

Government Policies and Food Choice in Older Adults

*Preliminary:
not yet for citation or
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RCCN Workshop
Promoting Healthy Aging Through Nutrition Programs
July 20, 2023

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Food Insecurity

All Households

- 10.2% food insecure in 2021 (13.5M households)

Households with Adult Age 60y+

- 7.1% food insecure in 2021 (3.0M households)

Elderly Living Alone

- 9.5% food insecure in 2021 (1.5M households)

Federal Programs for Adults Age 60y+

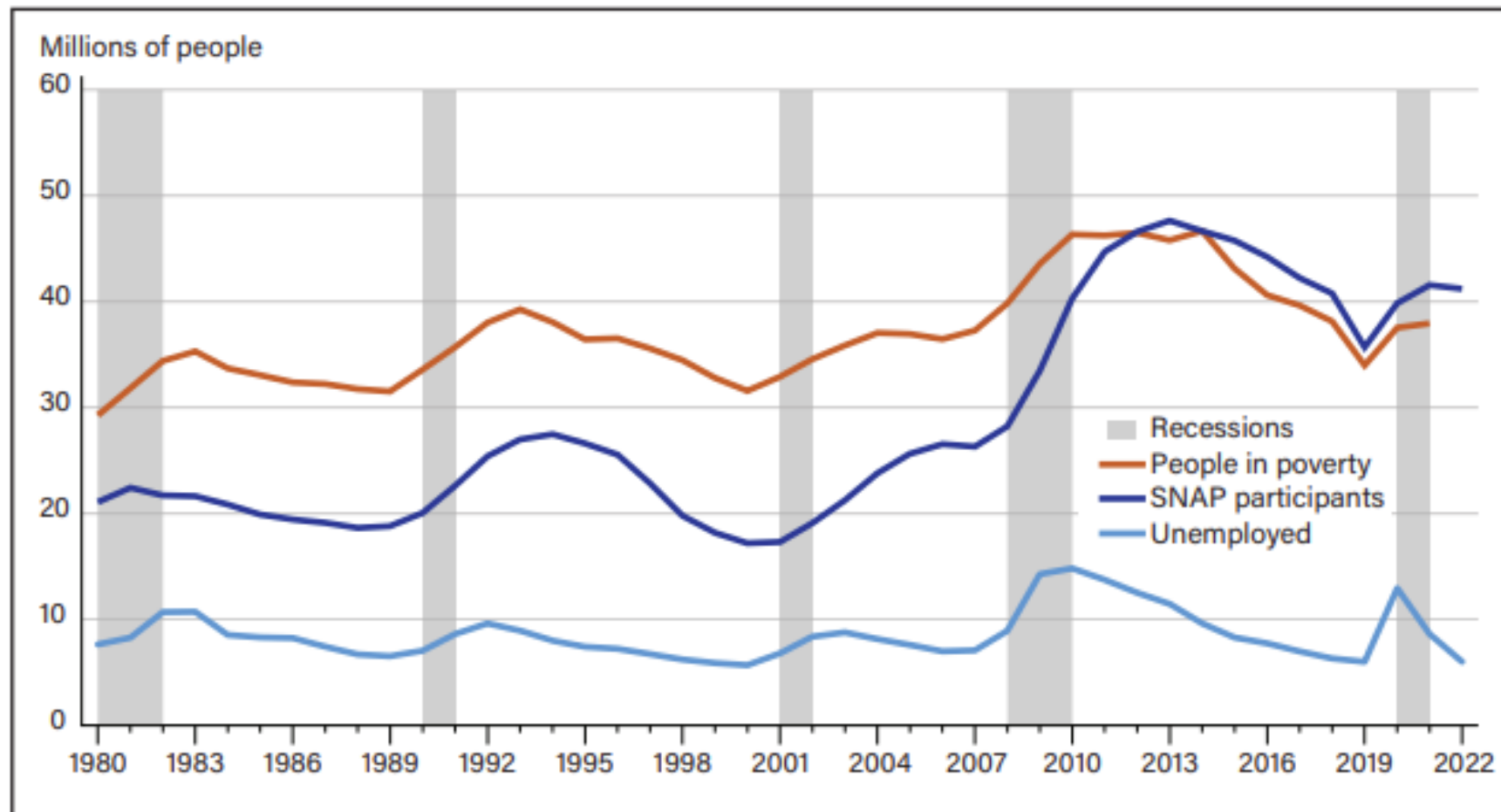
- Child and Adult Care Food Program (CACFP) (4.2M children and 138k adults)
- Seniors Farmers' Market Nutrition Program (SFMNP) (750k participants, \$20M in 2022)
- Commodity Supplemental Food Program (CSFP) (food and administrative funding for people age 60y+, \$222M in 2019)
- Older Americans Act Nutrition Programs (home-delivered and congregate meals)

SNAP for Adults Age 60y+ in 2020

- 28.6% of SNAP households had a person age 60y+
- Approximately \$7.5B (out of \$79.3B overall)
- Average monthly benefit for households with elderly individuals: \$118
- 80% of households with a person age 60y+ received SSI or Social Security

Number of SNAP participants, unemployed, and people in poverty, 1980-2022

Economic conditions influence participation in SNAP



SNAP = Supplemental Nutrition Assistance Program.

Note: SNAP participation is based on preliminary data from the October 2022 *Program Information Report (Keydata)* released by USDA, Food and Nutrition Service (FNS) in January 2023 and the September 2022 *Keydata* released by USDA, FNS in December 2022. Grey vertical bars indicate years in which recessions occurred (January–July 1980; July 1981–November 1982; July 1990–March 1991; March–November 2001; December 2007–June 2009; and February–April 2020).

Source: USDA, Economic Research Service using USDA, FNS data; U.S. Department of Labor, U.S. Bureau of Labor Statistics data; and U.S. Department of Commerce, Bureau of the Census data.

The New York Times

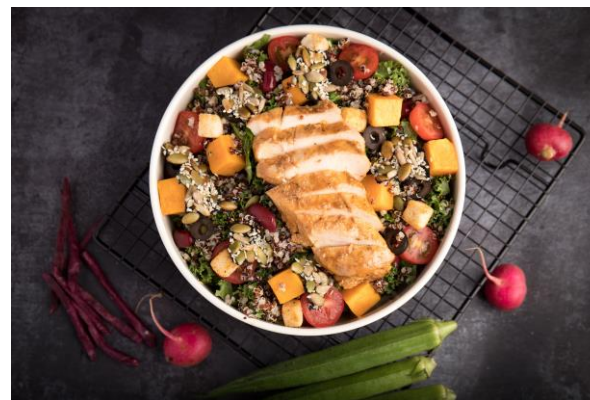
Biden Administration Prompts Largest Permanent Increase in Food Stamps

The jump in benefits, the biggest in the program's history, comes after a revision of the initiative's nutrition standards that supporters say will reduce hunger and better reflect how Americans eat.

More healthy



Less healthy



Less expensive



More expensive

More healthy



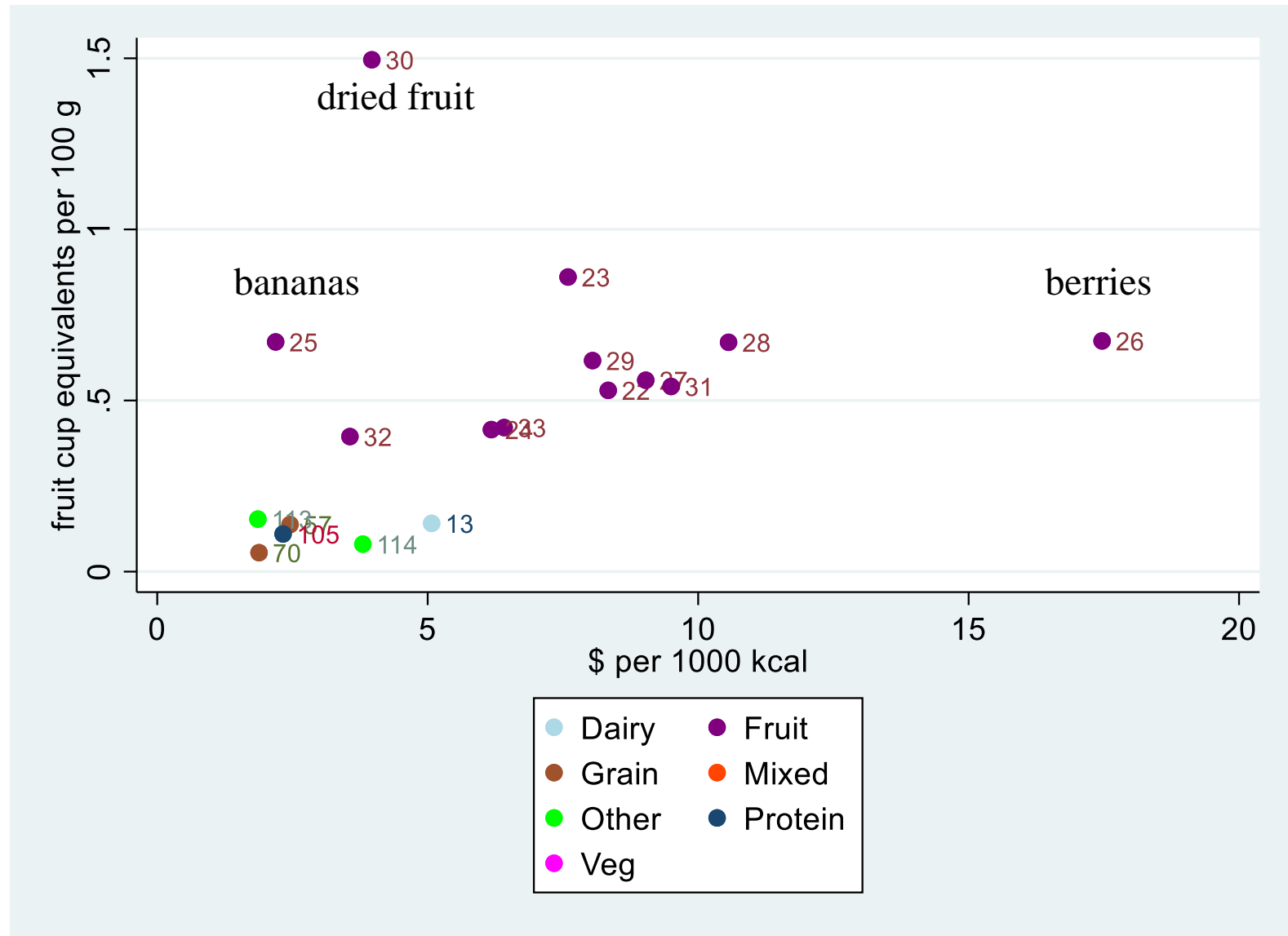
Less healthy

Less expensive

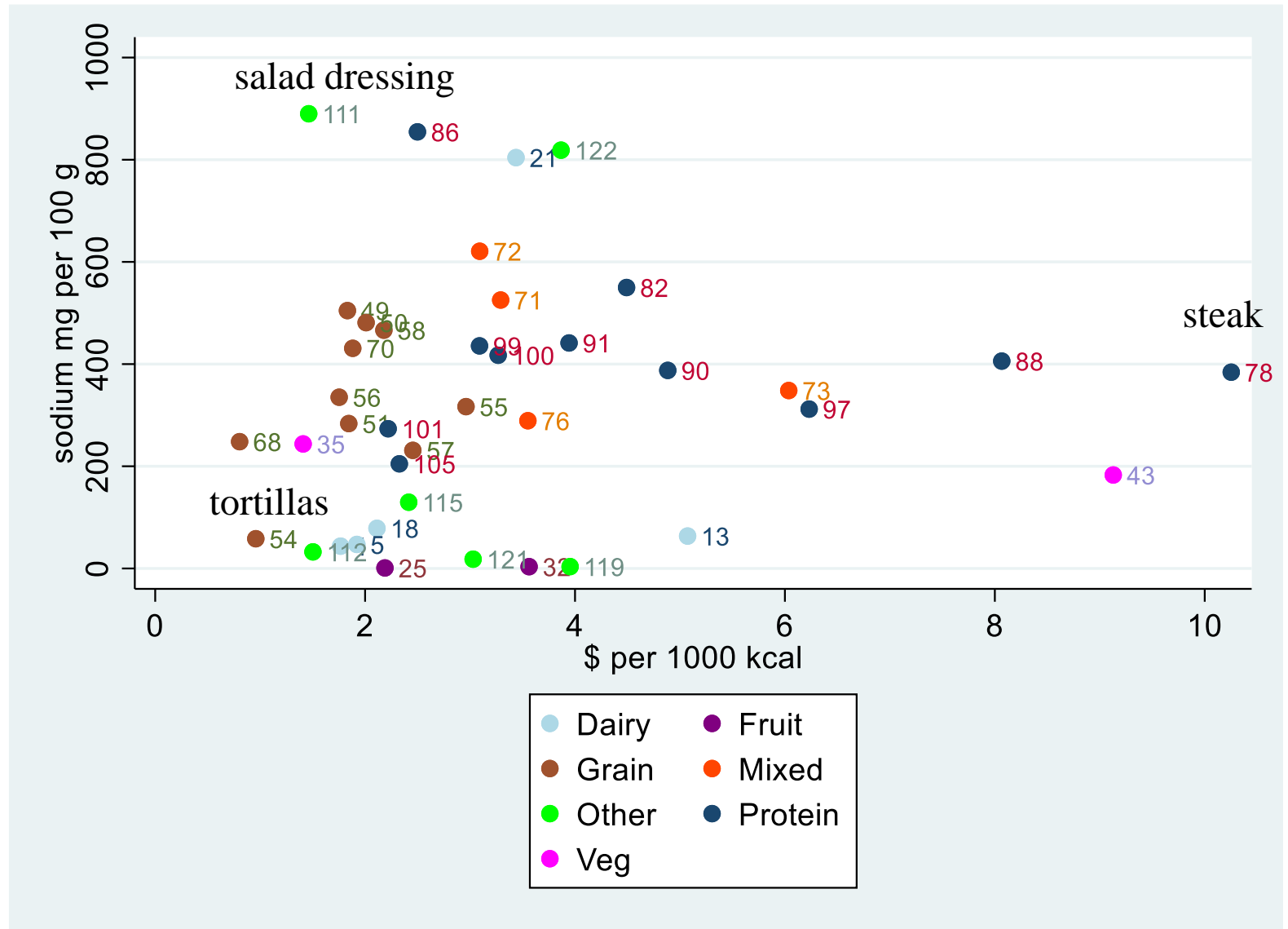


More expensive

Fruit density as a function of price per 1000 kcal
(18 categories with substantial fruit content)



Sodium density as a function of price per 1000 kcal
(40 most commonly consumed categories)



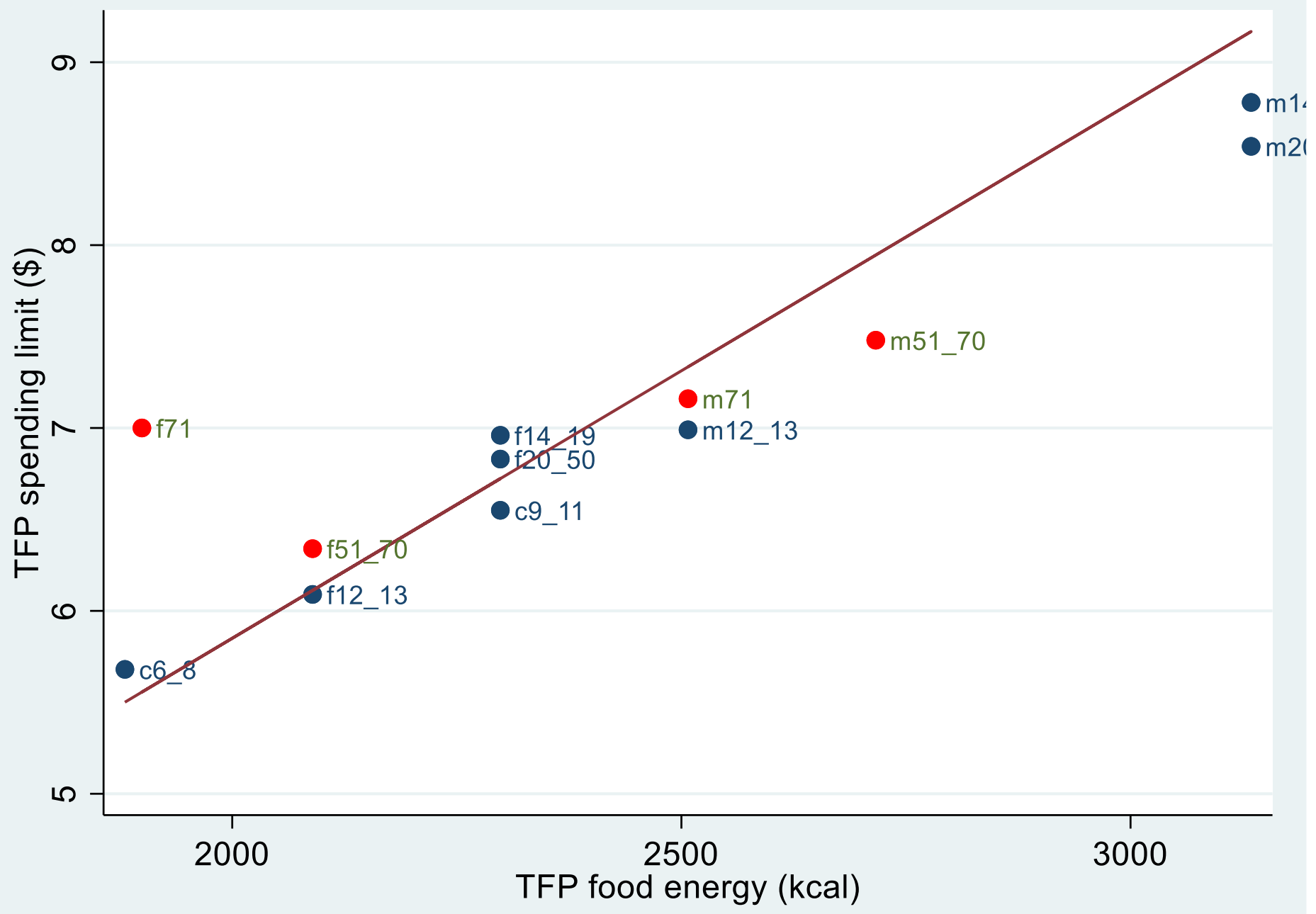
Optimization framework in the spirit of the Thrifty Food Plan (TFP)

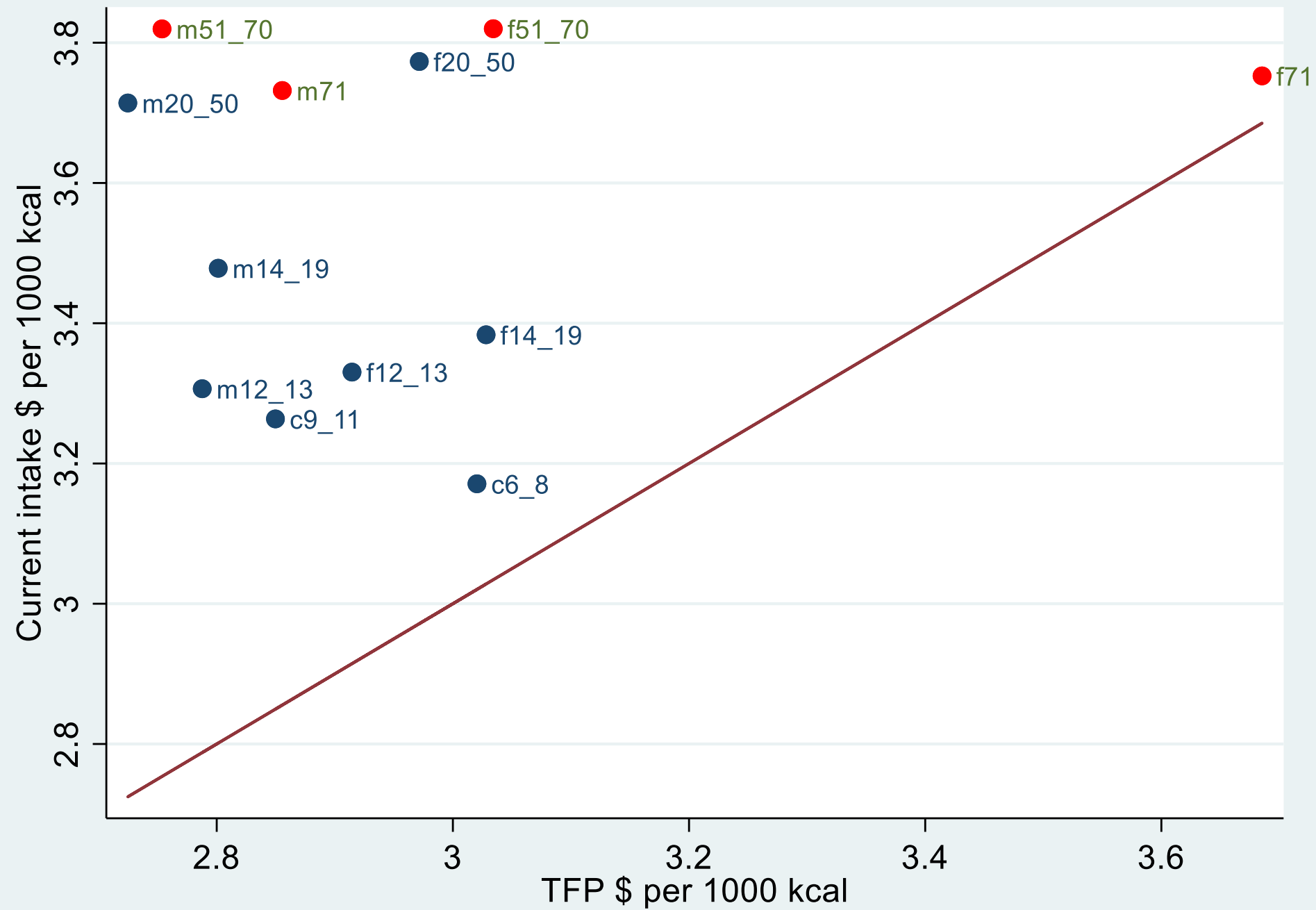
Choose a plan (123 category quantities):

- Not too different from current intake (quadratic objective function)
- Meeting constraints:
 - Cost and food energy (**Model 1**)
 - Nutrients from the *Dietary Guidelines 2020-2025* (**Model 2**)
 - Broad food categories from *MyPlate* (**Model 3**)
 - *Ad hoc* constraints

Summary of Empirical Analysis

- Thrifty Food Plan budget is a tight cost constraint.
- Nutrient constraints (comparatively less binding) and food group and ad hoc constraints (comparatively more binding).
- Output food groups very different from current food groups. For example, output diet substantially lower in added sugars and meat.





Reflections

- Can a model diet be both healthy and deferential to current consumption?
- Are TFP-style models driven mostly by constraints rather than by the objective function?
- If the goal is a healthy diet, what weight should SSBs, candy, and sweet baked goods receive in the objective function?
- Do people aspire to minimize distance from the current consumption pattern for their own income group, or a higher-income group?

Qualitative Interviews with Food Pantry Clients

Sara Folta, Norbert Wilson, et al.

- Older consumers can have people in the household who they are responsible for feeding, but who are basically unaccounted for in terms of SNAP benefits, such as grandchildren or unmarried partners
- Many said that SNAP doesn't stretch as far when trying to eat in a way that will help them manage chronic disease, and the types of foods they feel they need are also not as available at food pantries. They saw this as a downward spiral – they can't get the foods they need, so they get sicker, and then it gets even more challenging to get the foods they need.

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