

# FOOD SECURITY AMONG DC SENIORS: Interventions for a Healthy Aging Population

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# DISCLAIMER

The author conducted this study as part of the program of professional education at the Frank Batten School of Leadership and Public Policy, University of Virginia. This paper is submitted in partial fulfillment of the course requirements for the Master of Public Policy degree. The judgments and conclusions are solely those of the author, and are not necessarily endorsed by the Batten School, by the University of Virginia, or by any other agency.

# HONOR PLEDGE

On my Honor as a student, I have neither given nor received unauthorized aid on this assignment.

*Bridget Elise Rizzo*

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## Glossary

ACL - HHS Administration for Community Living  
CAFB - Capital Area Food Bank  
CPS - Current Population Survey  
CSFP - Commodity Supplemental Food Program  
DAFL - Department of Aging and Community Living  
EBT - Electronic Benefit Transfer  
ESAP - Elderly Simplified Application Process  
FNS - USDA Food and Nutrition Service  
HHS - Department of Health and Human Services  
LSPs - Local Service Providers  
NSLP - National School Lunch Program  
SFMNP - Senior Farmers Market Nutrition Program  
SNAP - Supplemental Nutrition Assistance Program  
USDA - United States Department of Agriculture  
WIC - Supplemental Nutrition Assistance Program for Women, Infants, and Children

## Executive Summary

Food insecurity affects an estimated 35 million people in the United States (Coleman-Jensen, Rabbitt, Gregory & Singh, 2020). In the District of Columbia, the effects of food insecurity are felt particularly strongly among the senior population. Here, seniors face the highest state-level rate of food insecurity in the country at 14.3% prior to the onset of the COVID-19 pandemic (Ziliak & Gundersen, 2018). Food insecurity in DC is also exacerbated by the inequalities that exist in the District, particularly economic disparities between white residents and residents of color, and the significant level of income inequality present in the region. In order to truly put an end to food insecurity in the District, each of these inequalities must be addressed. However, protecting vulnerable seniors from food insecurity - especially during the COVID-19 pandemic when seniors are at increased risk of illness - will require incremental change and institutional effort at all levels. Today, Mayor Bowser is prioritizing food security in her policy plans, and now is the time to implement policies that will help end senior food insecurity in the District. I recommend four potential policy options in an effort to do just that:

1. Option 1: Implement the Elderly Simplified Application Project (ESAP) for seniors in DC.
2. Option 2: Merge school meal programs with senior meal programs.
3. Option 3: Expand funding for community-based food banks, with an emphasis on senior outreach and delivery services.
4. Option 4: Initiate an awareness campaign on food resources for DC seniors.

These policy options were formulated with an understanding of where interventions might be most effective for the District of Columbia, and what constraints the government may face in trying to implement new policies in this area.

In this report, I evaluate each option using four criteria: equity, efficacy, cost, and implementation feasibility. Equity evaluates the ability of the policy to improve the conditions of DC seniors of all backgrounds, with special concern for vulnerable populations such as Black communities in Ward 7 and Ward 8. These are the most impoverished areas in the District and any recommended policy must reach the residents of these regions. The efficacy criterion evaluates the ability of a recommendation to improve the nutritional situation of food insecure seniors. Cost attempts to understand the potential costs associated with implementing a policy option, and serves as an estimated benchmark of potential financial commitments. Lastly, implementation feasibility addresses the ease with which a policy could actually be implemented in the current food assistance infrastructure of the District.

Implementing ESAP and initiating an awareness campaign on food resources available to DC seniors both serve as low-cost and highly effective interventions for improving senior food security. While an awareness campaign helps area seniors to learn what resources are available to them and how to seek them out, ESAP makes those resources more accessible for seniors by streamlining the application and processing time needed to qualify for SNAP benefits.

## Problem Statement

Prior to the COVID-19 pandemic, the District of Columbia had the highest state-level rate of food insecurity among seniors in the country at 14.3% (Ziliak & Gundersen, 2018). The current public health emergency and its effects on the U.S. economy will exacerbate this need among District seniors, with the potential to drive up food insecurity rates among this vulnerable population for years to come.

## Background

### What is food insecurity?

The USDA defines food insecurity as a household-level economic and social condition of limited or uncertain access to adequate food (Coleman-Jensen et al., 2020). Put another way, food insecurity indicates a lack of consistent access to enough food for an active, healthy lifestyle (DC Food Policy Council, 2020). The USDA also classifies food (in)security into four tiers:

- High food security: no reported indications of food-access problems or limitations.
- Marginal food security: one or two reported indications—typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake.
- Low food security: reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.
- Very low food security: reports of multiple indications of disrupted eating patterns and reduced food intake (Coleman-Jensen et al., 2020).

Households surveyed by the USDA were asked eighteen questions about their ability to meet their basic food needs. These households were then categorized into one of the above four food security groups based on the number of food-insecure conditions and behaviors the household reported. Households were classified as food insecure if they reported experiencing three or more food-insecure conditions, and are then divided into low food security or very low food security

According to the Committee on National Statistics of the National Academies, food insecurity is distinct from hunger in that “hunger should refer to a potential consequence of food insecurity that, because of prolonged, involuntary lack of food, results in discomfort, illness, weakness, or pain that goes beyond the usual uneasy sensation” (Coleman-Jensen et al., 2020).

Living in a food desert can also be an indicator of food insecurity. A food desert is defined as a low-income and low-access region, where a significant portion of residents are at least one mile from the nearest supermarket in urban areas, or ten miles from the nearest supermarket in rural areas. A supermarket is defined as a store whose inventory is at least 35% fresh produce, meat, and dairy products. While dated, the USDA's most recent data on food deserts from 2015 indicated that 12.8% of the US population, some 39 million people, lived in one of these low-income low-access areas (Meyersohn, 2020).

## **Food Insecurity Nationally**

In 2019 the USDA estimated that about 10.5% of US households were food insecure. This rate of food insecurity was on a gradual decline from its peak in 2011, when 14.9% of households reported experiencing food insecurity (Coleman-Jensen, Rabbitt, Gregory & Singh, 2020). The USDA also found that on average, the typical food secure household spent 24% more on food than a food insecure household of the same size and composition, even when taking into account food purchased with federal assistance through programs like the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Assistance Program for Women, Infants and Children (WIC) (Coleman-Jensen, Rabbitt, Gregory & Singh, 2020). Additionally, only about 58% of respondents who indicated they experienced food insecurity reported participating in one of these federal programs such as SNAP, WIC, or the National School Lunch Program.

## **Food Insecurity in DC**

According to the Capital Area Food Bank, one in ten residents of the metropolitan Washington, DC region was food insecure prior to the onset of the COVID-19 pandemic (“Hunger in Our Region”, 2020). A report from the DC Food Policy Council indicates that while only 10.6% of DC residents were food insecure prior to the pandemic, it is now estimated that 16% are food insecure, with at-risk populations like the elderly and children experiencing even higher rates of food insecurity (DC Food Policy Council, 2020). The current rates of food insecurity in DC top even the 13% food insecurity rate the district experienced in 2008 during the Great Recession.

Food insecurity in DC is most concentrated in Wards 7 and 8, where the median household income is the lowest in the District and the population is majority Black.

## **Food insecurity among seniors in DC**

Feeding America, a nonprofit network of food banks across the country, found in 2020 that the District of Columbia had the highest state-level rate of senior food insecurity in the country at 14.3%, with 6.2% reporting very low food security. This report, using data from the December 2018 Supplement to the Current Population Survey (CPS), analyzed senior food insecurity at the national, state, and metropolitan level (Ziliak & Gundersen, 2020).

This study also found that nationally, Black seniors were more than twice as likely to be food insecure (15.1%) than white seniors (6.2%) (Ziliak & Gundersen, 2020). This statistic is significant given that according to the U.S. Census Bureau, the District of Columbia is 46% Black, compared to the national average of 13.4% (U.S. Census Bureau, 2019). Additionally, the study found that a staggering 25.5% of disabled seniors were food insecure, with 12.1% reporting very low food security.

Another report by the Capital Area Food Bank (CAFB) notes that seniors living in multigenerational households and those who are the primary caregivers for a grandchild face their own unique challenges. The report states that 11% of children in DC live with a grandparent, while 18% live in multigenerational households where a grandparent is at least partially responsible for taking care of a grandchild (*Hunger Report 2020*, 2020). CAFB notes that significant increases in the cost of raising a child have put pressure on these households, where many seniors are living and caring for a child on a fixed income.

## *COVID-19*

The coronavirus pandemic has presented a number of challenges for all Americans, but especially for those who were or are now experiencing food insecurity. For seniors, the consequences of contracting COVID-19 are much more dire than for the average healthy adult or child. While many seniors were homebound prior to the pandemic, these numbers have increased significantly as elderly Americans stay home to protect themselves. Seniors are at increased risk of having a disability or another pre-existing condition that could make contracting COVID-19 deadly. According to the Capital Area Food Bank, the average age of COVID-related deaths in DC is 73 (*Hunger Report 2020*, 2020).

Additionally, statistics from the CDC have shown that Black Americans are at higher risk of contracting COVID-19, and also are more likely to have serious comorbidities that can make COVID-19 even more dangerous (Rummler, 2020). These disorders, such as heart disease, hypertension, and some cancers, are proven to exacerbate the effects of COVID-19 in a patient. Additionally, people of color are less likely to be able to social distance due to their living situations, and only one in five Black Americans have jobs that allow them to work from home (Rummler, 2020).

Staying home to stay safe, many seniors have limited access to grocery stores, are unwilling to use public transportation due to the health risks or the restricted nature of these services, and do not have a family or community support system to help them obtain the groceries they need.



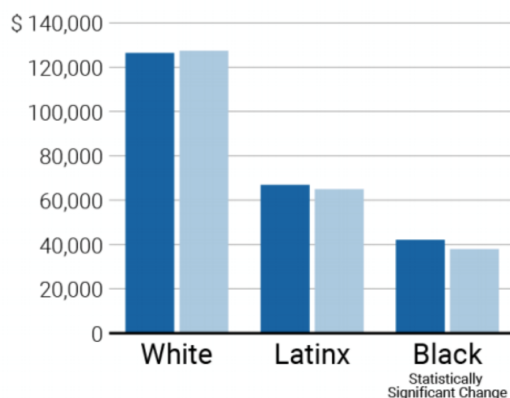
## Poverty

It's no surprise that the prevalence of poverty in the District contributes significantly to levels of food insecurity in the region. While not as expensive as New York City or San Francisco, cost of living in Washington DC is high, with rental rates, home prices, and groceries all costing more than the national average ("What is the real cost of living in Washington D.C.?", 2020). The living wage required in DC to stay out of poverty is nearly three times that which would be needed to meet the federal poverty line (Glasmeier, 2021). Additionally, DC has the highest rate of state income inequality in the country with households in the top 20% of income earning 29 times more than those in the bottom 20% of income (Naveed, 2018). In Wards 7 and 8, where 91% of the population is Black, the median household income is \$42,201 and \$39,473 respectively (DC Health Matters, 2021). To put these statistics into perspective, the median household income in Ward 1 is \$110,339 (DC Health Matters, 2021). In April 2020, as the coronavirus pandemic took hold in the United States, Wards 7 and 8 reported high rates of unemployment at 16.5% and 20.7% respectively, while Wards 1, 2, and 3 maintained unemployment rates in the single digits (DOES, 2020).

### Median Income of Black DC Residents Fell 2015 to 2016

Black median income is now less than 1/3 of white median income.

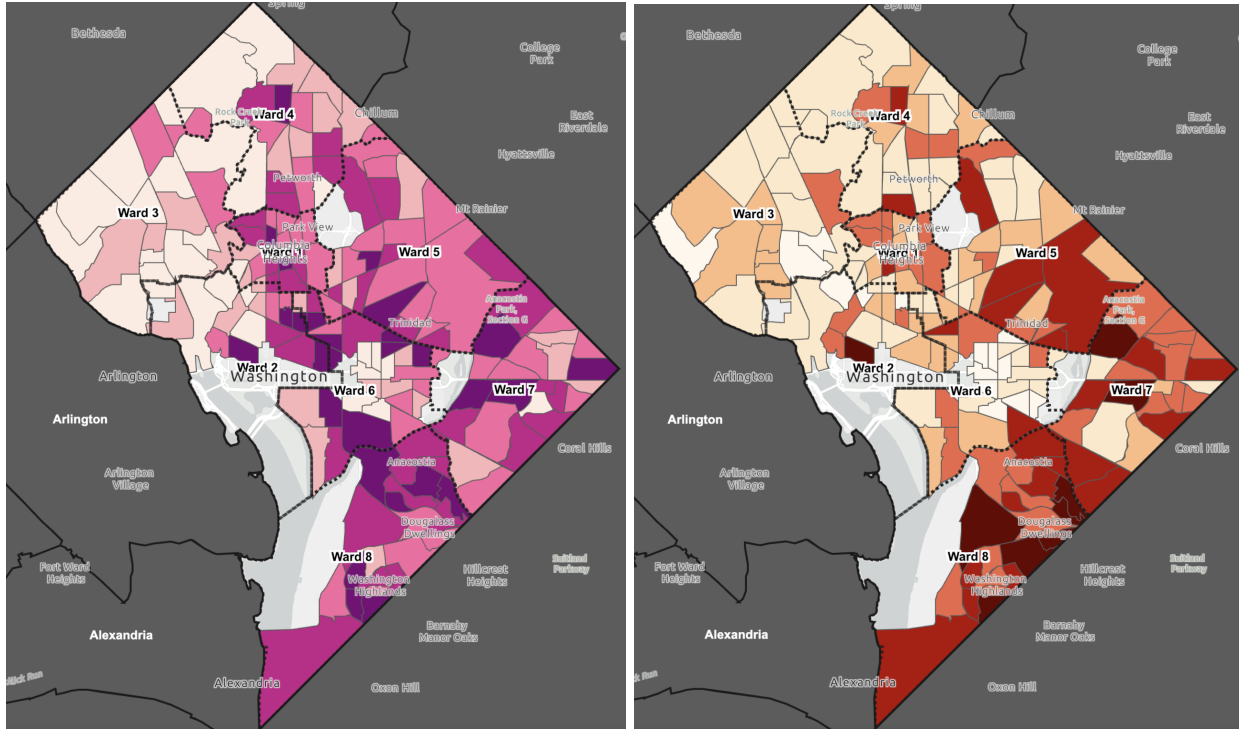
■ 2015 ■ 2016



Note: All figures adjusted for inflation.  
Source: 2016 American Community Survey 1-year estimates.

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Living on a fixed income or off of their retirement savings means budgets are even more tight for seniors. Rising costs of housing, groceries, and other daily necessities put pressure on their already-limited monthly finances, and most elderly people living on a fixed income do not have any way to earn additional income. These issues compound with the fact that seniors often have high medical bills, and result in some seniors making choices between medical treatment and medication, and proper nutrition. The effects of food insecurity are also felt more severely among the elderly, who are 53% more likely to report a heart attack, 52% more likely to have asthma, and 40% more likely to experience congestive heart failure when compared to food secure seniors (*Hunger Report 2020*, 2020). Lastly, seniors experiencing economic hardship may opt out of certain utilities such as Internet service, stripping them of a tool that can help them to access benefits like SNAP and get in touch with food banks.



*Source: Capital Area Food Bank Hunger Heat Map (2021)*

The maps above reflect the rates of poverty and food insecurity in the District and surrounding areas. Taken from the CAFB Hunger Heat Map, the pink map at left shows the percentage of people over 60 years of age living below the poverty line in each census tract, with the dark purple representing regions where 30-65% of seniors are living in poverty, with the next darkest shade representing areas where 20-30% are in poverty. At right, the orange map shows the number of people experiencing food insecurity in each census tract, with the darkest red representing regions where 1,200 to 2,100 residents are experiencing food insecurity. These food insecurity statistics were adjusted in June 2020 and account for the effects of COVID-19 on food security. (CAFB, 2021)

### *Racial Disparities*

As discussed in the sections above, racial disparities lie at the heart of many issues affecting livelihoods in DC. While many racial disparities in DC have already been discussed in this background, it is important to note that all policy decisions made in the District must be made through a racially-conscious lens given the region's dense Black population. Black households are far more likely to experience food insecurity, have significantly lower median household income, and have higher rates of unemployment. Black seniors are more likely to be food insecure due to the intersectionality of their race and age. Additionally, according to the CDC, Black people are statistically more likely to contract COVID-19 than white people, putting Black seniors at higher risk of illness, as well as higher rates of isolation as a safety precaution (Rummler, 2020).

### **Programs Currently in Place**

#### *Supplemental Nutrition Assistance Program (SNAP)*

The Supplemental Nutrition Assistance Program, formerly known as the Food Stamp Program, provides low-income households with cash assistance for purchasing food through a direct-transfer

EBT card that is loaded monthly. Recipients can use these funds to shop for groceries at most grocery stores, food retailers, and some farmers markets. SNAP is the largest federal food assistance program in the country, and is administered by the USDA Food and Nutrition Service (FNS). Nationwide, SNAP reached 38 million individuals in 2019, with 94,000 of these being in the District of Columbia (Hall, 2021).

Programs like SNAP provide a two-pronged benefit of supporting the needs of those experiencing food security, and ejecting funds into communities that will immediately be reinvested back into the economy through grocery purchases. This stimulus effect serves as an incentive for grocers and other food retailers to partner with FNS to serve as SNAP retailers. SNAP has been lauded as an extremely efficient and cost-effective intervention to combat food insecurity, and is an incredibly successful program (Rosenbaum, 2013).

#### *Commodity Supplemental Food Program (CSFP)*

CSFP is a program specifically targeted at Americans 60 years of age and older in need of supplemental food assistance. Also administered by FNS, CSFP provides USDA food to seniors who can afford some food, but not as much as they may need. CSFP does not provide a nutritionally complete bundle of groceries, but works to provide foods containing nutrients that may be lacking in their target population (USDA, 2019).

In the District, CSFP is referred to as Grocery Plus. According to the DC Department of Health, CSFP benefits are distributed to more than 5,400 seniors in DC each month through the Capital Area Food Bank.

#### *Senior Farmers' Market Nutrition Program (SFMNP)*

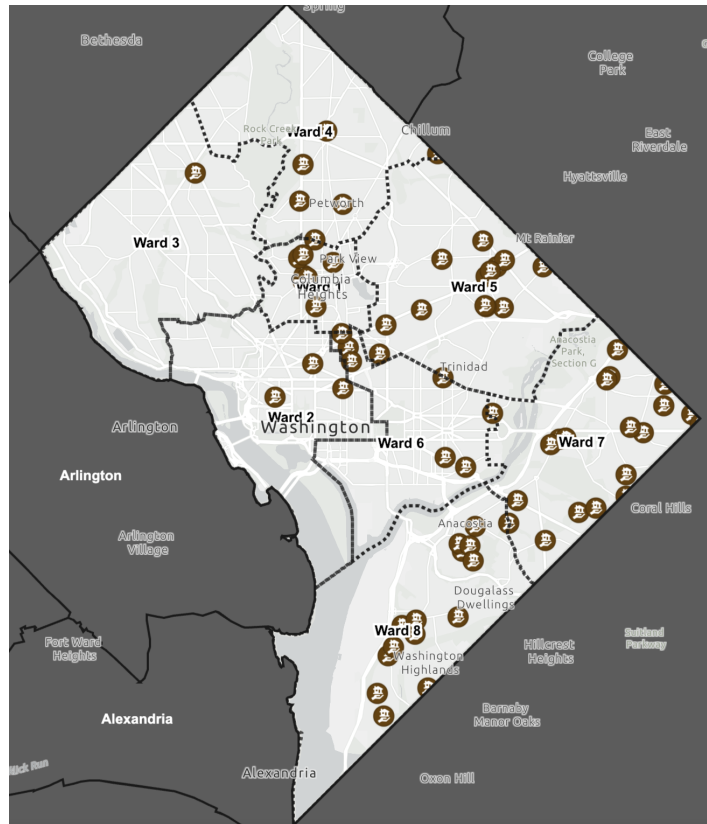
Seniors already enrolled to receive CSFP assistance can also qualify for SFMNP assistance. SFMNP provides DC seniors with \$50 worth of credits to spend on fresh fruits, vegetables, honey, and herbs at participating farmers' market vendors.

#### *P-EBT*

Pandemic Electronic Benefit Transfer, or P-EBT, is one of many programs implemented by the federal government in an effort to alleviate the effects of COVID-19 on the American public. This program is only available to families with children in their household who would normally receive free or reduced school meals through the National School Lunch Program (NSLP) (FRAC, 2021). Students attending school virtually can receive full benefits, while those attending school through a hybrid system can receive funding for the days they learn virtually. While this program is not available to seniors, it does provide aid to those seniors who live with grandchildren or other young family members.

### *DC Food Banks*

Food banks in the District are organized through CAFB. CAFB provides food through their own facilities, as well as through partner locations, school and community food distribution, and through home-delivery services. The map at right from the Capital Area Food Bank Hunger Heat Map (accessible [here](#)) shows the CAFB's food distribution partners that are currently operating during the pandemic, indicated as brown icons on the map. According to the CAFB 2020 Annual Report, the food bank network also delivered boxes of supplemental groceries to over 10,000 seniors. Additionally, they recently launched a mobile grocery store called Curbside Groceries meant to bring affordable fresh food to low-access areas (Muthiah, 2020).



*Source: Capital Area Food Bank Hunger Heat Map (2021)*

### *Department of Aging and Community Living Home Deliveries*

While CAFB and some of their partner organizations operate meal delivery services, a large number of the home-delivered meals distributed in DC during the pandemic were through the DACL. According to the DC Food Policy Council, DACL has experienced significant increased demand for home-delivered meals since the onset of the coronavirus pandemic. While the program serviced about 3,500 seniors prior to the pandemic, they had expanded to 6,400 home-delivery clients as of June 2020. The Council reported that the Government of DC distributed over 450,000 home-delivered meals to seniors between March and early June (DC Food Policy Council, 2020).

## Literature Review: Food Insecurity Interventions

### *Improving Nutrition in High-Income Areas*

In a review entitled “Interventions to address household food insecurity in high-income countries”, Rachel Loopstra outlines a number of American and Canadian policies, including social policies aimed at ensuring economic stability, as well as food-specific social security interventions like SNAP. The review also includes discussion of food banks and community food programs, but does not include programs that target specific demographics such as Meals on Wheels or the NSLP.

The author first reviews SNAP, noting that while the program has been statistically linked to a drastic decrease in incidence and severity of food insecurity among participants, food insecurity still remains high among SNAP participants. She also points out that some critics of SNAP take a conservative view, noting that the program does not allow households to maximize their utility due to the paternalistic nature of the program.

The review then discusses cash transfer programs, starting with the Canadian Universal Child Care Benefit, a monthly income supplement of \$100 per child under 6 years old. This program was associated with a 2.4 percentage point reduction in food security, or about 25% (Loopstra, 2018). Additionally, the author briefly mentions state pension programs and the likelihood that affordable housing subsidies would also improve food security due to reduced cost of living.

The author then surveys studies that examine the efficacy of food banks, finding that the food banks largely are unable to close the hunger gap for most of their patrons despite their efforts. She cites one study in Canada that found that among regular food bank users, there was still a high prevalence of severe food insecurity (70%), and that over a 30 day period, 57% of the participants reported experiencing hunger even when receiving assistance from a food bank (Loopstra, 2018). The author posits that a strong reliance on donations and volunteer labor may be to blame for the limited capacity of food banks, as well as limited open days and hours, and limitations in how much food could be given to each patron. Perhaps most significantly in this section, the author also notes that studies among food bank users recorded feelings of shame about having to use a food bank, pointing to a stigma surrounding the service. Ultimately, the author notes that the effectiveness of food banks is a topic that needs further study to be fully understood.

Lastly, the author discusses community food programs such as community kitchens. At these kitchens, participants can prepare large quantities of food together, and each take home prepared meals. These programs also often include educational opportunities such as financial literacy and cooking skills. While the author cites evidence that community kitchens may be effective in improving food security, she also notes that these programs provide a tenuous access point for participants, who are at the will of program availability, holiday schedules, funding constraints, and staff availability. The author also targets community food programs as an area that needs further study in order to understand the efficacy of the programs.

### *Effects of SNAP Participation on Elder Health*

A study at Johns Hopkins University in Baltimore, MD entitled “Does the Supplemental Nutrition Assistance Program Affect Hospital Utilization Among Older Adults? The Case of Maryland” was conducted to determine the effect of SNAP participation on the health of older adults in the state.

Specifically, they examined whether or not SNAP enrollment was associated with reduced hospital and emergency department utilization for these low-income adults. In the background, we saw the regions in DC where seniors were living below the poverty line. This study points out that those who are near or below the poverty line tend to rely on emergency department healthcare and are hospitalized more often than their higher income peers (Samuel et al., 2018). The authors also note that evidence exists of reduced caloric intake, poorer dietary quality, and greater risk of hypoglycemia for low-income adults at the end of the month when their funds run low. Thus, it is possible there is a connection between increased SNAP benefits and improved chronic disease management for nutrition-sensitive conditions like diabetes. Those experiencing food insecurity also report cost-related medication nonadherence, putting them at increased risk of experiencing health complications due to their constrained budgets (Samuel et al., 2018).

The sample population was those Maryland residents 65 years and older who were dually enrolled in Medicare and Medicaid at any time between 2010 and 2012. The study excluded those who were ineligible for SNAP, and ultimately had a sample group of 53,646 eligible older adults in Maryland. The study found that in 2012, SNAP participants had a 3 percentage point lower likelihood to be hospitalized than SNAP nonparticipants, and a 1 percentage point lower likelihood of visiting the emergency department (Samuel et al., 2018). Controlling for demographic and health characteristics, the study found that SNAP participants had 14% lower odds of hospitalization and 10% lower odds of an emergency visit. After adjusting further for Medicaid participation, the study found that SNAP participants still had a statistically significant reduction, with a 4% lower likelihood of hospitalization. Additionally, a \$10 increase in monthly SNAP benefit was associated with a 2% lower chance of hospitalization or emergency visits, while models that also adjusted for Medicaid participation saw a \$14 increase in benefits continued to be statistically significant with a 1% reduced chance of hospitalization (Samuel et al., 2018).

Overall, SNAP participants were less likely to incur inpatient hospital expenses and incurred lower expenses among those who were hospitalized. The authors of the study estimated that enrolling the 25,018 nonparticipants in SNAP could have been associated with a total savings of \$19 million for the state, with about half of that being related to averted hospital admissions, and the other half related to lower cost of hospital stays (Samuel et al., 2018).

### *Television Interventions*

A prospective study out of Portugal entitled “Home-Based Intervention Program to Reduce Food Insecurity in Elderly Populations Using a TV App” will test the effectiveness of a television app on the incidence of food insecurity among elderly participants. The study will randomize a cohort of Lisbon seniors ages 60 and over experiencing food insecurity into a treatment and control group. The treatment group will receive access to an interactive television app developed for elderly people with educational and motivational content separated into weekly themes and daily videos. The app would include nutrition and diet tips for healthy eating, healthy and low-cost meal recipes, as well as low-impact exercise programs (Rodrigues et al., 2017).

While this study has not yet been conducted, the idea of television-based interventions are particularly compelling in the case of senior food insecurity, as it has been statistically proven that older adults spend significantly more time watching television than their younger counterparts. This is especially true during the COVID-19 pandemic, when many elderly people are homebound and/or do not see friends and family as often.



## Cost of Providing Meals

Given all the moving parts associated with providing food to seniors in DC, it is difficult to determine the cost to the District of expanding meal programs. However, a study conducted by Mathematica Policy Research on behalf of Administration for Community Living in the U.S. Department of Health and Human Services estimated the costs associated with providing congregate and home-delivered meals for seniors, and analyzed how these costs varied based on program characteristics (Ziegler et al., 2015).

The meal cost analysis used a resource cost method. The authors identified a standard set of resources used to prepare, serve, and deliver meals and collected data from local service providers (LSPs) on the costs of these resources, and then estimated the cost of congregate and home-delivered meals. The required resources were broken down into the following four categories: paid labor, purchased nonlabor resources, volunteer labor, and donated nonlabor resources. While the study does account for the estimated cost of donated resources, they differentiate between *total* per-meal costs and *paid* per-meal costs in their analyses.

Ultimately, the analysts found that the total average cost of a congregate meal and a home-delivered meal is \$10.69 and \$11.06, respectively. However, the average per-meal paid cost of a congregate meal is \$9.30, while the paid cost of a home-delivered meal is \$9.00, making the delivered meals less costly for LSPs (Ziegler et al., 2015). The study attributes this difference to differences in labor costs among the two options, with administrative costs being higher per congregate meal than per home-delivered meal, and congregate meals requiring higher paid on-site labor costs. Additionally, home-delivered meals see paid savings with a higher percentage of labor coming from volunteers rather than paid labor, as well as through donated nonlabor resources in the form of gasoline.

Finally, the study also showed that urbanicity affects cost per meal. The total average cost of a congregate meal provided by LSPs in urban areas was \$9.30 and is on average lower than the cost of these meals in suburban or rural areas. However, they also found that home-delivered meals provided by urban LSPs cost more on average (\$11.98) than those in rural areas, but cost less than those delivered in suburban areas (\$11.81) (Ziegler et al., 2015). The cause of this difference is unclear in the research.

The US Census Bureau estimates that about 705,749 people lived in Washington DC in 2019. Of these, 12.4% are seniors, and 14.3% of those seniors were experiencing food insecurity prior to the pandemic. From this, we can estimate that about 12,514 seniors were experiencing food insecurity prior to the COVID-19 pandemic. Given the financial strains the public health emergency has placed on seniors, the current rate of food insecurity could be as high as 16%, or 14,002 seniors at risk of food insecurity. Using the conservative estimate of 12,514 seniors experiencing food insecurity, we can calculate that the average cost of providing seven home-delivered meals per week to each of these seniors would be about \$788,382; however, this conclusion is most likely an overestimate given that it accounts for a delivery cost each day, while in practice home-delivered meals are usually delivered as a frozen one-week supply.

## Evaluative Criteria

### *Equity*

First, the criterion of equity is used to evaluate whether an alternative will provide equitable benefits to seniors in DC, regardless of their race or ethnicity, geographic location, language, disability, or other identifying characteristics. Equity will be important to this analysis given the diverse population of Washington, DC, with 46% of residents identifying as Black. Addressing the needs of the nonwhite populations in DC is integral to the success of any local public health interventions in the region. This criteria will, however, only examine the effects of the intervention on individuals aged 60+ given the scope of this project. I will assign each alternative with an equity score of high, medium, or low equity.

### *Efficacy*

The second criterion used to evaluate these policy alternatives is the efficacy of the policy to improve rates of senior food insecurity in the district. The efficacy criteria is arguably the most important of the evaluative criteria, as it indicates the level of success the option has had in addressing the problem of senior food insecurity in DC. To evaluate the efficacy of food security interventions in this report, I will examine projected effect sizes of the intervention, as well as consult literature on parallel examples from other cities. An alternative will receive a higher efficacy score based on its ability to reduce rates of food insecurity among seniors in Washington, DC. I will assign each alternative with an efficacy score of high, medium, or low effectiveness.

### *Cost*

This criterion is used to evaluate the estimated cost of each policy option. The proposed alternatives will require both immediate start-up costs, as well as recurring funding to sustain the provision of programs proposed in this report. The cost of each alternative is evaluated with respect to both immediate costs and recurring costs during the period of implementation. Cost is measured in US dollars, and is estimated based on the costs of programs currently implemented in DC, as well as research from the US Department of Health and Human Services.

### *Implementation feasibility*

Finally, the criterion of implementation feasibility measures the ease with which my client could reasonably implement the proposed policy. Interventions that require more manpower, extensive community coordination, technical expertise, or face legal challenges will be rated lower on implementation feasibility. Alternatively, interventions that could be swiftly implemented with little additional institutional bandwidth will be rated higher on implementation feasibility. I will assign each alternative with high, medium, or low implementation feasibility.



## Alternatives

Prior to the onset of the COVID-19 pandemic, Washington DC had the highest state-level rate of food insecurity among seniors in the country at 14.3%. The following alternatives seek to improve access and uptake of resources for seniors in DC facing food insecurity, whether that means spreading awareness about the resources available to them, or working to expand aid offerings. Potential policy options for addressing these needs include simplifying and streamlining the SNAP enrollment process, merging school meal programs with senior meal programs, expanding funding for community-based food banks, and initiating a television awareness campaign to help educate seniors about available food resources. These alternatives are evaluated by the criteria of equity, efficacy, cost effectiveness, and implementation feasibility.

### **Option 1: Implement the Elderly Simplified Application Project (ESAP) for seniors in DC**

Despite the benefits they stand to glean from SNAP, seniors nationally have the lowest participation rates in the program of any age group. The most recent data from the National Council on Aging shows that only 46% of eligible seniors living in DC are enrolled to receive SNAP benefits (NCOA, 2017). While this data is from 2015, the senior population in DC has only grown since then. Additionally, the COVID-19 pandemic has created a new group of food insecure DC residents who have never needed to seek food assistance in the past and may not know how to access the resources available to them. Not only that, but SNAP enrollment, especially when online, can be confusing and tedious for seniors who may not be comfortable enrolling and providing personal information online.

The National Council on Aging proposes ESAP as a solution for seniors to the complicated and time consuming process of applying for SNAP. ESAP provides a simplified application and renewal process for seniors, and reduces the administrative burden placed on states. ESAP is currently administered as a demonstration project by the USDA Food and Nutrition Service, and is in operation in ten states. According to the National Council on Aging, “SNAP applications are eligible for ESAP if all household members are age 60 or older and have no earned income. Some states also elect to include disabled households. Simplifications include; no interview at recertification, fewer documentation requirements , extended certification period and a shortened SNAP application” (NCOA, 2017).

#### *Equity*

The option of implementing ESAP in Washington DC would simplify the SNAP application and renewal process for all seniors eligible for the program. These simplifications would benefit DC seniors from all walks of life, and of any race or ethnicity. This option not only simplifies the application and renewal process for seniors, but also helps ensure their SNAP enrollment will not lapse, and reduces the amount of times seniors have to navigate the application process. This is particularly helpful for seniors who cannot use or do not have Internet access, who must fill out their applications in-person. Thus, this option receives a score of “High” for the criterion of equity.

#### *Efficacy*

Data on senior SNAP enrollment at the state level shows that every state that has implemented ESAP improved their senior participation rate between 2010 and 2015 (NCOA, 2017). Given the myriad factors that impact SNAP participation and food insecurity, ESAP cannot be definitively

credited for these improvements. However, data from Alabama ESAP found that the program significantly improved their administrative efficiency, finding that in 2015 the AESAP Call Center had a staff of 35 employees who managed the same number of cases that would require 100 caseworkers in the regular SNAP application process (NCOA, 2017). In DC, implementing ESAP would streamline the SNAP enrollment and renewal process, making it easier for both long-term SNAP recipients and those newly in need to receive the food assistance they need. Because we cannot be certain that improved enrollment is caused by ESAP, this option receives a score of “Medium” on the criterion of efficacy.

#### *Cost*

According to the FNS, the District of Columbia had the sixth highest SNAP state administrative expenses (SAE) per case among all the states (Geller et al., 2019). This study also found that about 76% of state administrative expenses come from certification-related costs such as collecting data from applicants and conducting interviews. Other than the administrative time of developing an ESAP demonstration proposal to present to FNS and the potential costs associated with retraining District employees to the new simplified process, this option would actually save the District money on SAEs in the long-term. The FNS study also found that employment and training programs account for only 7% of the SAE per case, making a caseworker retraining an economical choice given the low cost of training and the high payoff of reduced certification-related costs. Because evidence shows that ESAP has the potential to greatly improve the efficiency of SNAP caseworkers through the simplified application and renewal process, more time and money can be allocated towards other programs.

#### *Implementation Feasibility*

In order to implement ESAP, DC would have to present FNS with a demonstration proposal detailing their proposed waiver terms. Both the National Council on Aging and the Benefits Data Trust provide resources to states interested in preparing proposals for ESAP participation (NCOA, 2017). This option may face barriers to implementation in the process of receiving authorization from FNS, as federal red tape may require revisions of the ESAP proposal or other adjustments. Assuming the District receives approval from FNS, implementation would then consist of putting the newly simplified SNAP application into place, and training District employees to operate under the new system for eligible seniors. Once trained, administrators will save time on processing ESAP applications, as there will be fewer administrative checks associated with those participants such as interviews. This option receives a score of “Medium” on the criterion of implementation feasibility, as it does not require significant institutional change, and actually saves time and simplifies the job of administrators, but may face hurdles awaiting federal approval.

## **Option 2: Merge school meal programs with senior meal programs**

Many community resources in DC are targeted at a specific population, such as children, the elderly, or residents of a specific neighborhood or community. While these resources are all needed in DC, they sometimes pose a challenge for households where children and seniors are living under the same roof. Children and seniors present differing food needs, with seniors needing low sugar, low sodium options that are easier to prepare, and children needing snacks, fruit, and easy-to-open options (Capital Area Food Bank, 2020). While meals for seniors were often distributed in congregate settings prior to the onset of the COVID-19 pandemic, this is no longer an option given public safety measures currently in place limiting large gatherings, as well as the increased risk congregate settings would pose for elderly people, as has been seen in nursing homes across the country. Now, in-kind food assistance and EBT primarily focuses on providing students with meals they would normally receive in school. With food distribution at schools focusing on children and their nutritional needs, many seniors living with children face gaps in their nutritional needs.

Providing senior meals in the same location as school meals for children would allow multigenerational households in DC to simplify their efforts to secure food by accessing both resources at the same time, in the same place. Organizations like the Capital Area Food Bank could streamline their efforts to provide meals to seniors and children by providing both types of food at school meal distribution centers, as well as at locations that normally offer food for seniors. By combining these services, food banks and community groups would be able to better serve multigenerational households in the community. Importantly, seniors living in multigenerational housing could avoid the risk of contracting COVID-19 by sending another member of the household to retrieve their food from one of these combined distribution sites, reducing risk of disease among the aged population.

### *Equity*

This alternative would provide expanded support to seniors living in multigenerational families. By providing school meals and senior meals in the same location, access to meal and grocery assistance for children and seniors can be picked up at the same time. While this option reduces barriers to utilization for seniors in multigenerational households, it does not improve access for seniors who are not in multigenerational households. Because DC has a large population of seniors living in single-person households (living alone), this option receives a score of “Low” for the criterion of equity.

### *Efficacy*

As indicated in the literature review, seniors living with grandchildren in their household are at increased risk of food insecurity. Additionally, food provided via assistance to children and seniors is nutritionally different to meet the needs of each age group, and cannot be used interchangeably. Thus, this option would help to provide food assistance to seniors living with grandchildren, and also ensure they are receiving nutritionally appropriate food for both themselves and their family members. While this option would likely greatly improve access issues among seniors in multigenerational households, other seniors may not reap the same benefits. However, this option could still provide more locations for seniors to pick up food assistance, and may make food more accessible for some. Thus, this option receives a score of “Medium” on the criterion of efficacy.

### *Cost*

This option would also be relatively low-cost, as it would simply require expanding programs already in place to more locations. However, this would require more meals total to be made available given the expanding locations, and would potentially require more labor given the increased capacity of the locations. Using the cost estimates per meal established by the ACL, and estimating there are about 200 school meal distribution locations in the District, we can estimate that the average cost of providing each of these locations with 50 extra senior meals per week would be about \$93,000. This number could be adjusted up or down depending on demand for senior meals at these school distribution locations, but would have the potential to provide 10,000 additional meals to seniors each week (50 x 200), and would make these meals more accessible for intergenerational households.

### *Implementation Feasibility*

The implementation feasibility of this option largely depends on the infrastructural capacity of the DC government to incorporate senior food provision into their school meal programs and grab-and-go grocery options at area schools. However, the government already provides some enhanced food assistance to seniors such as delivery of prepared meals to the disabled and/or homebound, so expanding to also provide age-appropriate groceries at locations already providing groceries to families with children should be relatively easy to do. Thus, this option receives a score of “High” for implementation feasibility.

### **Option 3: Expand funding for community-based food banks, with an emphasis on senior outreach and delivery services**

While federal nutrition programs provide the majority of food support to those experiencing food insecurity, food banks serve as an important stop-gap for people newly experiencing food insecurity, as well as those who do not qualify for federal benefits like SNAP. Currently, food banks in the DC area are facing decreased support from retail partners who normally donate large quantities of food. With a damaged food supply chain and increased spending on groceries due to pandemic stockpiling, the CAFB saw a 75% decrease in food donations in the span of a single week in mid-March (Capital Area Food Bank, 2020). As a result, the CAFB resorted to purchasing large volumes of food in order to meet the exponential increase in need. Long term, purchasing truckloads of food to meet the needs of the community will put unprecedented financial strain on food banks in the DC area.

Expanding District and federal funding for community-based food banks would allow these organizations to continue providing their essential services without needing to reallocate their budget towards purchasing more food. Additionally, expanded funding to food banks should be allocated towards expanding senior outreach and delivery services. Some of these outreach services could include surveying seniors for preferred foods, barriers to food access, and current challenges, spreading awareness on food resources and available community support, as well as looking into implementing a delivery service or partnering with companies like Uber and Lyft to deliver food and prepared meals to seniors in need.

#### *Equity*

Expanding funding for food banks is an equitable alternative that allows all in the community to benefit from the resources provided. If the money were to go towards senior outreach programs that help connect seniors with food support like SNAP, meal deliveries, and food banks, this option would actively work to reach out to seniors experiencing food insecurity. Thus, this option receives a score of “High” on the criterion of equity.

#### *Efficacy*

This alternative would work to actively connect seniors with food assistance services in their area through community-based food banks. By seeking out seniors, this option has the potential to have a much larger impact than interventions that rely on seniors getting in touch with food banks or other resources available. With focus put on outreach to seniors and connecting them with the proper resources, this alternative receives a score of “High” on the criterion of efficacy.

#### *Cost*

The cost of this option would largely depend on the ability to obtain funding to provide a grant to the CAFB or other food bank affiliates in order to promote senior home-delivery services and senior outreach programs. In FY 2020, CAFB received \$5,474,087 in federal and state grants. An additional emergency state grant of \$500,000 could inject the food bank’s senior programs with the funding to conduct a coordinated and targeted effort to reach out to seniors eligible for SNAP who are not currently enrolled. Additionally, this funding would also allow the CAFB and their partners to expand their ability to provide home-delivered meals to seniors, a project that has largely been administered by the DC DACL so far during the pandemic. This would allow the DACL to collect administrative cost savings by delegating some home deliveries to the nonprofit sector.

### *Implementation Feasibility*

The primary barrier to this option is actually securing the funding to provide a grant to the CAFB and their partners in order to enact this expansion program. Food banks like the Capital Area Food Bank already have some programs in place to conduct outreach to seniors who may be in need of food assistance, and this option would simply allocate additional funding towards the purpose of expanding these programs in order to reach more seniors and provide them with better care. A potential implementation hurdle would be the need to hire more staff to conduct this outreach, but this is also a positive externality of this option, as it creates jobs and contributes to the DC market. Because of the budgeting concerns associated with providing an emergency grant to local food banks, this option receives a score of “Low” on the criterion of implementation feasibility.

#### **Option 4: Initiate an awareness campaign on food resources for DC seniors**

One complaint among some food insecure seniors in DC is that they don't know what resources are available and/or don't know how to access those resources. While some seniors don't have access to resources such as the Internet, others simply don't know how to utilize the Internet to find and apply for food assistance. Some food banks and community organizations have no such application online, and require in-person pickup for groceries or prepared meals, something that poses a high risk to seniors. A DCist article cites a District senior named Ann who - with no Internet access - resorted to her flip phone and a phone book to look for food resources. Homebound, unable to use public transportation, and with no access to the Internet, Ann called dozens of local groups and agencies searching for support (Barthel, 2020).

Research shows that people aged 65 and older watch significantly more television than their younger counterparts (Depp et al., 2010). A study in Lisbon, Portugal is currently exploring the effects of a television (TV) app geared towards senior healthy eating and activity on improving food insecurity among seniors of low socioeconomic status (Rodrigues et al., 2017). A similar method could be employed in DC, running an educational campaign on TV with the goal of showing District seniors how they can access food support resources. Not only would this reach seniors who may not have access to the Internet, the campaign could also provide instructions on where to call and who to contact to take advantage of area resources. Additionally, discussing the use of organizations like food banks on TV could assist in reducing the stigma surrounding food banks and food insecurity.

#### *Equity*

As stated in the alternative, seniors watch significantly more television than younger cohorts. Thus, television provides the perfect opportunity to reach out to this demographic about their food assistance options. While this intervention has a strong likelihood of reaching a large number of seniors, it has the potential of excluding the most impoverished of seniors, who may not be able to afford a television and/or cable. However, those seniors who are the worst off financially are also a group likely to already be receiving benefits like SNAP. Therefore, this alternative receives a score of "Medium" on the criterion of equity because it would reach a large population of DC seniors, but would potentially allow those most in need to slip through the cracks.

#### *Efficacy*

This alternative has the potential to reach a large swath of seniors across DC. While seniors already watch more TV than their younger counterparts, the COVID-19 pandemic has restricted many elderly people to their homes, where they are likely to entertain themselves watching even more TV than usual. Thus, a television ad styled as a public service announcement with information on where to find food assistance and how to access resources (such as addresses and phone numbers), would most likely reach hundreds of area seniors. This alternative has the added benefit of spreading awareness of public assistance programs, and may help to reduce the stigma surrounding public assistance by normalizing it on television. Thus, this alternative receives a score of "High" on the criterion of efficacy.

#### *Cost*

Placing a government public service announcement (PSA) is free of charge through the use of donated airtime from broadcast stations, but there are costs associated with the production of the advertisement. According to the Broadcast Education Association, the cost of producing a PSA can vary from \$5,000 to \$75,000, but a reasonable budget for a well-produced advertisement would be

about \$40,000. Additionally, there would be costs associated with any additional supplemental materials associated with the ad campaign such as posters, flyers and brochures. These items are inexpensive to produce, and could be budgeted at about \$4,000.

#### *Implementation Feasibility*

Implementing an awareness campaign for food assistance services should be relatively straightforward for the DC government. Filming, editing, and securing airtime for the PSA would be the most time-consuming components of this project, but could still be completed in a matter of weeks. Additional materials like mailers and flyers could also be distributed in conjunction with the ad campaign, or the government could take out ads in local newspapers to promote the programs. This alternative receives a score of “High” for implementation feasibility.

#### **Outcomes Matrix**

	<i>Equity</i>	<i>Efficacy</i>	<i>Cost</i>	<i>Implementation Feasibility</i>
<i>Option 1</i>	High	Medium	\$0	Medium
<i>Option 2</i>	Low	Medium	\$93,000/wk	High
<i>Option 3</i>	High	High	\$500,000	Low
<i>Option 4</i>	Medium	High	\$44,000	High



## Conclusion & Policy Recommendation

Mayor Bowser has prioritized combating food insecurity in the District of Columbia, but there is still work to be done to protect and support DC's seniors. In pursuit of this effort, **I recommend the District of Columbia employ both Option 1: Implement the Elderly Simplified Application Project (ESAP) for seniors in DC, and Option 4: Initiate an awareness campaign on food resources for DC seniors.** With its time and cost-saving potential, Option 1 incurs little administrative cost for the government and has the potential to simplify the SNAP application process for both administrators and senior SNAP participants. Time, money, and manpower saved by implementing ESAP can be channelled towards further work in senior outreach and service, and seniors will be less likely to let their SNAP benefits lapse and will not be deterred by a complicated and time-consuming application process. Additionally, Option 4 offers a relatively low-cost option provided the Government of DC can secure donated airtime from local television networks. This option serves multiple benefits such as reaching homebound seniors, providing seniors directly with phone numbers and websites they can use to access food resources, and reducing the stigma surrounding the use of food assistance. Combined, these two options work to meet the needs of the District's seniors by providing them the tools to access the resources they need, and lowering barriers to that access.

Options 1 & 4 score highly in their evaluative categories, and provide cost-effective and creative solutions to address senior food insecurity. While Options 2 & 3 would also help to alleviate food insecurity, they face significant financial restraints given the high costs of implementing these programs. However, these efforts could be piloted on a smaller scale going forward, with a test of merging senior and student meal sites in just one ward or neighborhood, or providing smaller grants to local food banks to help stimulate innovation in senior out

### Implementation

First steps towards implementing Option 1 would be to begin fostering public support for the ESAP program, and to begin work on the ESAP Demonstration Project waiver request (available [here](#)). This waiver could be completed in partnership with the DC Food Policy Council, the Capital Area Food Bank, DC Health, and other area stakeholders. The team should begin considering the specific sections of the waiver request, especially the proposed alternative procedures to enrollment, how analytical reporting will be carried out, and how implementing the program would impact program enrollment, costs, and caseload.

In an effort to implement Option 4, contact should be made with local television networks in order to secure donated airtime for a public service announcement. Once availability is confirmed, a budget should be decided and a team of government employees and volunteers should be assembled to plan, script, produce, and participate in the PSA. Ideally this planning would begin while trying to make contact with networks, as production time for PSAs can be anywhere from six to nine months.

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