Insurance, or other retirement benefits (e.g., a union pension) to cover monthly expenses. Meanwhile, some had significant outstanding financial obligations, such as debt or overpayment of benefits that they had to pay back. Generally, most older adults felt that they had to pay their bills first and could then spend whatever was left on food. Those with extensive medical bills not covered by Medicare or Medicaid struggled with these often unexpected costs. They also tended to be unaware that they could report these medical costs to SNAP for reconsideration of their benefit level. SNAP applicants were more likely than participants and non-participants to describe general economic insecurity, loans, or other unmet financial obligations.

**Health problems.** Many older adults reported experiencing a major health crisis that compromised their ability to work. Those younger than age 65 who had experienced a health crisis also struggled with healthcare-related debt because they were not yet eligible for Medicare, and some were uninsured or underinsured when the event took place. Even many older adults who had not experienced a crisis struggled with various disabilities or chronic health issues, which tended to compromise their ability to earn income and function in everyday life. Applicants were more likely than participants or non-participants to report having had a recent health crisis.

**Death, loss, and depression.** The death of a spouse or significant other often contributed to a loss of income and led older adults into living situations that were more unstable, socially isolated, and emotionally challenging to navigate while grieving. Some explicitly shared that they struggled with depression, and a handful of older adults said they or someone they knew had contemplated suicide.

**Unexpected life events or trauma.** Some older adults reported experiencing major life events—including accidents, natural disasters (such as a fire or hurricane), lawsuits, abusive relationships, mental health or substance abuse problems, job loss, or being the victim of a crime—that destabilized their life and led them into situations of poverty and food insecurity.

**Housing instability and homelessness.** Although many older adults who were interviewed had secured stable housing in affordable housing units or senior housing facilities, others reported experiencing eviction, displacement, homelessness, and high levels of housing-cost burden (paying more than one third of their monthly income on rent). Housing instability, homelessness, and relocation can be very disruptive to food access because of the loss of support networks for receiving food assistance, a lack of familiarity with resources in a new community, and a lack of cooking facilities for the homeless. Moreover, older adults
experiencing housing stress often reported sacrificing meals or the quality of their meals to pay the rent.

**Limited transportation and mobility.** Only about one third of older adults reported having regular, free access to a car. Many who did not have a car also reported declining physical abilities, so they were not able to walk or use a bicycle. Public transportation was often absent or very limited in rural and suburban areas, although it was more widely available in urban areas. Few older adults could afford taxis, and few were aware that ridesharing or food delivery options were available on mobile platforms in urban areas. Older adults without reliable transportation were generally less able to control when they had access to food and what quality or type of food they could get. It was common for older adults without a car to rely on friends or family members to take them to a grocery store. Some older adults reported skipping meals or eating pet food when they ran out of food and could not get to a store right away.

**Profiles**

SPR staff, focusing on the areas of interest to AARP Foundation, created a set of profiles that represent the recurring themes and salient findings from the interviews. We created profiles centered on barriers to SNAP access and the sources of challenge for older adults in learning about the program, applying to the program, using benefits to access a healthy diet, and staying enrolled in the program. Approximately two-thirds of respondents (127 of the 193) were coded to at least one of these profile subgroups. Those who were not coded to these groups included individuals who had not recounted experiencing significant barriers or challenges accessing SNAP or whose interviews were not sufficiently rich in detail about their interactions with the program.

As the older adults interviewed were multifaceted individuals with complex personalities and rich histories, some respondents who were coded into a particular group were also coded into other groups, for example farmers market goers and diabetics, socially isolated and literacy challenges, and grandparents and socially connected. As each interview was approximately an hour long, and participants may not have mentioned all facets of their life or self-identified in a specific way, it is possible that some were not coded into a group that they belonged in. For example, a participant may have been diabetic or a veteran but if this was not discussed in their interview, they were not included in that subgroup.

For each profile that follows, we first describe the subgroup based on the respondents who were coded as part of that group. We then present a composite profile, written as if these respondents were a single person, although this composite actually contains characteristics of multiple individuals in the group. This allows us to protect the confidentiality of the respondents and to better represent the overall subgroup. All names used in the profiles are pseudonyms.
Participant Profiles

Cognitive and Literacy Challenges Participant Profile

This profile is based on 21 SNAP participants who mentioned struggling with cognitive challenges or low levels of literacy during their interviews. They indicated a variety of reasons for their cognitive challenges, including having had a stroke, having dementia, taking medication that made it harder to focus, and having a mental health diagnosis. Some also attributed their cognitive decline to getting older or to grieving the loss of a spouse. Three said they had low levels of literacy and needed help reading SNAP-related paperwork. Overall, all but three of the 21 SNAP participants in this group self-identified as having a disability.

Most of these SNAP participants were female. About half said they did not have a high school diploma or GED (including those who said that they had low levels of literacy), which is higher than the overall interview sample, where just under a third did not have a high school diploma. Over half said they rarely or never used the internet, which is also higher than the overall study sample. The 21 participants lived in both urban and rural areas across the United States.

Participants with cognitive decline or low levels of literacy first heard about SNAP in a variety of ways. Some heard about the program from hospital social workers who provided information about benefits. Others had applied for or been SNAP participants when they were younger and remembered it helping them then. Others learned about it when applying for disability; still others heard about it when friends or family recommended it.

Due to their cognitive decline or low levels of literacy, some of these participants noted that they would not have been able to complete a SNAP application on their own. Some relied on family members or social workers for assistance reading or completing paperwork. For example, one participant in this group lived in a community housing facility with an in-house social worker who provided intensive assistance with reading mail and filling out paperwork.

Respondents also noted that the process itself could be confusing for them, such as when receipts or other specific documents were requested. Individuals who had applied for other benefits, such as disability, also described getting mixed up about which questions or paperwork were associated with which benefit. In general, respondents mentioned struggling with keeping track of all the paperwork required for applications and recertifications. One participant with a disability who had completed some high school noted that she would have appreciated having someone to contact when she was working on her application or the recertification process. Members of this group felt that in-person assistance—or, next best, a

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4 Note that this may be an undercount, as some study participants may not have felt comfortable bringing up cognitive challenges or low levels of literacy due to societal stigma.
Cognitive and Literacy Challenges Participant Composite Profile—Sandra

Sandra is a 72-year-old White woman from the Northeast. She lives in a small, well-kept home that she and her now deceased husband purchased decades ago. She earned a GED and a certificate from a training course for receptionists. She worked as a receptionist in a local bank branch into her 60s. However, she had to stop working when she had a mild stroke at age 63. Since then, she has had three additional mini strokes, which she explained have affected both her mind and her mobility. She uses a cane to walk now and experiences weakness on her left side. She is still able to live alone and take care of most of her own needs, but she noted that she gets “kind of tripped up” when having to think through more complex tasks. For example, she needs help scheduling doctors’ appointments and ordering prescriptions. She also said that her memory has been at least mildly impacted by her strokes: “It’s funny….I started noticing that I was forgetting things before they even found out that I had [the strokes].”

Sandra said that, for the most part, she can purchase the food she wants, though she noted that “I don’t go buying big, fancy stuff.” She receives about $65 in SNAP every month and receives some food from Meals on Wheels. While Sandra can no longer drive, her daughter lives nearby and takes her to the store about once a week or picks up items for her that she needs. Sandra also has a small garden in her yard where she has grown tomatoes and other vegetables. Given her balance and mobility issues, she plans to stop gardening soon. Even though she loves it, she is afraid she will fall and not be able to get back up.

Sandra applied for SNAP at the same time she applied for disability after her stroke; she also now receives Medicaid and Medicare. While she was aware of the other benefits prior to applying, Sandra said that she did not know about SNAP. However, a staff member at the local Area Agency on Aging (AAA) that helped her with the disability paperwork recommended it as an option. This same staff person worked with Sandra to fill out a SNAP application. Sandra did not think she would have been able to fill out a SNAP application without assistance. For example, she forgot about some of her medical expenses until she was specifically prompted by the staff member helping her fill everything out.

While Sandra felt her process applying was positive, because she liked the caseworker who helped her with the application, she has since been upset and confused by SNAP. She explained that her benefit amounts have gone up and down a few times without her understanding why. While she has tried to call the SNAP office to ask about this fluctuation, she said she has never been told anything in a way that has made sense to her: “It’s like, when you call these places, you never get the same person twice. And this one says, ‘I don’t do it; you have to go to this person.’ They bop you back and forth on hold and, to me, it’s very frustrating.” She also complained about being asked to provide bank statements and other paperwork that she was sure she had already provided.
It gets headachy sometimes because some of the paperwork that I already provided, you don’t keep it. You don’t. I don’t keep a lot of paper junk. After 2 or 3 years, I throw everything away. And when I throw it away, that’s usually what I need.

So far, despite struggling to fill out recertification paperwork, Sandra has been able to continue to receive SNAP benefits—but she thinks this is mainly because of the help from the AAA staff and her daughter who goes over all her SNAP-related mail and paperwork with her.

**Diabetic Participant Profile**

This subgroup is made up of 15 interview respondents who were coded as having been diagnosed with diabetes. About two thirds of these participants were female; almost three quarters self-identified as having a disability, which is higher than the overall sample of interviewed participants. Participants were of diverse racial and ethnic backgrounds, although almost two thirds identified as White. Participants in this group ranged in geographic location, and over half lived in the Northeast. Several had earned an associate degree or higher, while most had obtained a high school diploma or equivalency. The majority lived alone. Over half had a monthly household income of less than $1,000; another quarter had monthly incomes between $1,000 and $1,500.

SNAP benefits ranged from $16 up to $200 per month for this group, but the benefits tended to be on the lower end of the range. While this group described diverse feelings about SNAP, and their experiences with the program varied, all members struggled to afford healthy food that met their dietary needs.

Participants had been diagnosed with either Type 1 or Type 2 diabetes, and nearly all had medically prescribed diets or their medical provider had recommended that they increase their intake of fresh fruits and vegetables, restrict certain types of processed foods, and limit intake of salt and sugar. These participants talked a lot about how expensive fresh food is, and how food that is affordable tends to be canned or processed but they have to avoid that because of their medical conditions. This balance of health and affordability was an ongoing struggle for these participants. Exercise for staying healthy was also a theme among this group.

**Diabetic Composite Participant Profile—Noel**

Noel is a White man in his late 60s living in a semi-urban area in the Northeast. He had a long career running restaurants in California. Noel’s wife passed away about 10 years ago while they were living in California, and he moved back to the East Coast to be closer to his extended family, who live a few counties over. Noel has diabetes, which he says runs in his family. He lives alone, but when the weather is nice, he shares meals with his neighbors out in the yard.

Noel applied for SNAP at his local senior center and has had recertification interviews every 6 months via phone. He started with $20 per month in SNAP benefits, but now he receives $60 each month. Noel did not know why he had received an increase—he simply received a letter in the mail. Because of his diabetes, Noel must be careful about what he eats. He works with a
dietician to figure out what is healthy and what he should avoid. “To begin with, they were only giving me $20 a month. I was like, that’s not right because I have such a strict diet.”

Noel shared that he needs to eat lots of fresh fruits and vegetables, like cabbage, broccoli, cucumbers, and tomatoes. He has to avoid eating canned vegetables because they have “too much sodium,” so when he goes to the store, he must strategize.

It takes more time for me to find a place with products that I need. And if I go to the grocery store and I find something that at another place could cost $2, and here it cost $4.50, I have to get it here, because it saves me time, because it’s only here now that I can find the product that I am looking for. I have to buy it.

Noel no longer drives; he uses public transportation and walking to get around. He says the walking can be good exercise for his health, although sometimes it is difficult for him, especially in bad weather. If he runs out of funds for food, he will sometimes go to the food bank, but he tries to avoid it. Noel says that he does not like seeing folks he knows there.

While dealing with the administrative burden and paperwork involved with SNAP has been challenging, Noel says that it has been better than nothing, and he appreciates the ability to eat better than he could without it: “I eat a lot of pork, a lot of beef. I have a lot of chicken. I eat good once a day.”

**Farmers Market Goer/Healthy Eater Participant Profile**

This subgroup is made up of 14 interview respondents who were SNAP participants coded as farmers market patrons. Almost two thirds of this group self-identified as having a disability. All but one in this group were women, and they were of diverse racial and ethnic backgrounds. About half were living in the South and half were in the Northeast. This group tended to have a higher education level than the overall interview sample; half had an associate degree or higher, and most others had a high school diploma. Almost half of this group had a monthly household income of less than $1,000, and over a quarter had a monthly income of between $1,000 and $1,500.

SNAP benefits for this group ranged from $16 per month up to $200 per month, and the high price of healthy eating was a theme across all their interviews.

While members of this group described having diverse feelings about SNAP, and they had varying experiences applying for and continuing to receive benefits, all felt strongly about using their SNAP benefits to purchase fresh and healthy foods. Many of these participants were especially enthusiastic about freshly picked fruits and vegetables as well as fresh food in general, such as fresh meat and fresh bread. They very much enjoyed patronizing their local farmers markets, and some even had their own gardens in their yards or on their porches. Participants discussed different SNAP farmers market programs based on their various locations, such as Double Bucks, a program available in many states that doubles the value of
SNAP benefits at farmers markets, or coupons for farmers markets that can be purchased at a discount or are given out by local SNAP offices to incentivize healthy eating.

It is important to note that while most interviewees were asked about farmers markets, these 14 stood out as having the most positive sentiments towards them. Many SNAP recipients did not have farmers markets in their areas, were simply not aware, or had limited access due to location, transportation, or mobility. Many specifically discussed how far away the farmers markets were or how hard they were to get to, as well as high prices and limited options at these markets.

Farmers Market Goer/Healthy Eater Participant Composite Profile—Ina

Ina is a Jamaican-American woman in her early 70s who lives in a suburban area in the South. She is divorced and her daughter stays with her sometimes. Ina has a garden in her backyard where she grows lilies and some vegetables, including potatoes and peppers. She uses a car to go to church and to go grocery shopping, and she uses a cane to get around. Ina started receiving SNAP benefits 2 years ago when she retired as a childcare worker; she learned about it at her church. She now receives $38 per month in SNAP benefits.

When Ina applied for SNAP, she found it very difficult to reach people at the office on the phone, and it was confusing to figure out where to go and who to call. She uses the internet on her phone to look up things like directions and phone numbers but not much else. Staff at her church helped her through the SNAP application process, but she said that it was overwhelming to mail in all of her bills and remember all of her information; she also reported having to wait a long time at the waiting room at the office or while on hold on the phone.

Ina gets her staples, like bread, dairy, and grains, from Walmart, but she likes to go to the farmers market to get fresh fruits and vegetables and even meat from the butcher, especially during the summertime. “I don’t do canned,” she said. Ina likes how the items at the farmers market are “natural and healthy”; she most looks forward to tomato season, when the fresh tomatoes are at every stand. Ina uses Double Bucks, which doubles the value of her SNAP benefits at the farmers market. However, Ina says it still can get expensive, “So, my voucher was five [dollars]; the tomatoes came up to four. I said to the guys, ‘What can I get for a buck?’”

While Ina enjoys the farmers market, she noted that many of her friends have limited access to it because they are far away, they don’t have a car, or they don’t feel comfortable walking outside.

To supplement her SNAP benefits, Ina relies on her church community, which offers community meals regularly, as well as on a small food bank. Sometimes she trades vegetables from her own garden with other church members and neighbors.

*We love vegetables, and we have our own vegetable garden, so that’s how we help offset. And sometimes we trade. We had so many potatoes one year, we were trading potatoes for tomatoes or this or that or whatever.*
Grandparent/Guardian Participant Profile

This profile is based on 13 interviewees who reported supporting children who lived with them (mostly grandchildren, but also grandnieces and adult children with disabilities) at the time of the interview or within the past year. They lived in a variety of settings, including rural, suburban, and urban areas, and all but one were female. They ranged in age from 60 to 75 years old. Some of the dependent children were teenagers, but others were much younger, including one who was still in diapers. There were many circumstances that brought about these arrangements, from choice to necessity. For some interviewees, it was expected that a grandchild would live with them to provide mutual aid, so that the grandparent would not be alone and that the parent would have more leeway to work longer hours or raise additional children with one less mouth to feed. Others were caring for grandchildren because of the inability of their son or daughter to handle these responsibilities due to health problems, such as substance abuse or mental health issues.

Generally, these households were receiving increased SNAP allotments because of the presence of the children, and the seniors were grateful for this extra support to feed them. Some were newly eligible when they took on guardianship, but others had received SNAP on and off during their whole lives or had received SNAP in the years immediately before the children came to live with them. Several interviewees were only getting the minimum benefit ($16) despite taking care of a child, which seemed linked to the fact that they were receiving other benefits, such as monthly disability (i.e., Social Security Disability Insurance) for the child or housing assistance, or that they had higher incomes.

It is important to note that many interviewees who did not live with their grandchildren, especially women, still expressed the desire to feed them when they came to their houses—often once or more per week. This ranged from a simple afterschool snack to a family meal on Sundays or holidays. These grandparents shared that it was a struggle to afford this extra food and that sometimes they would go without in order to be able to provide these important family meals.

Like I said, my grandchildren come over, my children come over, I cook something. Like on a Sunday, something special, like the holidays and everything, I need a little bit more to cover.

Grandparent/Guardian Participant Composite Profile—Nyla

Nyla is a 64-year-old woman of mixed race living in a rural/suburban county. She has been on disability since injuring her back while working as a home health nurse, receiving about $1,000 a month in SSDI. She worked hard most of her life; she raised two sons as a single mom and got out of an abusive marriage when they were young, earning an associate degree along the way. She has informal custody of her son’s daughter, who is in high school, and they receive $287 in SNAP benefits each month. She has helped raise her granddaughter since her son got sole...
custody when she was 3 years old. Her son has been in and out of employment, and he often travels away from their town for work for long periods of time, staying at home only 3 days a month. She and her granddaughter live in a mobile home on property that has been in the family for generations and that also includes a dilapidated house that is not “fit to live in.” When her son is around, he stays in the house and works on trying to fix it up.

While there is no formal child support arrangement, her son does help by buying his daughter school supplies and clothes. Given that public transportation is very limited in their area, he was able to purchase an old, run-down vehicle for Nyla. While she says her son wishes he could afford a better car for them, she is grateful: “It got me and my granddaughter to the doctor’s and to the grocery store.” The car broke down recently; they haven’t been able to afford to get it fixed, so they rely on friends to drive them to the grocery store. Nyla feels she can count on friends and neighbors for help. “People do that around here. That’s not an issue.”

When she injured her back seriously, Nyla was uninsured, and it took her almost a year to save the $250 to get diagnosed and qualified for SSDI, which she attributed in part to being single at the time: “When you’re living on one paycheck, it doesn’t work out well.” When she stopped working, she inquired about getting food assistance, remembering how much it had helped when her children were little. She called the 800 number and was put on hold for a long time. The recording said she could go online to apply, so she tried it. While it was difficult—she was kicked out of the system and had to start over three times—she persisted and was successful. She had her paperwork organized because of her disability application, which helped with the documentation needed for medical deductions. “I’m on disability, so I had to prove my disability, and I also had to, you know, if I had any unpaid doctor bills, send them in, and they could contact, and make sure. It was easy because I keep good records.”

She was able to quickly get a phone interview, and they were able to start SNAP benefits right away. She remembers it being easy and efficient once she got her application into the system. At that time, she was living by herself. When her granddaughter moved in with her, she reported the additional person when she completed her six month check-in form, and her benefits increased.

When I had my interview, my 6 month I think it was, she said, “Okay, now, since your granddaughter is with you, it’s going to change.”…I said, “So, what do I have to do?” She said, “Nothing. We’ve done it. It’s taken care of.” I’m like, “Great.” It was $129, I’m pretty sure, what I was getting by myself, and now we’re getting $287.

While she and her granddaughter have good insurance coverage through Medicaid, and also Medicare for herself, she has trouble making ends meet on her limited budget. She tries to buy as much of her food as she can at Walmart, which is the least expensive store in her area. But she does not feel that the meat and fresh produce are good quality. In the winter, she also buys frozen vegetables at Walmart; in the summer, she gets fresh vegetables for free from a friend who has a big garden. She also buys local tomatoes when they are in season because that is her favorite food: “I have to pay cash, but, you know, it’s just a lot better than those hot house
tomatoes.” She buys fresh meat when she can afford to from a local store or butcher shop in a neighboring town that accepts her EBT card. “It’s much fresher. It doesn’t look like it’s plastic. When the meat looks like it’s the same stuff you wrap it in, I’m not interested.”

Nyla worries about the quality of her diet because diabetes runs in her family and she sees how her family members struggle to afford healthy food. “I raised my children on healthy food. I raise my granddaughter on healthy food. So that’s why I’m thrilled that I’m able to buy a bag of apples and she can take an apple to school with some peanut butter.” For this reason, she says she avoids food from local food banks, which she finds to be unhealthy and not fresh.

**Medical Crisis Participant Profile**

This subgroup profile describes 16 of the interview respondents who were SNAP participants coded as having experienced a medical crisis as an older adult. Three quarters self-identified as having a disability, which is higher than the overall sample of interviewed participants. Participants were of diverse racial and ethnic backgrounds, and over half were female; almost all lived in an urban or suburban area. Just under half did not have a high school diploma or equivalent, which is higher than the overall sample of interviewed participants. More than a third had a household monthly income of less than $1,000.

Medical crises included back injuries, gallbladder removals, gastric bypass surgeries, cancer, chronic obstructive pulmonary disease, and others. Many of these participants had applied for SNAP after experiencing their medical crises, when they were no longer able to work; some were already receiving SNAP benefits at that time. Some participants had been injured on the job. At the time of their interviews, most in this group were on Medicare and/or Medicaid, but when their medical crises occurred, the cost of medical care became an additional stressor. Some had family members to take care of them, while others lived in senior facilities. Many had limited mobility and needed support with daily tasks.

SNAP benefits for this group ranged from $16 per month up to $190 per month. This group relied heavily on their support networks, such as family members or senior facility staff, for assistance with the application process. Since many were familiar with the application process for Medicare or Medicaid, they were used to filling out extensive paperwork requests for benefits or had already identified someone to help them. While members of this group described diverse feelings about SNAP, and their experiences varied, all said receiving SNAP benefits was necessary to meet their basic needs.

**Medical Crisis Participant Composite Profile—Andrea**

Andrea is a Latina in her early 70s living in a suburban/semi-rural county in the Midwest. She has lived in the area for over 40 years with her spouse, who helps care for her since she injured her back. Each month, Andrea receives SSDI of $850 and a SNAP benefit of $140. Andrea knows many people in the community, and she and her husband have a car to get around town and go grocery shopping.
Andrea ambulates with a walker and has limited mobility. Before her back injury, she was working as a house cleaner, but now she is no longer able to work. Andrea receives Medicare and pays a small premium as well as regular costs for prescriptions. “I am constantly at the doctor’s,” she says.

Andrea’s grandson helped her sign up for SNAP online after she could no longer work. Her grandson helped her a lot with the forms and all her medical receipts, but during her phone interview the staff asked her a lot of questions about her finances that made her uncomfortable.

Andrea’s husband does the shopping since it is hard for her to get around. He goes to a local grocery store to pick things up. It is hard for Andrea to stand in the kitchen for long periods of time to cook, so she tries to get things that are easy and affordable. Andrea includes a lot of yogurt, fruit, salads, tuna, and baked beans in her grocery budget, but the prices are “always going up.” Her husband does volunteer work at the local hospital, and he cooks when he can, but he is often busy with other household chores and taking care of her. Andrea says she appreciates the SNAP benefits, and she hopes more people sign up. She says the benefits are greatly needed in the area. “We’ve had hungry and homeless families in this area for years.”

Socially Connected Participant Profile

This profile is based on 20 individuals, all of whom were participating in SNAP, who reported having large networks of local family and friends on whom they could rely for support. While the members of these support networks were frequently described as having their own financial struggles, and they were not typically able to provide financial resources, they offered rides, shared meals, and provided companionship. All of these study participants were women, and most lived in metropolitan areas in the South. These participants were more likely to be Black/African American than our overall sample. About three quarters reported accessing the internet, which is also much higher than the overall study sample (where approximately half did so).

Even though over half of the participants in this group lived alone, many had large families and adult children or grandchildren who still lived in their communities. Most had monthly incomes of $1,500 or less and found it challenging to afford all the food they wanted; they were not typically worried about going hungry, however, since they knew about community food resources, such as from churches or food banks, and could easily find a ride to access these resources, even if they did not drive themselves. They also described having family meals and attending other social events with food.

Many members of this group had known about SNAP for years and described how they or another family member (such as a sibling) had received SNAP back when they had young children. For example, one first heard about SNAP decades ago from WIC staff, after her time using that program ended. Another explained how she had used SNAP years ago, forgotten about it, then remembered and applied for the program again recently when she faced a medical crisis and could not work. Additionally, a few members of this socially connected group
were currently serving as guardians for grandchildren and had applied for SNAP to help care for them. In general, awareness of SNAP seemed high within this group.

Despite their knowledge of the program, members of this group had mixed feelings about applying for and continuing to receive SNAP benefits. Some felt that applying had been fairly simple, such as when they were mailed an application and were able to complete an interview by phone. Others were frustrated by their experience, either because they found the process unnecessarily complex (having to bring in the same papers multiple times, for example) or because they did not feel welcomed by the staff. One woman said her in-person interviewer “was just not nice.” Individuals in this group had varying benefit sizes, ranging from the minimum to much more when they had deducted medical expenses or were caring for dependents. Those who got the minimum allotment were less satisfied—one said it can only buy her “salt and pepper.” Even though they described diverse feelings about SNAP and their experiences getting on the program, the group all had family and friends they could rely on for help reading the application forms and getting rides to the SNAP office if needed.

**Socially Connected Participant Composite Profile—Donna**

Donna is a 68-year-old Black woman who has lived in her southern town for nearly all her life. She has been a member of a local book club with other women her age for the past decade and is surrounded by family, friends, and her church community. She joked that there’s “churches on every corner here,” and that she has “aunts and uncles all over the place.” Donna has a high school diploma, and even though she was interested in going back to school, she has not yet found the time to do so. In addition to raising four children, two of whom have disabilities, Donna worked part-time for many years in an assisted living facility.

Donna only recently retired, in part because she had to start taking medication that makes her dizzy. She chose to stop driving because this made her uncomfortable, even though her doctors did not officially tell her she had to give up her license. Despite not driving anymore, Donna is never worried about getting where she needs to go. She is very close with her adult daughter, and they speak on the phone multiple times a day. Donna’s daughter drives her to the grocery store once a week. If Donna’s daughter is ever unavailable, she also has three sisters living nearby who help her out. She noted that they even carry her food into the house. “They’re there for me. My sister, three sisters, they take care of me...They’re wonderful. They’re a wonderful family. I don’t have any complaints about them.”

Donna is very careful with her food budget, and shared ways she looks for the best deals on her favorite items. She receives about $40 in SNAP benefits each month, which only covers a portion of her total monthly food costs, and she still cannot buy everything she would like. She mentioned wishing she could buy blueberries more often but holding back because they would take up too much of her money for the month. Instead, she often uses her SNAP allotment to buy shelf-stable milk and other staples that will last. Despite her limited budget, Donna feels like she has a support network to fall back on if she were ever to run out of food.
I’m not worried about going hungry [because] I have family. When people come here to eat, when we eat here, everybody brings food here. We put it all in the middle of the table and everybody eats. That kind of thing.

In fact, Donna also likes to feed others in her family. She noted that, “My grandson says, ‘Nana, I’m [going to] start giving you money [because] I eat here 2 or 3 days a week.’ I said, ‘Baby, you’re always welcome to come and eat with me anytime. I will figure it out. I always do.’”

Donna first applied for SNAP when she was applying for SSI for her sons with disabilities. Even with her strong support network, she has found applying and recertifying for SNAP to be frustrating. She complained that despite bringing in all her paperwork in person, she always gets follow-up that something is missing. “So every blasted year...I have gotten letters every year that I didn’t turn my papers in. Now, I don’t understand in the first place—and I’m [going to] be perfectly honest here—I don’t understand how they can lose papers when they hand you a date-timed receipt for those papers when you give [them] to [them].” She said that recently she got upset on the phone with a SNAP worker, telling them, “We’re all on limited income. If we’re on food stamps, we’re on limited income. We don’t have the gas to run back and forth to the office every time you guys lose our papers. I [want to] know where my papers are.” At the same time, however, Donna expressed gratitude for the program and the little extra it helps her buy each month. She would still recommend SNAP to others.

Socially Isolated Participant Profile

This profile is based on 14 female participants who were coded as having a “weak support network” based on remarks they made during their interviews. Compared to other individuals interviewed for the study, they were less likely to report having close networks of family or friends on whom they could rely for help or companionship. For example, one woman explained,

I mean, I have family, but it's not really that I can rely on them, because we're close and then we're not. And it's just things that family [goes] through.

Overall, half of the individuals in this group self-identified as having a disability, which is lower than the proportion in the overall sample of study participants. Participants in this group ranged in age, with the most in the 60–64 age group and the fewest in the 75 and older age group. The racial and ethnic make-up of this group matched the overall SNAP participant group closely. Participants in this group tended to have slightly higher incomes than study SNAP participants overall; over a third had a monthly income of less than $1,000, compared to two thirds in the overall sample. Most of the socially isolated participants reported living alone, about the same proportion as interviewed respondents overall. About half reported rarely or never using the internet, which is also about the same proportion as the study sample overall. The socially isolated individuals lived in mostly urban areas across the states included in the study, with the most living in the Northeast.
Individuals characterized as socially isolated heard about and applied for SNAP in a variety of ways. One moved into a subsidized housing community and applied for SNAP at the same time; another said she received a phone call from a local food bank providing information about the program and asking if she was interested in applying; a third heard about SNAP years ago when her marriage ended, then was reminded of it by someone providing benefits information at a hospital.

While this more isolated group may not have received as much assistance with applying for SNAP from family and friends, some participants still mentioned getting help from other people, such as social workers or benefits workers in hospitals. Like their more socially connected counterparts, socially isolated respondents described challenges with maintaining their SNAP benefits due to missed recertification paperwork or to changes in income that rendered them ineligible.

**Socially Isolated Participant Composite Profile—Sally**

Sally is a 70-year-old White woman who lives alone in a small town close to a medium-sized city in the Northeast. She was born and raised in a rural area about an hour from where she lives now. Three years ago, when she lost her partner and was unable to keep up on the care of the house she had rented, she relocated from her hometown to senior housing. Her monthly income is between $1,000 and $1,500. Sally is having trouble making ends meet and is currently trying to decide whether to give up her relatively new car—purchased with a no money down deal, but now requiring a high monthly payment—for an older, less expensive model so that she has more money for food and necessities. She needs a car to maintain her independence, which is very important to her.

Sally’s family and friends are not a significant source of support in her daily life, even when she has been in circumstances requiring some extra assistance. She described her adult children as more of a burden than a help. For example, she related that soon after moving to senior housing she had hip replacement surgery:

*I went home. My son stayed with me then. But he wasn’t any help. He’d go to work and go where he wanted. Now I don’t call on anyone, because I’m very independent.*

Sally felt disinclined to make new friends after she moved or to connect with old friends with any frequency:

*At home, you have your friends that you’ve known for years, so you get together and visit and do something. But here, I just want to be [alone]. For now, anyway.*

Considering what she would do if she got sick or needed surgery again, she initially thought about one close friend from childhood who had relocated to the town she now lives in, but she learned recently that the friend moved away last year. She has another, newer friend with whom she has never had a conversation about whether they could support each other if either
really needed help. She said that she wants to have that conversation, but she feels nervous about burdening her friend or appearing to ask for help.

Sally receives SNAP benefits, having first learned about it many years ago as a newly divorced mother of three children who had been laid off. She applied recently when she moved into senior housing. The application process was difficult, however, because she is hard of hearing and could not hear well when she was trying to understand the process over the phone with a SNAP call center. In addition, she receives only the minimum $16 per month, which she feels is very inadequate.

She loves vegetables and doesn’t mind if she can’t afford meat, which often is the case. Moreover, she says that she does not have much of an appetite, so she can make a little food stretch a long way. She says that her doctors don’t seem to pay that much attention to her, so if her diet is inadequate, she doesn’t know. She was quick to downplay the fact that she does sometimes go hungry because she does not have enough money to buy more food, saying, “I get hungry once in a while. [But] I’m fine. I really am.”

Being isolated makes it more difficult to make consequential decisions, though she described meeting with a social service staff member in her building who helped her work through complex application processes. She does not feel well informed about the sources of food support in her area, like commodity boxes and food banks, saying,

I think it’s kind of hard for me to figure out [what’s available to me] just based on who I am. I don’t like to ask a lot of questions or for help. I’m very bad about that. Unfortunately, that would be helpful, you know, to know all of my resources, and I really don’t.

Veteran Participant Profile

This profile is based on nine SNAP participant interviewees who were veterans. All but one were male, and most of lived in urban settings. They ranged in age from 60 to over 80 years old. All but one stated they had a disability, which is higher than our overall sample of interviewed participants. Many had been injured on the job much later in their lives than their military service, due to an accident or repetitive motion injury. Most had high school diplomas or less, and a few had associate degrees. More than half did not use the internet; among those who did, only one had a computer at home, while the others relied on a cell phone or a computer at the library or at a friend or relative’s house.

A third of these individuals were currently living with a spouse, which provided some support and stability in their lives, for example help with shopping, driving, and cooking. One veteran lived with a dependent great-grandchild, whom he took responsibility for raising. These individuals were considerably older than the rest of the sample. They tended to have higher benefit amounts because there were more people in their households. Even so, most had incomes below $1,500 per month, and some struggled to maintain stability in their housing; two had lost their housing within the past 2 years.
The members of the veteran group who were single reported lengthy histories of instability in their personal and work lives; often they were in and out of marriages, in sequential jobs, or unable to maintain employment. The single veterans tended to be younger (in their 60s) than those living with a spouse or other family member, and most had incomes below $1,500 per month. Generally, there was no clear connection between these issues and the effects of their military service, although one individual did say that he had post-traumatic stress disorder.

They generally described accessing SNAP after they became disabled, as part of their process of going on disability, sometimes involving the Department of Veterans Affairs (VA) but mostly through the regular SSI disability process. Generally, they said the process of accessing benefits was paperwork-intensive but doable. It is possible that having a history in the military (or in the workforce afterwards) helped prepare them for the process. In some cases, they were assisted by a social worker or an advocate accessed through the VA. They often expressed a preference for applying for benefits in person, rather than by phone or mail, as they felt more confident that their information would be secure and received if they brought it to the SNAP office themselves.

**Veteran Participant Composite Profile—Shawn**

Shawn is a 70-year-old veteran living alone in the small city where he was born and raised. He served in the military for 6 years. After discharge, he worked in a variety of jobs, mostly as a truck driver, building on his experience in the army. His last job was for the VA delivering food service supplies to the veteran’s hospital, which he enjoyed very much, saying that “proper food is like medicine.” He stopped working when he injured his shoulder. He receives $40 per month in SNAP benefits, and his only income is from Social Security.

He has two children from an early marriage; both live in different states and occasionally visit him. He also has friends and neighbors whom he sees regularly. He has a history of addiction to narcotics and alcohol. “I guess I used to have a real addictive personality. I mean, I get started on something that was prescribed and I get used to it.” He values the VA system, which provided treatment and assistance through all his struggles and encourages other veterans to seek treatment there.

Shawn volunteers at the food bank sometimes gets some food there. He notes, however, that “a lot of the food is outdated,” and he cannot get many things he needs there. He struggles to afford personal care items, like shampoo and incontinence pads. He does not eat lunch at the senior center nearby because he feels he cannot afford the $3 per day for the meal. “When you only have $150 to live off of, $15 a week is kind of a lot.”

Shawn found applying for and receiving SNAP very manageable—easier than applying for veterans’ benefits, for example. He was able to apply for benefits when he completed his Social Security application and did not have to do a separate application or interview initially. Since then, he has been recertified through social security once and also, most recently through his local SNAP office where his case is managed. “They'll send you a letter stating it is time to re-
Older Adult SNAP Access

certify and you got to go back down there and fill out the application again. You have to report if you have any changes in your income, up or down…”

Shawn found the staff at the SNAP office to be courteous and helpful. He is grateful that they are there to assist him, and he has called when he has had questions about his benefits. He likes the program but wishes they had higher benefit levels so he could afford more food. Given his rent and other basic costs, he shared that he could not afford a cell phone or internet. This made him sad because that was how he had communicated with his family in the past.

Applicant Profiles

This subgroup is made up of 17 interview respondents who were coded as applicants. This group included income-eligible individuals age 60 and over who had attempted to apply for SNAP but had not succeeded as well as income-eligible individuals age 60 and over who had enrolled in SNAP after reaching age 60 but who were no longer participating at the time of the interview.

Just over half of these respondents self-identified as having a disability. Two thirds of them were female; while they were of diverse racial and ethnic backgrounds, most identified as White. Two thirds had a high school diploma or higher, and one quarter had a household income of less than $1,000 per month. Most of this group lived alone, and most lived in the Northeast.

As this group was defined by their status in the SNAP application process, their experiences varied widely. Some were recent applicants still waiting to hear back on their status, while others had applied in the past and had been denied. Often they were frustrated with the process, especially when they did not qualify for various reasons (e.g., slightly over income; number in the household had changed). Some had used SNAP in the past and were reapplying, while others were applying for the first time. Regardless of their specific situations, the process was not working for many of these individuals, and SNAP was not reaching them at the time of the interview.

Recently Applied Composite Profile—Phyllis

Phyllis is a White woman in her late 60s living alone in a semi-rural county in the Midwest. A few years back she went through a painful divorce, so she moved from the South be closer to her son and his family. She really likes living in the area because she finds that people are very friendly. Phyllis works part-time as a cashier at a local grocery store and makes minimum wage. The recent state minimum wage increase to $10 an hour has really helped, but she says it is still not enough income to get by on. She recently applied to SNAP and is awaiting a final decision on her eligibility for benefits.

Phyllis does not have a car, so she takes public transportation and relies on her son, who lives nearby, if she needs to go somewhere by car. Occasionally she eats dinners at his house, and
she also receives Meals on Wheels regularly for $2 per meal; however, she still struggles to get enough food each week. Phyllis’s monthly income is $1,000 from her job and Social Security benefits. Her main expense is rent, which has taken an increasing share of her income. “I used to pay $550 or something like that for my rent. That apartment now is $800 and some. I have to work if I want to buy food and all of this.” Phyllis says that when she moved to the area she got all her furniture and home goods at the local Goodwill.

Phyllis was referred to SNAP recently when she was at the hospital, where she goes regularly for follow-up appointments for her gallbladder surgery. Phyllis has Medicare, which covers most of the costs of her healthcare. After hearing about SNAP, she applied over the phone and mailed in her documents. She said the process took a long time, but overall she felt it was “easy enough.” She was surprised about the low benefit level that she might receive, but decided it was still worth applying. “I thought, ‘$15 is better than nothing. I can buy milk and cereal for that price.’”

When Phyllis had an interview with a SNAP eligibility worker, she was told that she could apply for assistance with utilities; she plans to do that as well. She said she is confused about whether they will help pay her phone bill. Phyllis is hopeful she will receive both benefits, believing it will really help with her financial situation.

**Unsuccessful Applicant Composite Profile—Sergio**

Sergio is a Latino man in his late 60s. He lives alone in an apartment in a small city in the Northeast. He has less than an eighth-grade education and is not able to read. He reported receiving less than $1,000 per month in income from his disability payments, and he does not have a car. His rent takes up more than two thirds of his income, and he does not receive any housing subsidy. Sergio recently moved his bed to the center of his living room because his bedroom ceiling had caved in due to heavy rains and water was coming into his apartment. His landlord had not responded to his requests to fix the leak.

Sergio sometimes gets help with various needs and supportive services from a local community organization. They helped him enroll in Medicare, which covers his medical needs. A caseworker at the organization urged him to apply for SNAP benefits and helped him through the process, and he thought he would automatically qualify based on his income. However, he was denied; he does not know why and was reluctant to ask.

> You know what? I’m not going back over there. I know myself; I’ll end up arguing with them, and I don’t want that, because— When I was a kid, I got hit by an automobile, and it gave me brain damage. I was slow….Sometimes I say things I don’t mean, but it comes out….So I said, “I’m not gonna go back there and argue with you.”

Since Sergio does not have SNAP benefits, finding enough food is a struggle. “It depends on how much I have left over after I pay my bills,” he said. Sometimes Sergio can eat at his niece or sister’s house, or at a community program he used to attend.
Overall, Sergio is frustrated with the process of applying for SNAP and does not think he would try again. “It’s just hard for people that worked all their lives. They can’t get anything from anybody. It’s crazy.”

Non-Participant Profiles

Compared to SNAP participants, non-participants in our sample were more likely to lack awareness of the program and its requirements. Some thought the program was designed for families with children or that they were not struggling enough to qualify. There was a misconception that by using SNAP the non-participant would be reducing the total amount of the benefit available for others, whom they perceived as “needier.” Non-participants with this belief explained that since they were surviving without SNAP, they would rather leave it for individuals who were desperate for assistance. We created three non-participant profiles: those who were slightly over income, those who lacked awareness of the program, and those who had earlier negative experiences with SNAP.

Slightly Over Income Non-Participant Profile

This profile is based on 48 non-participants whose incomes were slightly higher than participants and applicants. This diverse group of older adults is generally like the study’s SNAP sample overall, but they did have a few distinguishing characteristics. They tended to be somewhat older than SNAP participants in the study, which may be because they were recruited at senior centers frequented by older seniors in need of social and other types of supports. A little under half were 75 and older, compared to about a third of interviewed SNAP participants. Nearly all lived in a metro area, partly reflecting the difficulty of recruiting older adults for study participation in more rural areas. While slightly fewer than half of the interviewed non-participants self-identified as having a disability, more than half of all interviewed SNAP participants self-identified as having a disability. The non-participants were also less likely to have a monthly income of $1,000 or less, indicating that they were more likely to have income that put them just above eligibility levels. They were somewhat more likely to have higher educational achievement, although nearly a quarter did not have a high school diploma or equivalent.

Many of these respondents expressed confusion about what the program’s income limits were, what factors were considered in the eligibility process, and what influenced the level of benefits they were likely to receive. Some of these individuals assumed they would not qualify for SNAP based on their income, assets, or other benefits they were receiving. Others knew that some SNAP participants received less than $20 a month (for example, because they had a friend or family member receiving SNAP at that level) and thought the paperwork process was not worth the effort. Such individuals did not seem to be aware of medical deductions or other expenses
that could increase benefit levels. A few had previously participated in SNAP or had applied and been told they were ineligible due to their income.

**Discouraged Non-Participant Composite Profile—Viola**

Viola is a 69-year-old Black woman who lives in a midsized city in the Northeast. She enjoys singing with her church choir twice a week and socializing with some of the other members. In recent years she retired from her job cleaning rooms and helping with catering events at a hotel, resulting in a major loss of income. She started collecting Social Security, which is about $1,400 per month. This was so much less than what she was used to that she found herself needing extra help to pay for food. Because she owns an older house that she purchased many years ago, she has significant expenses, including taxes and recently needing to replace her furnace, which completely stopped working in the middle of winter.

Viola and a friend from her choir went to a local community-based organization to find out more about applying for SNAP. According to Viola, however, they were discouraged from applying because of their age.

_They said we’re too old: “At [your] age, you don’t need food stamps.”…When I was young, I got out and I worked. I worked and took care of my kids. I didn’t need food stamps because I was working. But now, I need food stamps because I’m not able to work._

For a while she let it go, supplementing her grocery purchases by visiting an interfaith social services organization once a month with her friend, who drove them both there. Viola froze a lot of the food so that she could parcel it out over the course of the month until she could visit again. She also went to Walmart by bus about every other week to buy the other food she needed, but noted that managing her bags on the way home was a challenge. Eventually, she tried applying for SNAP again and was initially successful.

_Then they sent me a food stamp card with $15. I said, “What can I do with $15?” I said, “Well, I’ll find something to do.” So, I went to the grocery store. And then, not too long ago they sent me another letter that said I’m making too much money to get food stamps._

So, after a brief period of using the program, she found that she made too much money to qualify. Frustrated by the small amount she had received in the first place, she wondered, “I couldn’t understand why they cut out the $15. I said, ‘That would buy me, what? A bag of flour? A bag of potatoes? Little things like that.’”

Viola has continued to apply for SNAP benefits, but she still has not been able to get back on the program. “Every time, they turn me down. I don’t know whether because of my income or what.” She has credit card debt from maintaining her older house (in addition to the furnace, several years ago the roof was leaking and had to be replaced) as well as medical debt from when she was uninsured before she started getting Medicare. She had several other periods of financial difficulty in her life and inadequate medical coverage, and she was frustrated that
these factors did not seem to be taken into account when her eligibility for benefits was calculated. “[Y]ou know, I know they don’t care who you owe, they go by how much you get.” She struggled with feeling that it was ultimately because she was “old,” rather than a young woman with children, that she was not getting assistance. She also felt abandoned by everyone, including her adult children, who were estranged from her. “I didn’t think about getting old, people forget us. But they did. They forgot us.”

**Lack of Awareness Non-Participant Profile**

The second non-participant profile is based on a subgroup of 13 respondents who lacked awareness of SNAP or who were unsure how to apply. About half of these individuals had used SNAP in the past but had no idea how to apply. These individuals lacked awareness and information, especially about eligibility.

Nearly all of the respondents in this group were female, and most lived in the Northeast. About half self-identified as having a disability. While they were of diverse racial and ethnic backgrounds, most identified as White. Two thirds had a high school diploma or higher, and the majority had a monthly household income of $1,000 to $1,500 per month. Most of this group lived alone.

While most members of this group were aware of SNAP, they either had not made up their minds about applying, felt it was not worth it, were confused about how to get connected, or needed an extra push to apply. Some felt there was a stigma associated with SNAP and food assistance in general, such as food pantries and soup kitchens, and felt it was “not for them.” Many of these applicants also mentioned the costs of other home goods, such as toiletries and cleaning supplies, which SNAP does not cover. Some seemed confused and perhaps had cognitive challenges related to memory or navigating the multiple modes of communication and information needed to apply.

**Lack of Awareness Non-Participant Composite Profile—Penny**

Penny is a White woman in her early 70s living in the Northeast. She worked in manufacturing for 20 years and is now retired. She no longer drives, but she lives in a home she has owned for decades located near her relatives who drive her where she needs to go. She gets around with a walker and gets her food from the supermarket. Penny has seen ads for SNAP but has not tried to apply recently. She received SNAP benefits when she was younger but has since been an on-and-off SNAP user. She is not sure exactly where to go to apply or what to do, and she says that the office seems like it is far away.

*Some places, like the bus don’t go…You have to go downtown and then catch it and go so far...So that’s a good little walk for people. So I don’t think that’s feasible for some people, the bus. Especially if you don’t walk or [you’re] in a wheelchair or something.*

Penny does not use the internet and feels like she would need help to figure out how to apply for SNAP. She is not sure if she makes too much money, even though her income is only a
disability check every month. She feels like SNAP is mostly for younger people or parents with children, so it’s probably not worth it for her to apply. From her time applying in the past, she remembers that it can be hard to receive benefits. “One time, I was turned away because I had 50 cents over the budget.”

Penny has a hard time affording her groceries on her current income, but she does not like getting help from food pantries or soup kitchens, likely due to stigma. She feels like she does not need those things. She tries to stretch her dollar as much as she can at the store.

Some things you just don’t get because it will take up most of your grocery money. You kind of budget yourself. Like I use $100 for the whole month. Then you go and try to stretch $50 for more than 2 weeks, and $50 for the next 2 weeks.

Penny would really like help with her utility bills, which she says can be hundreds of dollars per month. She says she really does not want to have to wait all day in the waiting room, but she is considering applying for SNAP.

Negative Impressions or Past Experiences With SNAP

This profile is based on a subgroup of 13 non-participants who were coded as having negative perceptions of SNAP or who described bad experiences with the program. Compared to the larger sample, individuals in this subgroup of non-participants were more likely to lack awareness of SNAP and its requirements. Some thought that the program was only for families with children or people who were more “down and out” than they were. Or, if they identified as needing the program, they felt that the income guidelines were unclear or did not consider a full picture of the applicant’s finances. For instance, several mentioned that the program did not account for what they owed in bills or debt, only what they brought in through income or assets.

This subgroup was predominantly White and female. A little more than half of the group was age 60 to 74, while the remaining individuals were 75 and older. The majority did not identify as having a disability, distinguishing them from the larger sample. More than half had a high school diploma or less as their highest level of education. A smaller portion had some college or an associate or bachelor’s degree. Most lived in a medium-sized town or on the fringe of a larger metro area. The respondents were spread out geographically, with the largest portion from a northeastern state. Almost half were single and had a monthly income over $1,000. Just under half used the internet rarely or never; the others used the internet via a mix of means and locations, including with a home computer or cell phone. Close to half owned a car; data were not available for the remaining portion.

Negative Previous Experience Non-Participant Composite Profile—Bonnie

Bonnie is a 64-year-old White female who lives with her husband in a small city in the Northeast. She retired from her job as a home health aide at 62 and started receiving Social Security. Her husband, Dale, holds a part-time job in addition to receiving a pension, which
bring their monthly income to about $3,000. They own a car and rent an apartment. They have
been in their apartment for just over a year; they moved from their previous apartment when
they could no longer afford to live there due to ever-increasing utility bills that they attributed
to poor maintenance of the property. Bonnie is from another state in the Northeast but moved
for her husband’s job 5 years ago. The transition to retirement was difficult for the couple, as
they did not have much in the way of savings. Bonnie explained that neither she nor her
husband is very technologically savvy, and they do not have internet service, considering it too
expensive, although they do have a desktop computer at home.

Bonnie and Dale initially applied for SNAP shortly after Bonnie retired. The application process
was both frustrating and upsetting. They did not understand the income guidelines, which they
found to be much more opaque than other public assistance programs they had applied for, like
the LIHEAP energy assistance program. Without the internet or anyone they felt they could ask,
they made an appointment at the local SNAP office. The office was so crowded they had to wait
outside in the parking lot, in the rain, even though they had scheduled an appointment.

When they were talking through what they would qualify for, the caseworker suggested that
they stop eating meat as a way to save money and make their benefits go farther. The
caseworker said they could eat meat substitutes. Bonnie found this comment offensive and said
to the caseworker, “Do you eat meat substitute?” She suspected that the program was run on
commission and that the staff received higher paychecks the more people they signed up for
the program. They went on with the application process because they needed the assistance,
but left feeling angry, humiliated, and as though the staff in the office were benefiting from
their misfortune. The benefit amount they received was $45 a month. Dale, who had at one
time collected cans for recycling for income, said, “I could pick up more [than $45] in barrels of
cans in a day.”

Less than a year later, they heard from the SNAP office by mail that they were “over income”
and that their benefits would stop. The following month they heard from the SNAP office again;
this time they were told they had been overpaid and would need to pay the overpayment back
to the government. This experience, which had not yet been resolved at the time of the
interview, had soured Bonnie and Dale on SNAP. Bonnie said, “I don’t know if they want you to
just have nothing at all [in order to qualify]. Then they’ll give you some food stamps. It doesn’t
make sense.” The time-consuming and condescending experience of applying in the first place
combined with the low benefit level and what they perceived to be the government’s own
mistake that they were suffering for had angered them; it convinced them that they would
never apply for the program again, even though they were still experiencing tough times
financially and needed food assistance.
The SNAP Journey

This section describes the main routes that older adults take in relation to SNAP participation, and their key experiences at each step. The journeys pick up on the profiles from the previous section and distill them into five examples of typical ways that older adults experience SNAP. Before presenting the journeys, we first review the barriers that older adults encounter most often and then discuss the various SNAP policies that impact older adults’ SNAP experiences.

The journeys are intended to illustrate systemic barriers, service gaps, and participant pain points (e.g., recertification), as well as experiences with different policies and requirements. A mixture of individual attributes, such as social isolation or low literacy, and the local policies in place, such as the Elderly Simplified Application Project (ESAP), shape the ability of older adults to navigate SNAP.

Again, we remind the reader that even the individual attributes described here are often the result of systemic racism and structural inequities experienced by low-income people, and especially people of color in the United States, such as lack of broadband access, poorly financed public schools, and declining housing markets. Moreover, as with the profiles, while we summarize the steps of common journeys through SNAP, these depictions cannot include all the nuances and diversity of experiences that older adults experience in this process. It will be key for AARP Foundation to incorporate the local community context and other factors when using the journeys developed here to create new SNAP outreach strategies.

Barriers to Accessing SNAP and Continued Benefits

The journeys described in this section illustrate barriers and key factors that can facilitate SNAP access or disrupt it. For non-participants, these factors can prevent applying altogether; for applicants and participants, these barriers are frequently experienced as stressful pain points in a process that can be difficult and bewildering for older adults. In particular, the interviews revealed the following barriers and key factors:

**Awareness and understanding of SNAP.** Although most of the older adults interviewed for this study were aware of SNAP, many had misconceptions about the program. Some older adult non-participants assumed they would not qualify because they did not think of themselves as among the most in need. Because many older adults were also enrolled in other benefit programs—including disability, Social Security, and Medicare—they generally found it confusing to determine which set of programs and benefits they could enroll in. Also, many struggled to understand how their fluctuating medical expenses and combination of healthcare coverage plans would affect SNAP benefits. They were frequently unaware that they could contact a caseworker to have their benefit amount re-assessed if their medical expenses increased; in fact, some older adults told us that their caseworkers informed them they could not report changes until the recertification interview.
Cognitive limits. Overall, older adults found SNAP eligibility and program rules hard to interpret in relation to their own specific circumstances. While many were able to complete the application independently, just as many relied on the help of family, friends, or human services professionals (e.g., SNAP eligibility staff or social workers). They often expressed feeling overwhelmed by the amount of documentation required for the SNAP application and were concerned about the amount of private information they had to provide. Older adults sometimes found the SNAP application wording confusing, such as not knowing what certain questions were asking for or whether reporting financial or material assistance from a family member (with things such as meals or dental costs) could lead to a determination of ineligibility for SNAP. In addition, many older adults, especially those with lower education levels, noted that the letters notifying them of changes in SNAP status or benefit amount were hard to understand and often lacked a satisfying explanation for the changes.

Social isolation. Socially isolated older adults generally had lower levels of awareness about SNAP, and they were more likely to express apprehension about what staff members or the community would think about them if they used the program. These respondents were also less likely to know about other local food supports, such as commodity boxes or food banks. When asked about these other sources of support, they tended to express reluctance to ask for help. Some expressed reluctance to go into the SNAP office because they felt ashamed and did not want to be judged. Isolated individuals were more likely than connected individuals to learn about the program from social service staff or healthcare personnel.

Perceptions of low SNAP benefit levels. Many older adults (especially SNAP participants) felt that SNAP benefit levels were unfair and offensively low. Almost half of SNAP participants in the interview sample reported receiving the minimum benefit level of $16 per month, which they often said was completely inadequate for meeting their food needs, and their benefits ran out quickly. Many older adults suspected that the low benefit levels were likely a deterrent for older adults to apply in the first place, because they perceived that it was not worth the trouble of applying and sharing so much personal information.

Internet access. Internet access in the interview sample was very limited—almost half of the informants reported that they rarely or never used the internet. Given that an increasing number of states rely on online platforms to distribute information and process SNAP applications, these findings suggest that online and mobile methods of administering SNAP may be inadequate for reaching low-income older adults.

Interaction points—interviews and paperwork. Many older adults discussed the challenges of getting to a SNAP office, waiting for long periods of time on the phone for assistance, and confusion about interview appointments. Their stories reveal that older adult participants may

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5 Given the number of states and the study resources available, the research data collected directly from elderly respondents may have underrepresented the perspectives of those who are more socially isolated (especially in rural areas).
be unsure of whom to turn to with questions and may have limited resources for assistance. Often, they reported feeling stressed and frustrated, which sometimes resulted in missing deadlines or not responding to notices. Both initial entry into the program and the regular notices at 6 or 12 months that participants receive caused difficulties for many. The recertification process, which often requires an interview, was another time of confusion and difficulty for many older SNAP participants.

**Change in household status or income.** Various changes in an older adult’s household status can lead to challenges staying in SNAP. For example, new widows who had not previously been in charge of household finances may get confused about reporting and other requirements and lose SNAP benefits as a result. Older adults who take care of their grandchildren may also be faced with new and confusing reporting requirements. During our interviews, we identified some older adults whose household status had changed (e.g., when they started taking care of a grandchild) but who did not realize they could report this and potentially receive a higher benefit amount. Especially confusing to many were small changes in income or medical expenses that sometimes had no effect on benefits and at other times caused benefits to decrease or increase.

### The SNAP Journey Context: State Policy Options

Like most human services programs, SNAP is administered at the state and county level, with many variations in policies and processes (such as communications with applicants and participants). A significant source of variation in the SNAP experiences of older adults are the various policy options that FNS has made available to states in response to the low participation levels and unique economic circumstances of older adult households. FNS has implemented specific eligibility criteria for people age 60 and older and has developed several demonstration projects and opportunities to waive federal regulations. A common feature of these policies is the recognition that many older adults are on a fixed income with no earned income, have stable housing costs, have higher medical costs, and have reduced mobility that makes in-person appearance for interviews more burdensome.

Among the multiple demonstrations and policy waivers, the three most significant ones that are specifically targeted to increased access to the program for older adults are the Combined Application Project, the Elderly Simplified Application Project, and the Standard Medical Deduction. These policies generally decrease the requirements for in-person interviews, extend the certification period, shorten the application process, and allow for additional income deductions. The availability of one or more of these policies in a state may change participants’ journeys through the program considerably. Therefore, we believe that it is useful to discuss them in some detail.

- **The Combined Application Project** (CAP) simplifies the SNAP application and benefits allotment process by allowing people over 62 years old (and people with disabilities) who are applying for SSI to simultaneously apply for SNAP, creating a virtually seamless
process for older adults and reducing the administrative burden on SNAP eligibility staff. CAP implementation is intended to increase access by bringing additional eligible individuals into SNAP and by lengthening certification periods.

- The **Elderly Simplified Application Project** (ESAP) allows states the flexibility of choosing from a bundle of options aimed at making it easier to apply for SNAP and to process older adults’ SNAP applications. These options include a streamlined application form; a waiver of the recertification interview; a lengthened certification period; and self-declaration of certain demographic and financial information. The project addresses several of the pain points described above and can simplify the SNAP journey.

- The **Standard Medical Deduction** (SMD) simplifies the SNAP rules for deducting medical expenses for adults age 60 and over and for people with disabilities. The SMD can increase access in three ways: (1) by reducing the burdens associated with claiming a medical expense deduction; (2) by increasing the SNAP benefit amount by reducing the net income used to calculate it, and (3) by bringing new eligible individuals into SNAP by reducing the net income amount used to calculate their eligibility.

Our previous research found that both the policy options themselves and how they were implemented in each state affected access to SNAP for older adults. For instance, the largest increases in SNAP caseloads among study states that implemented CAP appeared to have come from mass enrollment of eligible individuals who already received SSI. CAP implementation contributed to increases in new elderly applications and subsequent increases in elderly SNAP participation in the three states that focused on enrolling SSI recipients who were eligible but not yet enrolled in SNAP.

In the case of the SMD, our research found significant variation in how SNAP eligibility staff implemented the policy, from office to office as well as within and between states. This confusion about implementation resulted in less impact from the policy. For example, Massachusetts was the only state in the study whose data showed that the SMD appeared to increase median benefit amounts. We gathered evidence of strong implementation in Massachusetts that featured thorough staff training, clear materials for staff and the elderly about how the SMD works and which medical expenses to deduct, and strong partnerships with community-based organizations. Interestingly, respondents in SMD states reported more frustration with medical deductions than those in states without the SMD. This seems to be because they were more aware that the policy existed and so could be upset when they had difficulty reporting expenses or did not see changes in their benefit levels after doing so.

Individual SNAP journeys help illustrate the effect of these policy options and reflect barriers that older adults experience. These barriers are often systemic, resulting from economic or social structures that impact low-income individuals and families throughout their lives, and particularly affect older adults’ access to SNAP and other public benefits programs.
Examples of SNAP Journeys

Older adults’ SNAP journeys generally follow five steps: (1) Awareness/Outreach, (2) Application, (3) Interview/Eligibility Certification, (4) Benefit Usage, and (5) Periodic Checks & Recertification. There are decision points between these steps that propel a person forward in the journey. For example, once a person is aware of SNAP, they decide whether to apply. If they choose not to apply, their journey ends; if they do choose to apply, they either start on this alone or with help from someone else. Regardless of how they apply, which specific actions/processes occur under enrollment, or how they use their benefits, the overarching steps in the journey are the same.

In this section we consider how individual journeys vary by state SNAP structure, FNS policy options, and individual attributes (such as having a disability). The following chart displays the attributes and key processes of each step in the journey, as well as the key steps that AARP Foundation can take to influence older adults’ SNAP experiences.
## Older Adult SNAP Journey

<table>
<thead>
<tr>
<th>1 Awareness/Outreach</th>
<th>2 Application</th>
<th>3 Interview/Eligibility Certification</th>
<th>4 Benefit Usage</th>
<th>5 Periodic Checks &amp; Recertification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach Sources</td>
<td>Steps</td>
<td>Interview</td>
<td>Receive and Activate EBT Card</td>
<td>Notice Sent to Home Address</td>
</tr>
<tr>
<td>• SSI or other benefit application process</td>
<td>1. Obtain application by phone, online, or in person</td>
<td>Usually available by phone, but sometimes done in person; usually occurs within 14 days of submitting an application</td>
<td>Maintain PIN access number</td>
<td>Time Limit to Return an Enclosed Form</td>
</tr>
<tr>
<td>• Medical staff</td>
<td>2. Complete application</td>
<td>More Documentation</td>
<td>At local stores</td>
<td>May Require an Interview Every 12, 24, or 36 Months</td>
</tr>
<tr>
<td>• Social worker from human services agency or AAA service providers</td>
<td>3. Provide documentation</td>
<td>Often, additional documents are necessary, such as pharmacy or other medical receipts; this can cause a delay in processing the application</td>
<td>At farmer’s markets</td>
<td></td>
</tr>
<tr>
<td>• Food bank or SNAP outreach</td>
<td>4. Schedule Interview</td>
<td>Certification of Eligibility</td>
<td>To order and receive delivered groceries</td>
<td></td>
</tr>
<tr>
<td>• Social media ads</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Friends and relatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Barriers

- Social isolation
- Lack of information
- Perceived burdens (e.g., paperwork, security)
- Stigma
- Feeling underserved or others need it more
- Low benefit levels
- Fear of scams
- Transaction costs (e.g., automated phone systems, hold times, transportation)
- Internet access/ability to function online
- Cognitive limits (e.g., memory issues, literacy levels)
- Complex eligibility rules
- Transportation
- Paperwork burden
- Sensory limitations (e.g., sight, hearing)
- Cognitive limits (e.g., memory issues, literacy levels)
- Need for individual assistance
- Cognitive limits (e.g., remembering pin)
- Transportation
- Food preparation
- Affordability of fresh produce
- Limited delivery
- Change in household status or income
- Sensory limitations (e.g., sight, hearing)
- Cognitive limits (e.g., memory issues, literacy levels)
- Need for individual assistance
- Support development of simplified SNAP notices
- Support longer certification periods with no required periodic check-ins

### Actions for AARP Foundation

- Tailor outreach materials to local needs and conditions
- Work with medical providers to screen for food insecurity and “prescribe” SNAP
- Conduct social media advertising
- Support joint mailings from Social Security and SNAP
- Promote and support the use of data to target mailings to potentially eligible older adults
- Fund and train AAA service providers to do SNAP application assistance
- Support state efforts to simplify the application for older adults through ESAP and implementation of on-demand interviews
- Develop and circulate materials that explain the SNAP medical deduction for older adults
- Support increased funding for the Senior Farmers’ Market Nutrition Program
- Support SNAP incentive programs for fresh fruit and vegetable purchases
- Publicize online purchase and delivery to older adult SNAP participants
- Support development of simplified SNAP notices
- Support longer certification periods with no required periodic check-ins

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**Older Adult SNAP Access**
Elderly Simplified Application Project Journey—Sandra

This journey features an older adult participant, Sandra, who became cognitively impaired after experiencing a series of strokes. She first learned about SNAP when she applied for disability benefits. She lives in a state with an Elderly Simplified Application Program, which includes a simplified application form, longer certification period, and fewer interim reporting requirements. Even with these simplifications, Sandra requires assistance from a AAA caseworker to apply initially and for help when she has trouble managing her benefits. While Sandra’s first recertification goes through without any problem, there is a reduction in benefits, which Sandra does not understand. A year later, Sandra fails to complete her interim report form because of a 3-week hospital stay during which she wasn’t receiving her mail, resulting in a loss of benefits. Sandra once again gets assistance from the AAA caseworker, who helps her reapply and eventually her benefits are restored.
SNAP Journey

Sandra is a 72-year-old widow living in a small northeast city and receiving disability SSA

1. Outreach

Sandra learns about applying for SNAP from a staff person at an Area Agency on Aging (AAA) after a stroke leaves her physically and cognitively impaired.

2. Request Application

The AAA staff person helps her complete her SNAP application when she helps with her SSA disability application.

3. Initial Interview

Ten days later, Sandra is contacted by phone and offered an interview at that time. She agrees and provides all the information requested. She has to mail some documents back to the office.

4. Eligibility Notification

Two weeks later she receives a letter that explains her eligibility and monthly benefit amount. The next day, she receives an EBT card and calls the phone number listed on the letter to activate the card and select a PIN.

"It gets headachy sometimes because some of the paperwork that I already provided, you don’t keep it…. After 2 or 3 years I throw everything away. And when I throw it away, that’s usually what I need."

5. Recertification

Two years later, Sandra receives a letter with a form to complete and mail back. Nothing has changed, so she continues to receive benefits, although the amount is reduced by a few dollars. She doesn’t understand why and tries to call for information but can’t get through to anyone.

6. Using EBT to Order Groceries by Phone

Sandra is thrilled to discover that she can order groceries to be delivered to her home with her EBT card. Her daughter helps her set this up online, and this lightens her care-giving load.

7. Annual Check-In

Sandra misses an interim report letter because she was in the hospital for a week due to an infection, followed by 2 weeks in a rehabilitation facility. When she returns home, she realizes that her SNAP benefits have been discontinued.

8. Help From Social Worker

Sandra remembers the person at the AAA who helped her get her benefits several years ago and calls the number for help. While that person is no longer there, another staff person helps her understand what happened to her benefits and explains that she needs to apply again.

9. Re-Application

Sandra mails in an application and waits to be contacted for her interview.
Local Office Journey—Donna

The next journey features a socially connected older adult participant who was familiar with SNAP from past use and who goes to her local SNAP office for assistance. Although she needs a ride from her daughter to get to the office, she insists on going into the office in person to submit paperwork rather than mailing it in. While she appreciates being able to do her eligibility interview by phone, she had the experience of the office losing her paperwork when she mailed in her recertification form, so she doesn’t feel comfortable mailing things anymore. She appreciates the program but wishes that it was run more efficiently so that her daughter would not have to spend gas money driving her to the SNAP office.
SNAP Journey

Donna is a 68-year-old divorced woman living in a small southern town who recently retired because of health problems.

1. Outreach
Donna first learned about SNAP when applying for SSI for her sons with disabilities. When she finds herself on a limited income, she immediately thinks to apply for assistance.

2. Request Application
Donna gets a ride from her daughter to her local SNAP office, which is close to her home, to get an application and make an appointment for an interview. She is pleased that she can have a phone interview and won’t have to ask her daughter to drive her again.

"If we're on food stamps, we have limited income. We don't have the gas to run back and forth to the office every time you guys lose our papers. I want to know where my papers are!"

3. Initial Interview
Ten days later, at the time of the interview, the eligibility worker doesn’t call, so Donna calls the office to inquire. She is told that the worker was sick that day, and they make another appointment for the next day. The call comes an hour earlier than expected, but luckily Donna is there and has the interview. She has to send some paperwork to the office that document her medical expenses.

4. Eligibility Notification
Two weeks later, she receives a letter that explains her eligibility and monthly benefit amount of $40. The next day, she receives an EBT card and calls the phone number listed on the letter to activate the card and select a PIN.

5. Using EBT at the Farmers Market
Donna loves fresh fruit and looks forward to each summer when local farmers sell their freshly picked crops at the farmers market in her town. She is happy that they offer “double bucks” when she uses her EBT card so she gets a good value on her limited food budget.

6. Annual Check-In
A year later, Donna receives a letter with a form to complete and mail back. She sends in her current utility bill and medication receipts with the form. Two weeks later, she receives another letter stating that her form has not been received and she has 5 days before she loses her benefits. She asks her daughter to bring her into the office, and she straightens it out in person.
Need for Specialized Call Center Journey—Sally

This journey features a socially isolated woman who has difficulty asking others for help and who does not rely on her adult children for assistance. She knew about SNAP from a much earlier time in her life when she was raising her children and became temporarily unemployed. So, when she loses her partner, moves into a senior housing residence, has hip replacement surgery, and realizes that she needs more financial assistance, she thinks to call the 800 number she was given at the hospital. However, there is no specialized call center in her state, so she does not reach someone who is skilled in working with older adults and knowledgeable about their specialized eligibility rules for benefits. Being hard of hearing makes phone conversations difficult, and her first attempt at speaking with the call center is frustrating because she cannot understand the person on the phone, who is not experienced with speaking with people with impaired hearing. She has a better experience with her phone interview and is successful getting on the program. However, she doesn’t understand her low benefit level and feels it isn’t adequate, as she can only afford to eat one meal a day. If she had made contact with a specialized call center for older adults, it is probable that she would have had better communication and felt comfortable calling back and getting assistance.
SNAP Journey

Sally is a 70-year-old divorced woman who recently lost her partner and moved to a senior housing complex in a small city in the northeast.

1. Outreach
Sally first learned about SNAP when she was a single mother of three children and was laid off from her job. When she finds herself alone on a limited income, she remembers the program and thinks she will try to apply for assistance.

2. Request Application
Sally finds an 800 to call for assistance and waits on hold for a while. She finds it difficult to understand the woman on the phone because she is hard of hearing, so she asks her to mail her information. She receives an application at home a week later and fills it out and sends it back.

3. Initial Interview
Ten days later, she receives a call from a SNAP eligibility worker who asks if she has time for an interview. She agrees, and this time she is able to hear better because this person has a louder voice. She asks a lot of questions and needs documents about Sally’s medical expenses, which Sally can’t find.

4. Eligibility Notification
Two weeks later, Sally receives a letter that explains her eligibility and monthly benefit amount of $16. The next day, she receives an EBT card and calls the phone number listed on the letter to activate the card and select a PIN number.

5. Recertification
A year later, Sally gets a call from the SNAP office saying it is time to recertify her benefits. This time she has saved her medical and prescription receipts and tells the worker about it. The worker tells Sally how to send them to her, which Sally does. Two weeks later, she receives a letter that her eligibility has been renewed and that her benefit level is now $35.

“I think it’s kind of hard for me to figure out [what’s available to me] just based on who I am. I don’t like to ask a lot of questions or for help.... [It] would be helpful to know... all of my resources, and I really don’t.”
Internet Application Journey—Nyla

This journey features a 64-year-old grandmother receiving disability SSI who was referred to apply for SNAP when she filed for disability benefits, a process that took years to complete. Nyla first tries to contact a call center; while on hold for a long time she hears a recording that says she can apply online, so she tries it. Although it was challenging, Nyla succeeds in applying and finds the eligibility process smooth, chiefly because her paperwork is in order, as she is preparing her disability SSI application, which requires even more documentation than SNAP. At the time of her application, her granddaughter is not living with her, but she moves in a few months later because her high school bus route is more convenient from there and her father (Nyla’s son) has once again taken a job that keeps him on the road most of each month. Nyla doesn’t realize she can report this change in her household and does not receive increased benefits until her recertification interview after 12 months on the program.
SNAP Journey

Nyla is a 64-year-old divorced woman living in a suburban area who has received disability SSI since injuring her back at work. She has helped raise her granddaughter, who sometimes lives with her.

1 Outreach
When Nyla’s disability runs out and she has to stop working, she asked for information at a SSA disability assistance office. They encourage her to apply for SNAP.

2 Request Application
At first she tries calling, but there is a long wait time and the recording says she can apply online. Using her tablet, Nyla is able to complete an application. After several unsuccessful tries, the system finally accepts it.

“...she said, ‘Okay, now, since your granddaughter is with you, it’s going to change.’ ... I said, ‘So, what do I have to do?’ She said, ‘Nothing. We’ve done it. It’s taken care of.’ I’m like, ‘Great.’”

3 Initial Interview
Five days later, Nyla receives an email with her interview time, which is in a few days. She finds the phone interview to be easy. She is able to answer all the questions and provide all the documents needed because she has recently applied for disability, so her paperwork is organized.

4 Eligibility Notification
Two weeks later, she receives a letter that explains her eligibility and monthly benefit amount of $129. The next day, she receives an EBT card and calls the phone number listed on the letter to activate the card and select a PIN.

5 6-Month Check-In
Six months later, Nyla receives an email saying she needs to complete and return a check-in form. By this time, her granddaughter has moved back in with her and is going to high school nearby. After she completes the form, she receives a call from the SNAP worker about the change in her household and her benefit level is raised to $287. She is pleased that they will be able to afford better food with this assistance.
Combined Application Project Journey—Shawn

The journeys explored above highlighted challenges and pain points for profiled participants as they navigated the application and recertification process. The next journey features a more simplified process, based on a typical journey of a participant experiencing the CAP. Coupled with Social Security benefits, this process has a simplified application process and a longer certification period without required paperwork (i.e., no annual check-in form). Recertification is done at the same time as Social Security benefits. Shawn is a 70-year-old veteran living alone in the small city where he was born and raised. He served in the military for 6 years. After discharge, he worked in a variety of jobs, mostly as a truck driver, building on his experience in the army.
SNAP Journey

Shawn is a 70-year-old retired truck driver who lives alone in a rural area in the northeast.

1. Outreach
Shawn learns about SNAP when he has his interview for Social Security upon retirement. The SSA worker tells him that he can sign up at the same time for food benefits, so he agrees.

2. No Additional Application
The application is completed by the SSA worker and sent to the SNAP agency electronically.

3. No SNAP Interview
There is no need for an additional interview because the SNAP eligibility worker was able to verify all necessary information electronically.

"Well, when I went to the Social Security office, they automatically filled out the paperwork for me there. And I applied. So, they approved it.... For me, that’s a blessing."

4. Eligibility Notification
A month after receiving his first Social Security check, Shawn receives a notice from the SNAP office explaining his eligibility and $36 monthly benefit amount. A week later, he receives an EBT card and calls the phone number to activate the card and select a PIN.

5. Picking up Groceries
Shawn likes to stop into the local grocery store to pick up a few items each week and say hello to his favorite clerk. He likes that he can use his EBT card at this convenient location that he can walk to.

6. Recertification
Shawn’s certification period lasts for 3 years, so he never thinks about it until he receives his recertification letter from the SSA. Nothing has changed, so he signs it and mails it back. He continues to receive the same SNAP benefit amount.
Summary and Recommendations

This analysis and the underlying research confirm that much can be done to assist older adults in simplifying their SNAP journeys. The preceding discussion demonstrates the importance of outreach, individual in-person assistance, and customized phone services for older adults. These are especially important to help address the increased challenges of many older adults, including those living in rural areas, those with significant disabilities, and those without internet access. Many of our older adult interview respondents had recently experienced one or more life crises—often major health crises—that compromised their ability to work and to afford or access food. For most, SNAP benefits enabled them to improve their health and quality of life at a vulnerable time.

This analysis confirmed our recommendations from the FNS report and gave further insight into how crucial these policies and service approaches can be for enabling older adults to access benefits and negotiate the SNAP system. Below we divide our recommendations into outreach and communication, individualized assistance, and program options.

Outreach and Communication

Overall, outreach materials should use simplified language and be targeted, especially to reach those with the greatest need. User research can help craft targeted messaging about who is eligible, how benefit amounts are calculated, why changes to participation status or benefit levels are made, and how to get help with applications and recertifications. Our research indicates that, across all the profiles, the communication strategies that are most likely to be effective are the following:

- **By snail mail.** One of the most common suggestions from interviewees for improved outreach was for letters to all older adults (e.g., once they turn 65) to let them know what programs they may qualify for, including SNAP and other programs, such as LIHEAP. According to most of our interviewees, they read their mail daily and prefer this mode of communication over others, such as by telephone or email where they are concerned about scams and pressure tactics. Clearly, the current older adult cohorts represented in our research still rely on the U.S. Postal Service, although this may diminish in the future.

- **Targeted communications using data to reach potentially eligible older adults.** There are several significant efforts to conduct outreach to likely eligible groups, such as State Medicaid agencies and SNAP agencies working together to connect older adults on Medicaid but not SNAP using Medicaid enrollment data. Also, clearly SSA can do more to alert individuals who receive SSI once they turn 60 with a targeted mailing discussing

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6 For example, see Benefits Data Trust’s work at
potential SNAP eligibility. Also, AARP Foundation could explore using AARP data to reach out to potentially eligible older adults.

- **By social media.** Older adults reported they—and their family and friends—heard about SNAP through social media websites, such as Facebook. Given that many older adults reported relying on assistance from younger family members, social media advertising can be an effective way to reach this broader audience as well.

- **By medical personnel.** Older adults, especially those who were more isolated and had not used the program before, reported learning about the program through their healthcare providers. This is a promising approach, as older adults visit their doctors more frequently and are more likely to have chronic health conditions. A very promising approach is the inclusion of the two-question screener in electronic medical records for all older adults by primary care practices.7 AARP Foundation has already developed resources on this in collaboration with the Food Research and Action Center; they created a free training course and materials for health care practitioners called Screen & Intervene.8

### Individualized Assistance

AARP Foundation can make a significant impact on older adults’ access to SNAP by funding efforts to assist them with the application process through local organizations. Benefits enrollment centers, AAA offices, and anti-hunger organizations often partner with states through outreach initiatives and can help strengthen implementation of SNAP policy options aimed at supporting access for older adults.

- **Older adult service providers.** Many interview respondents learned about SNAP and were able to complete applications with the help of social workers in their senior housing facilities and senior centers where they attend lunch programs. Sandra’s journey is a typical example of the importance of this assistance. These programs are chronically underfunded and understaffed, however, with no single source adequately funding them.

- **Anti-hunger advocates.** Many states work closely with local anti-hunger groups on outreach and application assistance, yet there are not enough staff to meet the need. Increased funding for application assistance by community-based organizations is a promising model being used in many communities to assist older individuals and other underserved groups.

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7 This screener is called the Hunger Vital Sign, and it has been used widely in medical and community-based settings. It was validated for use among adults in 2017 (see https://childrenshealthwatch.org/public-policy/hunger-vital-sign/).

8 For more information see https://frac.org/screen-intervene#:~:text=The%20toolkit%20provides%20tools%2C%20resources%2C%20nutrition%20programs%20and%20other%20resources.&text=Developed%20by%20FRAC%20and%20the%20partners%20working%20with%20older%20adults
Additional support is often needed to train staff and volunteers who work in the aging and food security arena and who are focused on reducing variation in implementation of policies to improve access. This training should address topics such as:

- which policies affect older adults across social services programs, since many enroll in several programs at once;
- how medical expenses should be calculated when they fluctuate over time; and
- how reporting changes in household composition, income, or medical expenses can be communicated more clearly to older adult recipients.

**Program Options**

AARP Foundation can continue to make an impact on access to SNAP for older adults by supporting efforts at the state and county levels to implement policy options and waivers that are proven to increase access for older adults. Such policies can result in less bureaucratic “red tape”—fewer interviews, less paperwork—and less disruption in benefits. Phone interviews, for example, are important for simplifying the process and encouraging participation. AARP can also advocate for better policies through administrative actions by FNS and through the legislative process of the Farm Bill and other vehicles for statutory changes. In particular, we recommend support for the programmatic options listed below.

- **Expand the number of states that adopt the Elderly Simplified Application Project, including all the policy options that can be included in the package.** States that currently do not have ESAP should apply for the entire package of waiver options (i.e., shortened application form, eliminate periodic report, streamlined verification, etc.) to truly garner its benefits and to help seniors like Sandra. Also, states that were recently approved for ESAP have eliminated the periodic/interim report requirement, which means that ESAP participants in those states do not have to complete an interim report to stay on ESAP for the entire 36-month certification period. If this policy had been in place for Sandra, she would not have lost her benefits due to her failure to return the form when she was in the hospital. The SNAP agency would have sent an annual notice to remind her that she could report changes in her medical expenses or income, and the agency would have viewed a non-response as an indication that there were no changes.

- **Implement a longer certification period.** At a minimum, states that do not implement ESAP should have a 24-month certification period for all households containing older adults and/or individuals with disabilities and no earned income. States can do this under current federal regulations without any need for a waiver. This longer certification period can help those households stay on the program longer. Ideally, a longer certification period

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9 Under the federal regulations at 7 CFR 273.10(f)(1) “The State agency may certify for up to 24 months households in which all adult members are elderly or disabled.”
would be coupled with a simpler periodic/interim report, which is also a place where eligible older adults lose benefits, as we saw in Sandra’s journey.

- **Create specialized units for serving older adults.** States should seek to establish call centers or other staff units where staff are well trained in the rules as they apply to people 60 and older—so that they can streamline access to information and case management—benefiting both SNAP administration and elderly applicants and recipients\(^\text{10}\). Creating a dedicated team could mean that those households have a specific call center or team of caseworkers who understand their unique needs and may be more familiar with their specific cases or circumstances. If a state is not able to create a separate centralized unit for older adults, an alternative would be to have at least one or two specially trained caseworkers in each local office or at a call center who can provide the same type of specialized service to this population.\(^\text{11}\) As we think about older adults like Sally, a specialized unit with caseworkers specifically trained for older adults would help alleviate many concerns faced by this population. If Sally lived in a state with a specialized unit, she would have known who to call to get answers to her questions about her benefit amount and would have had someone who understood her unique needs. More importantly, with an assigned caseworker or unit, Sally may have felt more comfortable talking with staff as she built a relationship with the dedicated team members. This is crucial for older adults, especially those who are socially isolated.

- **Improve SNAP outreach materials and notices to better meet the needs of older adult individuals and increase awareness of medical expense deductions.** States can focus on creating accessible, easy-to-read materials that explain eligibility rules and factors that affect benefit levels, as well as on having clear information about all expenses that may be deducted. States can also produce examples to illustrate commonly missed medical expenses, such as transportation costs, dental and optometry costs, and over-the-counter items prescribed by a doctor\(^\text{12}\).

- **Integrate benefit systems and user-friendly tools so that older adults can apply for multiple benefits through a single application.** While many older adults may not access benefits through an online application or portal, if those (like Nyla) who do could apply for multiple programs with one application, it would greatly streamline the process of getting connected to all potential benefits. Also, many states that have online applications also have online customer portals that provide participants with the ability to report changes and other items. This online portal creates greater transparency with respect to how changes in one program affect benefits in another. A centralized or multi-benefit application would ensure that no matter where the older adult enters the system (e.g.,

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\(^{10}\) This model has been implemented in Alabama for ESAP participants and in Florida and Washington for CAP participants.

\(^{11}\) This model has been implemented in Vermont as part of their implementation of ESAP.

\(^{12}\) See the Massachusetts example here: https://eohhs.ehs.state.ma.us/DTA/PolicyOnline/olg%20docs/form/19/snap-meb-english.pdf
SNAP or Social Security office, senior center, healthcare provider, or senior housing center), they are informed of all of the benefits for which they may be eligible. States can consider incorporating user-centered design strategies into their processes to ensure that users with diverse needs are able to navigate these processes effectively.

- **Implementation of the Standard Medical Deduction.** All states should apply for this waiver, and FNS should seek to make it standard throughout the program. The SMD is a policy option that can help streamline verification, but it has to come with increased training for caseworkers and staff in order to make it effective for older adult SNAP participants.

AARP Foundation can continue to make significant inroads in increasing access to SNAP for older adults in need of nutrition support by supporting tailored outreach, individual in-person assistance, specialized phone services for older adults, and improved adoption of program options at the state and local levels.
Appendix A: Literature Review

Older adults (“elderly” SNAP participants are defined by FNS as those age 60 and older) have historically participated in SNAP at substantially lower rates than the general population. Between 2010 and 2017, the participation rate among the eligible 60-plus population ranged from 33 to 48 percent, compared to 72 to 84 percent for the eligible population as a whole (Vigil, 2019). These numbers do show growth in the older adult SNAP participation rate over time, and the participation rate among older adults in Fiscal Year 2017 (the latest year for which these data were available) is the highest ever reported (Vigil, 2019). Nevertheless, the older adult SNAP participation rate remains well under the SNAP participation rate overall.

The low SNAP participation rate among older adults continues to be a major public and social health concern. Without SNAP, older adults may be unable to meet their nutritional needs (Cody & Ohls, 2005); they may forgo medicine for food (Sattler & Lee, 2013) or be unable to pay utility bills or secure safe or stable housing (O’Brien et al., 2010). Older adults without SNAP have fewer resources to purchase food, and elderly diet insufficiency has been connected to poorer mental and physical health outcomes as well as increased strain on caregivers (Burris et al., 2019; Fuller-Thomson & Redmond, 2008; Portela-Parra & Leung, 2019). For example, food insecurity is associated with chronic health conditions like diabetes, heart disease, and obesity, as well as a decrease in sense of well-being (Jih et al., 2018; Kihlstrom et al., 2019).

Recent research from Maryland has also shown that SNAP participants age 65 and older have reduced hospitalization rates and decreased nursing home admission rates compared to eligible non-participants of the same age (Samuel et al., 2018; Szanton et al., 2017). Previous research suggests that among all SNAP households, SNAP not only increases food access and reduces food insecurity, but also has significant positive effects on household incomes (LeBlanc et al., 2006). Thus, increasing SNAP participation among older adults leads to improved food security, financial security, and well-being for many individuals living on limited incomes.

Older Adults’ Barriers When Applying for and Enrolling in SNAP

Although the problem of low take-up of government assistance programs is not restricted to SNAP (Currie, 2004), numerous studies over the past two decades have assessed some of the possible causes of low enrollment that are specific to SNAP and to older adult participants. While very recent research has looked at older adults’ relationship to food security and how it connects to chronic health conditions, social isolation, and cognitive abilities, however, there have been few very studies over the last several years (other than our own for FNS) that specifically examine the barriers older adults face in applying for SNAP, as opposed to other human services programs. It is important to acknowledge that more research in this area may be warranted. Below, we summarize the key factors that prevent individuals from applying to SNAP, focusing on older adults where possible, as outlined in the research that is available.
Social Isolation

Research has suggested that approximately 17 percent of seniors are isolated; that a disproportionate number of isolated seniors live in poverty; and that while these isolated seniors are likely to be eligible for SNAP and other benefits, they are more likely than non-isolated seniors not to be enrolled in benefits programs, including SNAP (Ortiz, 2011). A recent study of social isolation and food insecurity among older adults in Tampa Bay, Florida, found that loneliness and social isolation limit access to food, especially since many socially isolated older adults also have mobility or other health challenges that make it harder for them to get to food (e.g., grocery stores or food banks) or to acquire help with benefits. The study also noted that eating is perceived as a social activity, and that those experiencing loneliness sometimes express reduced pleasure in eating and higher levels of food insecurity. Overall, the study found that older adults who had higher levels of social isolation, who lacked social support, and who were divorced had higher levels of food insecurity (Burris et al., 2019). Other research has also shown a complex relationship between social isolation and food insecurity, suggesting that social isolation can contribute to or exacerbate food insecurity and dietary quality (Diallo et al., 2020; Lopez-Landin, 2013).

Lack of Information About SNAP Eligibility Rules and Application Processes

Complexity of eligibility requirements. Some economic literature cites “imperfect information,” or a lack of information about SNAP and its specific eligibility requirements among eligible individuals, as a reason for low take-up (Currie, 2004; Dickert-Conlin et al., 2012; Pinard et al., 2017). Research has also shown that as many as three quarters of individuals who are eligible for the program but have not applied do not believe they are eligible (Bartlett & Burstein, 2004; Ponza et al., 1999). The program’s complex income eligibility calculations cause confusion, and those who are closer to the eligibility cut-off tend to be less sure they would qualify than those who are well under it (Bartlett et al., 2004).

Eligibility requirements for older adults. While lack of information about applying to SNAP is a barrier that individuals of any age may face, older adults may not realize they are subject to different (and typically more flexible) income eligibility criteria than the larger population (Ponza et al., 1999), which adds to the confusion surrounding the process. Many believe they are ineligible because they have assets or they do not have dependent children living with them; some do not know how to apply for benefits; and many are unaware of deductions for which they may be eligible (Adams et al., 2017; Bartlett & Burstein, 2004; Cody & Ohls, 2005; Gabor et al., 2002; McConnell & Ponza, 1999). Our interviews validated these research findings, with multiple non-participants saying that they just did not know how or where to apply; a few also mentioned wanting to know more about eligibility calculations or likely benefit amounts before starting the application process. Some study participants had also participated in SNAP (or tried to apply) when they were much younger and remembered eligibility rules that they did not realize would no longer apply to them.
Perceived or Real Burdens of Applying

**The size of the expected benefit.** Several studies (e.g., Blank & Ruggles, 1996; Gabor et al., 2002) have found that the probability of SNAP participation increases with the size of the expected benefit. Others have noted that older adults are especially reluctant to apply given the relatively low benefit amount they may receive (Adams et al., 2017). SNAP experts interviewed for our previous research noted that the “myth of the $16 benefit”—the minimum benefit amount for a single, older adult not taking any deductions at the time our study was conducted—plays a big role in preventing some eligible older adults from applying. Many older adults heard that they could receive as little as this amount and did not think the process would be worth the effort. Frequently, older adults may not be aware that claiming medical expenses as deductions to household income could raise their benefit amount (Adams et al., 2017; Jones, 2014). There is evidence that when more older adults take advantage of deductions for which they are eligible, fewer receive the minimum benefit (Adams, 2017).

**Transaction costs.** Chief among the costs of SNAP participation for individuals of any age are its transaction costs—that is, factors that create inconveniences in applying. For SNAP, various processes exist that can be perceived as onerous. Research has documented that older adults often perceive application requirements as time consuming and difficult to understand, required documentation of income and assets as burdensome and an invasion of privacy, and interactions with SNAP personnel as unpleasant (AbuSabha et al., 2011; Cody & Ohls, 2005; Gabor et al., 2002). Moreover, older adults may find it especially difficult to get to a SNAP office because they lack transportation or have mobility challenges, and they may not be aware of other options to complete an application online or conduct an interview over the phone (Bartlett & Burstein, 2004; Bartlett et al., 2004; Cody & Ohls, 2005). Socially isolated older adults specifically may have fewer connections to ask for help with getting to a SNAP office or filling out paperwork (Burris et al., 2019). Additionally, because of the fragmented nature of the U.S. social safety net, consisting of many (often overlapping) programs, many eligible SNAP participants are confronted with the need to apply for multiple benefit programs and may be too overwhelmed to apply for all of them (Nicholl, 2014).

**Stigma.** Another explanation for low SNAP enrollment is the perceived social cost. Research suggests that, for some, the fear that others will judge them negatively if they receive SNAP benefits deters them from participating (Moffitt, 1983; Pinard et al., 2017). Although Ponza et al. (1999) found that only 7 percent of eligible non-participating households cited a fear of being stigmatized as their main reason for non-participation, half indicated that it was one of their reasons. However, while many of Ponza et al.’s respondents identified the stigma of SNAP as a persistent barrier to older adult SNAP access, some also said that they believed it has lessened over time, especially with the advent of EBT. Our research uncovered that some interviewed older adults still feel stigma about using SNAP: Though a minority held this view, some indicated that it was others they knew, such as neighbors or friends, who seemed to feel stigma rather than themselves. Given that stigma may be declining with EBT and current social norms, this may be an area for additional research.
Other Social and Cognitive Factors

**Perceptions of being undeserving of SNAP benefits.** Research has documented that some individuals feel they should not need SNAP, that others are needier, or that their participation displaces other needy people (Bartlett & Burstein, 2004; Mack & Paprocki, 2016). Some eligible older adults do not understand SNAP’s status as an entitlement program or feel that SNAP is “marketed” towards younger families and is thus not designed for them (McConnell & Ponza, 1999). In our interviews, a common refrain was that SNAP seemed to be designed for families with children, and many respondents noted that many such households get larger benefit amounts (because they include more members), which reinforces this perception.

**Perceived (or real) lack of need for SNAP.** To apply for SNAP, people must first see themselves as needing the program. However, the perception of need is often not based on objective indicators, such as income or food insecurity standards (Fong et al., 2016). Rather, the perception of need tends to be mediated by other beliefs, such as whether social welfare programs in general are beneficial to society and how individuals have situated themselves in terms of social class and status for most of their lives. Those who have spent most of their lives in the middle class may be less inclined to realize that SNAP is an option once they retire or can no longer work. In recent research, those who held strong negative views of welfare programs in general were also less likely to apply for SNAP (Brizmohun & Duffy, 2016; Pinard et al., 2017).

**SNAP modernization and technology.** As states have modernized their SNAP programs, there is an increased use of call centers, online applications, and automated technologies (Rowe et al., 2010). While such updates may be more convenient for many younger individuals and some older adults, others (especially those in the oldest age categories) struggle with these systems, which generally involve less one-on-one assistance. In one study, most elderly focus group participants said they preferred face-to-face interviews to those conducted on the telephone (Gabor et al., 2002). In another small study with participants of all ages, over half preferred traditional service delivery models (Heflin et al., 2010). We found that many older adults struggled with online applications and needed help to complete them; in contrast to the Gabor study, however, many of our interview respondents preferred doing their interviews over the phone to in person. This may be an area for additional research as modernization and online applications become more prevalent and as older adults gain more experience with emerging technologies and become more comfortable with them.

**Cognitive limits.** Even when people have all the relevant information, their decision making can be affected by cognitive limitations and the limited amount of time they have to make decisions. An experiment by Mani et al. (2013) found that financial stress lowered the cognitive performance of low-income study participants. Other studies have shown that in situations of scarcity, people often focus intensively on short-term needs at the expense of future needs. For instance, they may stand in line at a food bank, which can provide access to food temporarily, instead of standing in line to apply for SNAP benefits, which can provide access to food more regularly. When attention is focused on immediate needs, such as hunger, individuals sometimes make less-than-optimal decisions (Mullainathan & Shafir, 2013; Shah et al., 2012). This issue may be especially prevalent for older adults since, as Herd (2015) suggested, aging is
also associated with cognitive decline. Two recent studies of older adults found that food insecurity is associated with lower cognitive abilities (Frith & Loprinzi, 2018; Portela-Parra & Leung, 2019). This evidence suggests a difficult cycle wherein those who need food support the most also have the most trouble understanding how to apply for SNAP and other programs.

**Barriers to Remaining on SNAP**

Some research has found that once they have enrolled in SNAP, older adults are less likely than other individuals to experience “churn” (going on and off the program within 4 months) or be dropped from the program (Mills et al., 2014; Wu, 2009). Many older adults have longer certification periods than do younger participants, and this results in increased SNAP receipt (Ratcliffe et al., 2007; Rutledge & Wu, 2014). Nevertheless, any point where an older adult is required to submit more paperwork or prove eligibility creates a potential pain point where they could struggle to remain on the program.

**Recertification and reporting processes.** All SNAP households must conduct periodic reporting and undergo an occasional recertification process, though the frequency with which these occur varies by state and household type. In most states, households that have only elderly or disabled members with no earned income are either certified for 12 months (with no periodic reporting) or for 24 months (with a 12-month report; U.S. Department of Agriculture, 2018). However, older adults who are responsible for grandchildren or who work have more frequent reporting requirements. These processes can be burdensome for all participants, with researchers noting that eligible households are more likely to leave the program in recertification months (Bartlett et al., 2004; Unrath, 2021). Even though the reporting and recertification periods are less frequent for many older adults than for other households, these requirements can still be barriers, leading older adults to drop out of SNAP. Moreover, recertification notices are frequently in small print and use complicated language, which can be especially challenging for those with reduced vision or cognitive decline to comprehend. More research could be conducted on older adults’ recent experiences with recertification and remaining on SNAP, as most of the studies examining this issue specifically (other than our recent work for FNS (Levin et al., 2020) are now several years old or not focused exclusively on older adults.
Works Cited


Appendix B: Overview of Interview Sample

In general, the 193 older adults who participated in the interviews tended to live alone and have low education levels and a high prevalence of disabilities. Almost three quarters (71 percent) lived alone, and half of those who lived alone reported a monthly income below $1,000. Over two thirds (70 percent) had a high school education or less, and 11 percent had not completed the eighth grade. Almost two thirds of the interview sample (60 percent) reported having a disability, and in many cases older adults discussed how their disabilities prevented them from being able to work. There were 12 veterans in the interview sample (6 percent).

Three quarters of the older adults in the interview sample were women. The respondents were relatively well-balanced in terms of race and ethnicity when compared to the demographics in SNAP administrative data. The sample was 51 percent White, 32 percent Black/African American, 3 percent Asian, 2 percent American Indian or Alaska Native, 1 percent Native Hawaiian or Pacific Islander, and 2 percent mixed race. Nineteen older adults (10 percent) identified as Hispanic or Latino. The interview sample included a relatively balanced share of older adults from all age categories in the study.

Exhibit B summarizes key characteristics of the 193 interview participants, including SNAP participant status, household size, monthly income of single person households, and a variety of demographics.

### Exhibit B: Characteristics of Interview Participants

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SNAP Participation</strong></td>
<td></td>
</tr>
<tr>
<td>Participants</td>
<td>128 (66%)</td>
</tr>
<tr>
<td>Non-participants</td>
<td>48 (25%)</td>
</tr>
<tr>
<td>Applicants</td>
<td>17 (9%)</td>
</tr>
<tr>
<td>No Answer</td>
<td>0 (0%)</td>
</tr>
<tr>
<td><strong>Average Household Size</strong></td>
<td>1.4</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>75%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>2%</td>
</tr>
<tr>
<td>Asian</td>
<td>3%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>32%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>1%</td>
</tr>
<tr>
<td>White</td>
<td>51%</td>
</tr>
<tr>
<td>Mixed Race</td>
<td>2%</td>
</tr>
<tr>
<td>No Answer</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latinx</td>
<td>10%</td>
</tr>
<tr>
<td>Not Hispanic or Latinx</td>
<td>68%</td>
</tr>
<tr>
<td>No Answer</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Individuals Living Alone</strong></td>
<td>71%</td>
</tr>
<tr>
<td><strong>Monthly Household Income</strong> (Individuals living alone)</td>
<td></td>
</tr>
<tr>
<td>Under $1,000</td>
<td>50%</td>
</tr>
<tr>
<td>Under $1,500</td>
<td>82%</td>
</tr>
</tbody>
</table>

*Note.* With the exception of SNAP participation status, interview participants were able to choose not to answer any item on the demographic information sheet; each category in the exhibit excludes participants who elected not to answer that particular data element.