



D.C. Hunger Solutions

Ending hunger in the nation's capital

COMMITTEE ON HOUSING & NEIGHBORHOOD REVITALIZATION
AGE FRIENDLY DC TASK FORCE
PERFORMANCE OVERSIGHT HEARING
14 FEBRUARY 2019
TESTIMONY OF MELISSA JENSEN
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Good morning. My name is Melissa Jensen and I am an Anti-Hunger Program Associate at D.C. Hunger Solutions, a local initiative of the Food Research & Action Center (FRAC). D.C. Hunger Solutions works to create a hunger-free community and improve the health, nutrition, well-being, and economic security of low-income residents of the nation's capital. My work focuses specifically on the Supplemental Nutrition Assistance Program (SNAP) and senior hunger in the District of Columbia. Thank you, Chairwoman Bonds and the committee for convening this hearing and for the opportunity to testify on the performance of the Age Friendly D.C. Task Force.

Last year, D.C. Hunger Solutions was invited to meet with the Nutrition Sub-Committee of the Age-Friendly DC Community Support and Health Services Task Force Committee to help advise on reducing senior hunger in the District. For many seniors, food access is not just a matter of getting better produce at the grocery store or farmers market. Instead, it concerns the fact that due to rising living costs and inadequate income, they cannot afford enough food. The Nutrition Sub-Committee has directly identified the need to “support access to *affordable*, healthful foods and nutrition and food education opportunities among persons age 50+.” D.C. Hunger Solutions supports this goal and commends the task force for working with community partners that represent the interests of older adults.

In 2016, 113,644 residents age 60 or older lived in the District of Columbia. That same year, 10.4% of households with seniors in D.C. were food insecure.¹ The U.S. Department of Agriculture (USDA) defines

¹ FRAC. Rate of Food Insecurity Among Households With Seniors (Age 60+), by State, 2014-2016.
http://www.frac.org/maps/seniors/tables/sr_food_insec_2014_2016.html.

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food insecurity as “access to enough food is limited by a lack of money and other resources.”² This is different from hunger. Food insecurity is a “household-level economic and social condition of limited or uncertain access to adequate food”, while hunger is an “individual-level physiological condition that may result from food insecurity”, such as “discomfort, illness, weakness, or pain that goes beyond the usual uneasy sensation”.³ Both food insecurity and hunger have profound effects on one’s quality of life. For seniors in particular, the lack of adequate food is associated with: poor dietary intake, poor/fair health status, diabetes, hypertension, anemia, functional limitations, depression, gum disease, and other poor health outcomes.⁴ In addition, the economic restraints that come with food insecurity may cause older adults to skip meals, struggle to pay bills, or cut back on vital medications.⁵

16.3% of households with seniors (60+) in the District received SNAP benefits, formerly known as food stamps. This is the highest senior SNAP participation rate in the nation;⁶ however, only about half of the seniors who are eligible for SNAP are participating.⁷ Barriers that keep older Washingtonians from receiving SNAP benefits include: lack of knowledge that they may be eligible for SNAP, belief that receiving SNAP would make them ineligible for a food box or for Meals on Wheels, feelings of stigma or cultural norms against using government assistance, lack of transportation, and feelings of isolation, among others.⁸

These data do not include residents ages 50-59, a population that may also be at increased risk of food insecurity, especially as it faces high unemployment rates, declining ability to work, and increased

² USDA. Household Food Security in the United States, 2005.

https://www.ers.usda.gov/webdocs/publications/45655/29206_err29_002.pdf?v=41334.

³ USDA. Definitions of Food Security. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>.

⁴ FRAC. Food insecurity is often invisible infographic. <http://frac.org/wp-content/uploads/infographic-food-insecurity-often-invisible-health-care-providers-role.pdf>.

⁵ FRAC. Senior Hunger Facts Infographic. <http://frac.org/research/resource-library/senior-hunger-facts-infographic>.

⁶ FRAC & AARP. Average Annual Percent of Households with Seniors Age 60+ that Participated in SNAP, by State, 2012-2016. <http://www.frac.org/maps/snap-state-seniors/tables/tab-seniors-snap-state.html>

⁷ National Council on Aging. Senior SNAP Participation Visualization. <https://www.ncoa.org/economic-security/benefits/visualizations/senior-snap-participation/>.

⁸ FRAC. Combating Food Insecurity: Tools for Helping Older Adults Access SNAP. http://frac.org/wp-content/uploads/senior_snap_toolkit_aarp_frac-1.pdf.

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medical or nutritional needs. In addition, adults ages 50-59 generally do not qualify for benefits such as Social Security, Medicare, and Temporary Assistance for Needy Families.⁹

D.C. Hunger Solutions works on providing SNAP outreach in the District, with a special emphasis on seniors. Connecting older adults to existing programs requires the help of community partners and local government. By inviting partners to give input, the Age Friendly D.C. Task Force is increasing our ability to work with the District and serve senior populations.

The Age Friendly D.C. Task Force, through the Nutrition Sub-Committee of the Community Support and Health Services Task Force Committee, is taking important steps to help combat food insecurity and improve nutrition amongst our older adults. While the committee's goals are still a work in progress, they clearly understand that accessing affordable and healthy foods includes increasing access to federal nutrition programs, such as SNAP, as well as to local food access programs. We applaud their efforts and are eager to continue working with them. Thank you again for the opportunity to offer testimony on the performance of the Age Friendly Task Force. We look forward to working together to improve the health, nutrition, and wellbeing of older adults in the District of Columbia.

Respectfully Submitted,

Melissa Jensen
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⁹ AARP. SNAP Access Barriers Faced By Low Income 50-59 Year olds.
https://www.aarp.org/content/dam/aarp/aarp_foundation/2013-pdfs/SNAP_White_Paper_Mar_2013.pdf.

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