Background

Food Insecurity Among District Seniors
- At 14.3%, the District has the **highest rate of food insecurity among seniors in the country**. This means about 12,000 District seniors lack consistent access to enough food for an active, healthy life.
- Seniors have higher rates of food insecurity due to fixed incomes, heightened barriers to accessing food, and increased rates of social isolation, among other factors.
- Food insecurity has heightened consequences for seniors. Adequate nutrition is essential to the prevention and management of chronic health conditions which are higher in the senior population.

District response
- The District has many programs in place to address food insecurity; for example there are at least 14 nutrition programs currently in operation. Many agencies are involved in senior nutrition services, but there is little coordination between them, and no agency is “in charge.”
- Food insecurity rates remain high, likely in part because many at-risk seniors are unaware of available services, or have difficulty accessing such services.
- Senior nutrition services often have limited (or no) outreach, agencies are unaware of which seniors are food insecure and who is accessing services and who is not.

Development of Proposed Legislation
- Informed by six working group meetings held over first half of 2021, attended by Council offices, District agencies providing senior nutrition services, and community-based organizations serving seniors.
- Working group meetings covered following topics: Utilization of Federal Programs; Outreach & Communications; Nutrition & Healthcare; Transportation & Accessibility; and Data Collection.

Major Provisions of Proposed Legislation

Establish an Interagency Senior Food Insecurity Task Force
- Members of working group repeatedly raised the fact that there is no agency or entity “in charge” of senior hunger, though many agencies are involved in this work. Without a centralized leadership, agencies do not coordinate their activities, often leading to gaps as well as overlapping services.
- To address this problem, the legislation would establish a Senior Food Insecurity Task Force led by DACL.
- This Taskforce would include DACL, DHS, DHCF, DC Health, OSSE, and OP; four representatives from organizations serving seniors (including a nutritionist); and two District seniors currently receiving or participating in nutrition services.
- The Taskforce would advise DACL and the Mayor in implementation of policies and outreach to address senior food insecurity, help DACL develop its Senior Food Services Communication Plan, and prepare a Senior Food Security Plan.
NO SENIOR HUNGRY OMNIBUS
Overview of Proposed Legislation

Require Senior Food Security Plan
- Require Taskforce to prepare a Food Security Plan to improve District’s response to food insecurity, to include:
  o Describing the state of food security among the District’s senior population;
  o Identifying all senior nutrition services currently available in the District, where there are gaps or additional needs in services, as well as overlap and redundancies;
  o Making recommendations for where services, outreach, and resources should be created, expanded, or consolidated;
  o Recommending strategies to improve the nutritional quality of foods served to seniors, including congregate meals, home-delivered meals, and food boxes;
  o Expanding access to nutrition programs through increased delivery and transportation services; and
  o Streamlining program application processes to facilitate enrollment.
- DACL would be responsible for implementing the Plan, and for providing annual progress reports to the Mayor and Council on activities taken under the plan and progress on addressing senior food insecurity rates.

Require DACL to develop Senior Communications Plan
- Number one need identified by 2016 DCOA Needs Assessment was Knowing What Services are Available.
- Existing programs do very little outreach, are often shared by word of mouth, or even limited because operators are concerned about demand exceeding funding levels. There is little coordination on outreach between programs and implementing agencies.
- Legislation would require DACL to develop and implement a Senior Nutrition Services Communications Plan, including:
  o Describing outreach needs of District food insecure senior population;
  o Disseminate information about senior nutrition services using best practices for reaching seniors, including an annual mailer tailored to the recipient’s geographic location;
  o Cross-promote senior programs rather than requiring individual programs to do outreach independently;
  o Provide regular trainings to senior-facing District employees and community-based organizations on senior nutrition programming;
  o Provide outreach to physicians and clinicians on how to refer patients to programming; and
  o Make application portals for senior nutrition services more user-friendly.

Improve Nutrition Services at DACL
- DACL is taking over nutrition programs (home-delivered meals and case management) from Lead Agencies. Legislation would require that DACL adopt a coordinated care model in running these programs, including screening clients for food insecurity and malnutrition and provide appropriate referrals based on such screening, taking into account a client’s meal preparation ability and grocery access.
Require DHS to increase senior SNAP participation

- SNAP provides regular financial support to low-income residents for purchasing groceries, and is very effective for addressing food insecurity. But in the District, fewer than half of eligible seniors participate in SNAP.
- Low participation is due to several factors, including: difficulty enrolling, perception that benefits are too low to be worth the administrative hurdles, and very limited outreach.
- To increase senior SNAP participation, legislation would require DHS to adopt the Elderly Senior Application Project (ESAP), a USDA project that seeks to increase participation among elderly low-income population by streamlining the SNAP application and recertification process, by waiving the recertification interview requirement, using data matches to reduce the amount of client-provided verification, and extending the certification period to 36 months.
- It would also require DHS to create a standard medical deduction (SMD) to simplify the collection of medical expense information for senior SNAP clients. This will make it easier for senior clients to increase their benefit amounts.
- Also includes other strategies to make SNAP enrollment easier for seniors, including allowing community-based organizations to access SNAP enrollment system on behalf of clients, require DHS to streamline submission process for rent, utilities, and other costs; and implement senior-targeted outreach for online SNAP.

Require OSSE to increase adult day care participation in CACFP

- The Child and Adult Care Food Program (CACFP) is a federal program that provides reimbursements for nutritious meals and snacks to eligible children and adults who are enrolled in participating childcare centers, day care homes, and adult day care centers.
- Current participation by adult day care centers is low (only 1); legislation would require OSSE to identify all eligible centers in the District and help them enroll in the Program.

Expand services in the EPD Waiver to include Home-Delivered Meals, Nutrition Supplements, and Medical Nutrition Therapy

- The EPD waiver is a Medicaid program designed to provide the elderly and persons with physical disabilities with home-based health care services (including services like case management, personal care aid services, and adult day health services).
- EPD waiver does not currently include home-delivered meals; we’re one of only 10 states that does not do so. Legislation would add home-delivered meals to the Waiver.
- EPD waiver also does not currently include medical nutrition therapy (or nutrition counseling) which can be crucial for this population to help with disease management.