



HAWAI'I APPLESEED
CENTER FOR LAW & ECONOMIC JUSTICE



HAWAI'I COMMUNITY FOUNDATION

FEEDING OUR KŪPUNA

AN OVERVIEW OF HAWAI'I'S SENIOR HUNGER SAFETY NET AND HOW TO STRENGTHEN IT



Hawai'i Appleseed Center for Law & Economic Justice

733 Bishop Street, Suite 1180, Honolulu, HI 96813

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hiappleseed.org

Authored by:

Daniela Kittinger
Gavin Thornton
Eileen Lacaden
Nicole Woo
Jacob Ly

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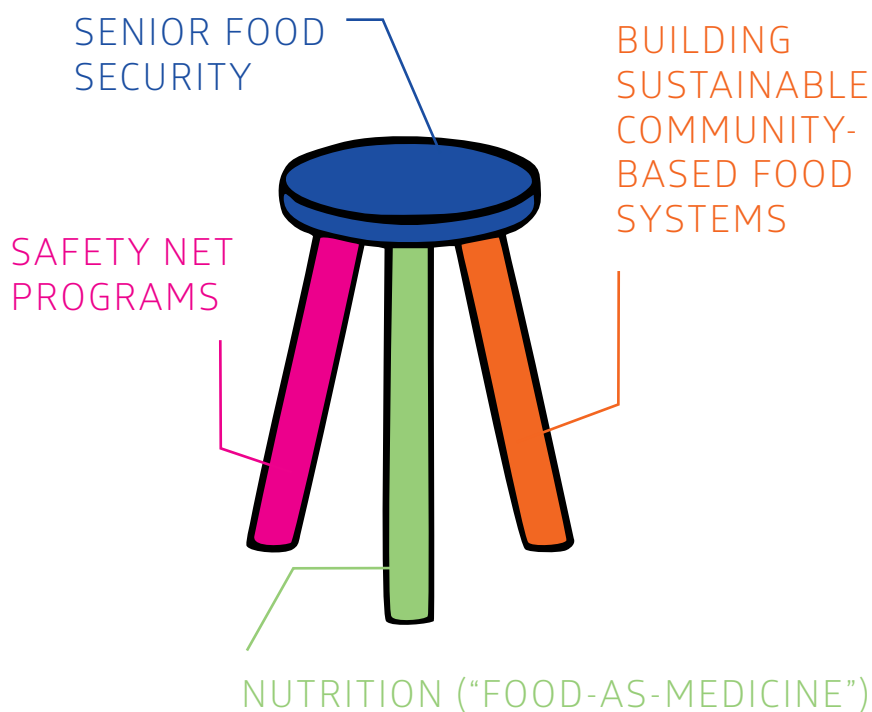
FEEDING OUR KŪPUNA

EXECUTIVE SUMMARY

HAWAI'I IS HOME to more than 300,000 people age 60 and older. These resilient individuals are our parents, grandparents, aunts and uncles—family members who have spent their lives working hard and contributing their knowledge and wisdom to build a better future for the next generation. Our kūpuna deserve dignity and respect in their golden years. However, currently there are thousands of seniors in Hawai'i who struggle just to put food on the table.



“THE RECOMMENDATIONS IN THIS REPORT ARE INTENDED TO NOT ONLY HAVE AN IMPACT ON THE NUMBER OF SENIORS SERVED, BUT ALSO TO IMPROVE HEALTH OUTCOMES, BOLSTER COMMUNITY RESILIENCY, AND STRENGTHEN THE LOCAL ECONOMY WHILE ADDRESSING HAWAII’S SUSTAINABLE AGRICULTURE GOALS.”



The issue of senior hunger is complex, and is often a symptom of deeper flaws in the structure of our economy, our society, and of our food systems themselves. To effectively address the problem, policymakers need to place the issue of senior hunger into a more holistic framework—one that understands the interplay between public health, economic justice and social capital.

This report presents an overview of the tools—many of them federal

safety net programs—that are available to alleviate the problem here in Hawai‘i. Even as stand-alone solutions, these tools can add many healthy years to the lifespan of our seniors, while reducing the societal cost of healthcare expenditures.¹

However, they can be even more effective when thought of as just one of three components of food security:

- 1) Safety net programs;
- 2) Nutrition (i.e. the “Food-as-Medicine” movement); and

3) Building sustainable community-based food systems.

This report examines each of the safety net tools with special attention to how they can be used to support the other two legs—nutrition and food systems. These safety net tools are organized into two different delivery models: nutrition benefits programs; and prepared meal programs.

Nutrition benefits programs operate similar to cash, as they can be used for food purchases at grocery stores,

EXECUTIVE SUMMARY



farmers' markets or other retail outlets. These programs offer participating seniors flexibility in what they choose to purchase or eat. Prepared meal programs address related and underlying issues that exacerbate food insecurity in our senior population, such as social isolation or health and access issues.

Ensuring access to these tools is critical, but only one piece of the solution. The recommendations in this

report are intended to not only have an impact on the number of seniors served, but also to improve health outcomes, bolster community resiliency, and strengthen the local economy while addressing Hawai'i's sustainable agriculture goals.

Service providers and policymakers should work to maximize federal program dollars in the quest to build a food system that connects food producers to consumers, thereby

improving the freshness of the ingredients available to low income seniors while keeping capital circulating in Hawai'i's agricultural sector. As a state, we should harness these tools to ensure our kūpuna have opportunities to stay connected with their communities. With better coordination, and by better leveraging available resources, we can strengthen our hunger safety net and minimize the number of seniors in Hawai'i that experience food insecurity.

TAKE ACTION

PAGE 10: DELIVERY MODEL: NUTRITION BENEFITS PROGRAMS

GOAL	ACTION
Increase the percentage of seniors enrolled in SNAP from 50 to 70 percent, expanding SNAP access to some 12,000 seniors currently struggling with food insecurity and drawing down an additional \$36 million in federal funds per year.	The state can reduce barriers to SNAP access for seniors by applying for a federal waiver called the Elderly Simplified Application Project (ESAP).
Expand senior access to fresh, local produce at farmers' markets through the Senior Farmers' Market Nutrition Program (SFMNP).	Just \$25,000 per year in state funding to the SFMNP could provide 500 additional kūpuna vouchers to purchase nutritious produce from local farmers.

PAGE 16: DELIVERY MODEL: PREPARED MEAL PROGRAMS

GOAL	ACTION
Strengthen community connections at meal sites, making them available to both seniors and children and providing valuable space for intergenerational interaction.	Service providers can streamline meal delivery to both at-risk youth and seniors by combining programs that serve both populations.
Create a per-meal subsidy for service providers that incorporate local ingredients into their meal programs to help cover costs.	The state can make it easier for meal providers to use nutritious, fresh, local ingredients in meals for seniors by providing a \$1 per meal subsidy, generating and circulating some \$500,000 into the local economy in the process.

PAGE 24: NUTRITION

GOAL	ACTION
Leverage the healthcare sector as an input site to promote more nutritious food options for seniors.	Require Medicaid healthcare plans to include food prescriptions as a value-added benefit.

PAGE 26: FOOD SYSTEMS

GOAL	ACTION
Keep capital circulating in the local economy and strengthen local food production.	The state can strengthen local food systems by advancing the institutional ability to provide healthy, culturally-appropriate food; by ensuring all individuals and families have sufficient resources and places to access healthy food; and by supporting solutions that grow the local food supply in ways that help our island communities become more sustainable and resilient.

INTRODUCTION

HAWAII'S KŪPUNA have spent their lives building a stronger, more resilient Hawai'i, helping to raise the next generation and passing down their knowledge and wisdom. They are the living legacy of our community, yet thousands of Hawai'i seniors struggle with food insecurity.

Every day, kūpuna that have made invaluable contributions to our society remain uncertain of their next meal. In fact, estimates of food insecurity among Hawai'i seniors vary from 5 percent² to nearly 10 percent.³ Even using the more conservative estimate, this means that more than 16,700 seniors are at risk of hunger in Hawai'i.



“MORE THAN 16,700 SENIORS ARE AT RISK OF HUNGER IN HAWAII’I.”

THE PROBLEM

The reasons for senior food insecurity are complex. Systemic inequalities in our economy, food supply chain, and even the layout and composition of neighborhoods themselves, can make it much harder for people living with low incomes to make healthy choices.

Fresh produce is more expensive than processed, nutrient-deficient foods, and is often not available in the corner stores that low-income communities are often forced to rely on for groceries. As a result, people with limited incomes tend to rely on processed foods, which may have high concentrations of sugar,

salt and fat. This can lead to many chronic health conditions including diabetes, hypertension, obesity and even depression.⁴

In Hawai'i, we especially see the negative effects of this among Pacific Islander communities whose native food systems were completely supplanted by the post-World War II, industrialized American food system. These populations frequently have the highest rates of diseases resulting from poor nutrition.

Seniors in particular often have unique circumstances that we need to consider when examining this issue. Older adults may lack the mobility

needed to purchase or prepare food because of health issues, cognitive disabilities or other physical limitations.⁵ Social isolation and limited transportation options can leave seniors home-bound and unable to visit the grocery store on a regular basis. Additionally, medical conditions and medication may impose dietary restrictions that limit the types of foods seniors can eat.

Being food insecure also forces seniors to make hard choices about whether to buy food or to buy medicine. Known as “medicine non-adherence,” this phenomenon manifests itself as delaying a refill, diluting medicine

THREE PILLARS OF FOOD SECURITY

ACCESS TO RESOURCES

At its most basic, food insecurity is a lack of access to food. Federal anti-hunger programs are critical to ensuring that no one ever goes hungry.

Solutions in this pillar focus on ensuring our safety net programs are accessible and functioning correctly.

HEALTH AND NUTRITION

People living on lower incomes often have to rely on processed foods not just for affordability, but also for convenience.

Any solution to hunger should not focus solely on feeding people while ignoring the health consequences of unhealthy foods. Solutions should harness the power of the healthcare system to make a cultural shift toward “food as medicine.”

COMMUNITY RESILIENCE

At its root, food insecurity is a symptom of systemic, generational poverty and community disinvestment. The idea behind “community-based food systems” is to ensure that capital is generated and circulated in local economies, rather than being extracted by large multinational food conglomerates. Solutions focus on connecting low income consumers with local farmers and food businesses.

or skipping doses,⁶ which can be especially dangerous for older adults who rely on medicine to control their diabetes or blood pressure.

FINDING SOLUTIONS

To develop this report, Hawai‘i Appleseed analyzed existing data on all of the available federal nutrition programs in Hawai‘i, and reviewed a broad spectrum of peer-reviewed literature analyzing the impact of these programs on senior health and rates of food insecurity.

Hawai‘i Appleseed also interviewed

dozens of stakeholders, including representatives from Hawai‘i’s four Area Agencies on Aging, researchers and program administrators from the University of Hawai‘i, officials from state agencies, meal program vendors, service providers, food banks, and case workers who work directly with the senior population. The resulting compilation is intended to present an overview of Hawai‘i’s senior hunger safety net, and to identify actions we can take to make sure all of our kūpuna have access to enough food to live long and healthy lives.

Fortunately, the means of addressing food insecurity are within our reach. Federal safety net programs can be incredibly powerful tools if we use them effectively. This will require solutions that go beyond expanding access. We must also identify remedies that acknowledge the importance of nutrition and that address the root cause of food insecurity: systemic poverty. These three pillars: access, nutrition, and community resilience, must be in place in order to make long lasting, systemic change.

DELIVERY MODEL #1

NUTRITION BENEFITS PROGRAMS

Public nutrition benefits programs are the most versatile of all the tools currently available to combat senior hunger. These programs directly supplement seniors' household incomes (which are often fixed) and provide the flexibility to choose and prepare the foods that they enjoy the most. Two such programs are available to seniors: The Supplemental Nutrition Assistance Program (SNAP) and the Senior Farmer's Market Nutrition Program (SFMNP).

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

Or SNAP; formerly called "food stamps."

SNAP is the nation's foremost nutrition program, providing low income Americans—regardless of age—with financial assistance in securing access to food. As the largest of all the federal nutrition programs, SNAP brings in an average of \$490 million annually to help nearly 180,000 Hawai'i residents purchase food.⁷

SNAP is not targeted at the elderly population in particular, but seniors are major beneficiaries of the program,

with more than 31,000 Hawai'i seniors currently participating.⁸

SNAP is highly effective at improving health outcomes for seniors. By helping to expand household food budgets, SNAP allows participants to purchase healthier, but more expensive, foods and to save money for things like rent or medicine,⁹ keeping more seniors housed and healthy. In fact, SNAP has been associated with a decrease in seniors skipping medication doses or





taking less medication to save money.¹⁰ In one study, SNAP participation was also associated with less costly hospital stays among seniors.¹¹

the reach of the SNAP program from 60 percent of eligible users in 2010 to 84 percent in 2016 (the latest available data).¹² The improvement has

In spite of these dramatic improvements, there is still room to do better—especially for seniors. Qualified seniors are significantly less likely to

“ONLY 50 PERCENT OF ELIGIBLE SENIORS ARE ENROLLED IN SNAP.”

SNAP participation rates in Hawai'i have dramatically improved, but seniors continue to be underserved. In recent years, Hawai'i has improved

primarily been attributed to changes in how individual applications are processed by the Hawai'i Department of Human Services (HDHS).

make use of SNAP benefits than other segments of the population. In fact, only 50 percent of eligible seniors are enrolled in the program.^{13 14}

STRENGTHENING SAFETY NETS

“A 50 TO 70 PERCENT INCREASE IN THE RATE OF PARTICIPATION AMONG SENIORS WOULD ADD 12,000 INDIVIDUAL SENIORS TO THE PROGRAM.”

It could be worse though. Compared to the national senior participation rate of 41 percent, Hawai'i is faring relatively well in this measure. Hawai'i ranks 11th in the nation for SNAP participation among seniors.¹⁵ However, New York's 70 percent participation rate demonstrates that there is still significant room for improvement.¹⁶

If Hawai'i were to increase the rate of participation among seniors from 50 to 70 percent, we would add roughly 12,000 individual seniors to the program. Assuming these additional seniors received the average monthly SNAP benefit of \$239, Hawai'i would draw down an additional \$36 million per year for our local economy.^{17 18}

One explanation for the discrepancy in SNAP participation between seniors and the general population is the administrative burden.¹⁹ Applying for SNAP requires the completion of several pages of documentation, and often involves travel to a SNAP processing center, home visits by a case worker, or meetings with an additional family member or friend to help with collection of documentation. The whole process can take more than three hours and multiple visits. For seniors with mobility issues or cognitive impairments, this can be particularly challenging. Although some parts of the process can be delegated to authorized representatives, not all

seniors have relatives who can take on this responsibility.

Hawai'i has already made strides in improving the general application process, which have had a significant impact on participation rates over the past decade. However, there are additional procedural reforms that

other states have implemented that are specifically tailored to helping older individuals enroll in the program.

The state should consider applying for a waiver from the United States Department of Agriculture (USDA) known as the Elderly Simplified Application Project.

BROAD BASED CATEGORICAL ELIGIBILITY

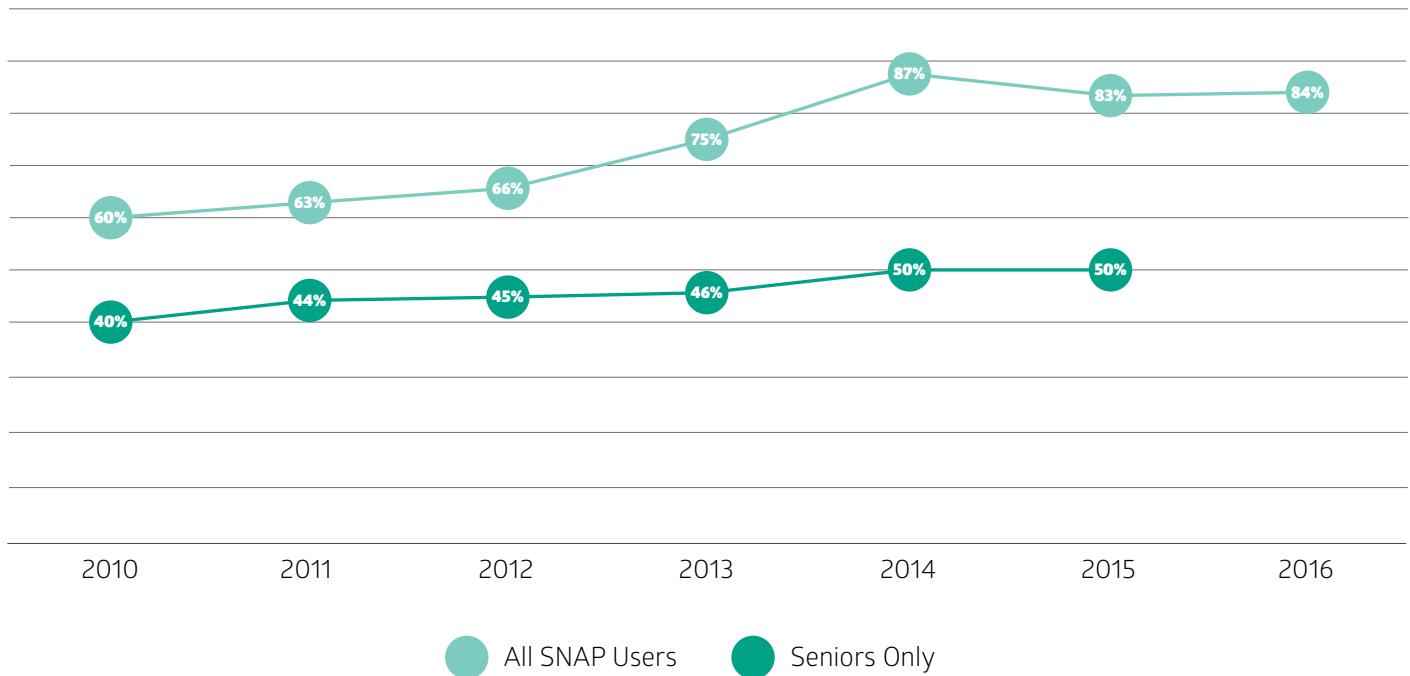
A CRITICAL WAIVER UNDER THREAT

Eligibility for SNAP is determined by the federal poverty threshold. In an expensive place to live like Hawai'i, the threshold is often far too low for many families that—despite earning too much to qualify for benefits—nevertheless struggle with food insecurity. Hawai'i currently takes advantage of a waiver called Broad-Based Categorical Eligibility that allows for the consideration of factors like higher costs-of-living when determining eligibility for SNAP.

The waiver also lets states adopt less restrictive asset limits—which is particularly important for seniors who live on fixed incomes, but who may own a house or have a retirement account.

Unfortunately, as of early 2020 this waiver was in danger of being eliminated under a proposed USDA rule from the Trump Administration. In fact, it is estimated that 7 percent of Hawai'i SNAP households with elderly members would lose food assistance under the new proposed rule, which would amount to more than 2,300 seniors.

Figure 1. Hawai'i SNAP Participation Among the Total Eligible Population vs. Eligible Seniors



TAKE ACTION: THE ELDERLY SIMPLIFIED APPLICATION PROJECT

The Elderly Simplified Application Project (ESAP) is a collection of federal waivers that makes it easier to get seniors enrolled in SNAP. States use the ESAP waivers for three primary objectives. These include: 1) extending the recertification period to from one to three years; 2) eliminating the need for an interview to re-certify SNAP benefits; and 3) only requiring verification documents from the client if the information is questionable (gathering and submitting these documents is often one of the most burdensome parts of the SNAP application process).

While data is still emerging, there is anecdotal evidence that the ESAP, in combination with other modifications, significantly improves the customer service experience and reduces administrative burden in early-adopting states. In one particularly notable example, Alabama's ESAP contributed to the addition of 42,000 additional SNAP-participating senior households from 2008 to 2016—a 21 percent increase.^{20,21} A similar scale increase in Hawai'i would reach more than 6,500 seniors and bring Hawai'i's senior SNAP participation rate up to nearly 60 percent.

In order to obtain approval from the USDA to pursue these objectives, the ESAP waiver requires that the state match data that has already been collected (i.e. income and social security number) with the applicant. The HDHS is currently creating an updated system that will pull client data from multiple public benefits programs and house them in a single location. Once the update is complete, the state should be able to apply for and receive this waiver.

STRENGTHENING SAFETY NETS

SENIOR FARMERS' MARKET NUTRITION PROGRAM

THE FEDERAL Senior Farmers Market Nutrition Program (SFMNP) provides seniors with vouchers to purchase fresh produce directly from farmers during harvest seasons. Eligibility for SFMNP is much simpler than it is for SNAP: To qualify, seniors must live in Hawai'i, be over the age of 60, and live in households at or below 185 percent of the federal poverty level. Eligible seniors are awarded \$50 in the form of ten \$5 vouchers to purchase local, unprepared produce from farmers at qualified locations such as farmers' markets or roadside stands.

The program is popular in Hawai'i. Administering agencies in each county typically have no problem finding subscribers. However, because funding for the program is capped there is a waiting list—more than 400 seniors ended up on the waiting list during the 2019 season.²²

In Hawai'i, approximately 15 percent of vouchers typically go unredeemed due to being misplaced or left unused as of the end of the season, so the actual amount redeemed at the end of the season is only about 85 percent of the state's annual benefits. In FY2018, this amounted to approximately \$383,000 channeled into local agriculture, and approximately 9,000 seniors served.²⁴



“DESIGNATING JUST \$25,000 IN STATE FUNDS TO SUPPLEMENT THE SFMNP WOULD EXPAND SERVICE TO AN ADDITIONAL 500 SENIORS.”

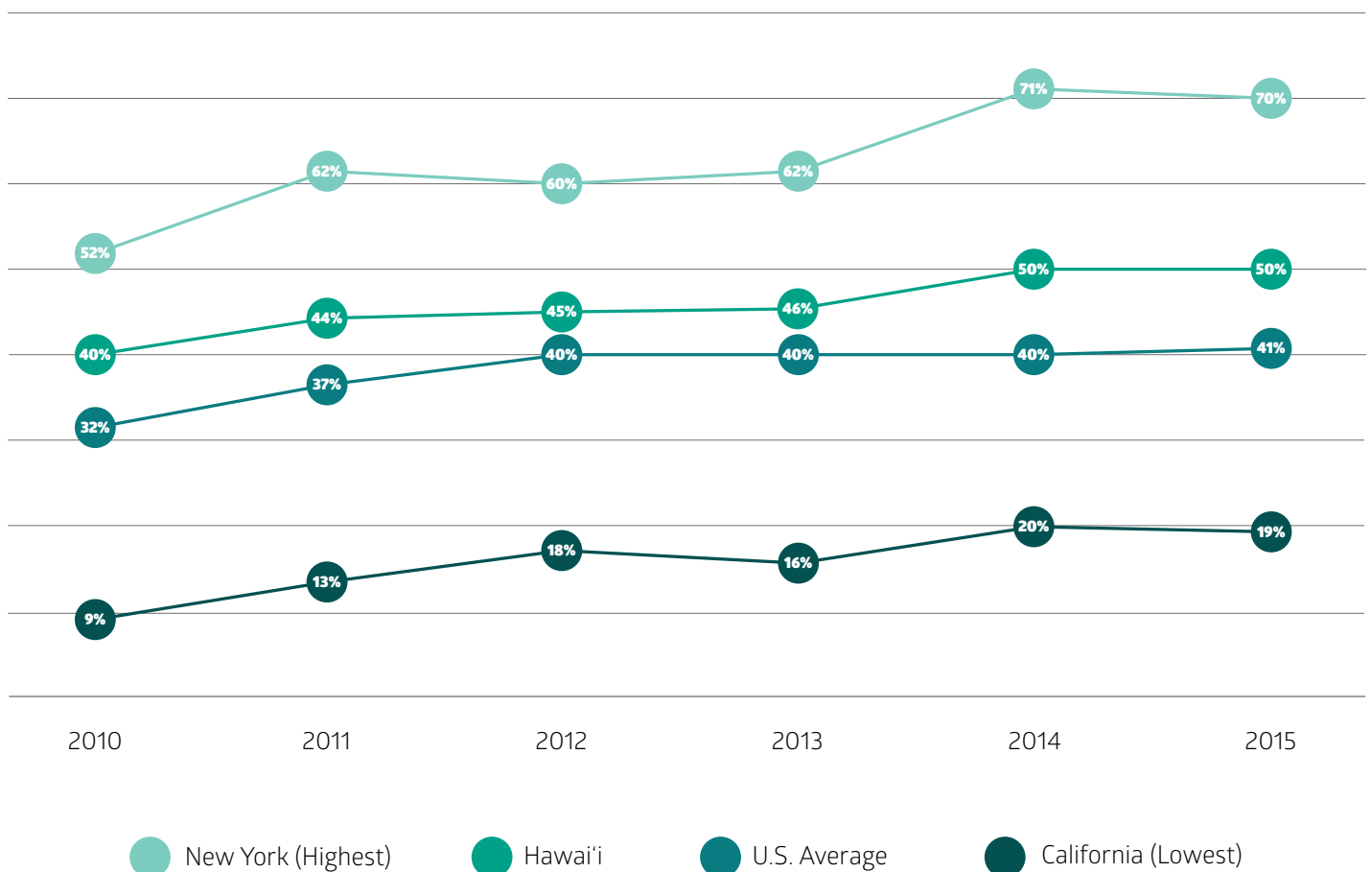
TAKE ACTION:
EXPAND
NUTRITION
INCENTIVES
TO ENCOURAGE
HEALTHY
PURCHASES

Hawai'i has followed the lead of several other states and passed legislation to fund a Double Up Food Bucks program, which provides a dollar-for-dollar incentive when shoppers use their SNAP benefits to buy local produce. The program is a triple win, helping low income families, supporting local farmers and keeping capital circulating in the local economy.

However, because only half of eligible seniors in Hawai'i participate in SNAP, many of our kūpuna will miss out on

these incentives. Designating just \$25,000 in state funds to supplement the SFMNP (perhaps as part of the statewide Double Up program) would expand service to an additional 500 seniors, completely eliminating the current SFMNP waitlist and ensuring access to nutritious food for seniors who are unable to navigate SNAP's administrative barriers. State funding could also be structured in a way that extends the SFMNP expiration period so that fewer vouchers go unredeemed each year.

Figure 2. SNAP Participation Rates Among Eligible Seniors Around the Country



DELIVERY MODEL #2

PREPARED MEAL PROGRAMS

While benefits programs offer the flexibility for kūpuna to shop for themselves and supplement their incomes, many seniors are unable to take advantage of them. Prepared meals are another way to ensure access to nourishing food for aging adults who may be homebound, isolated, or in assisted living situations.

However, unlike benefits programs, prepared meals have added layers of complexity that can make implementation challenging. For example, many service providers cannot prepare the meals themselves, and must contract an external, professional food service organization (a “vendor”) to prepare the meals. These vendors often charge a higher per-meal rate than the federal government will reimburse, putting a budgetary strain on service providers.

Some prepared meal programs in Hawai‘i are not federally-subsidized at all. For example many shelters and charitable organizations offer free meals covered by private grants and donations. The programs that are federally-subsidized, however, require compliance with rigid nutrition guidelines, food safety regulations, training and paperwork requirements.

Despite these challenges, federal meal programs are a popular and important element of our senior hunger safety net. Three different service programs exist for seniors, depending on their needs: Congregate Meals, Home Delivered Meals and the Child and Adult Care Food Program.



STRENGTHENING SAFETY NETS



STRENGTHENING SAFETY NETS



“I ENJOY COMING HERE BECAUSE IT GIVES ME A REASON TO GET UP IN THE MORNING, TO GET DRESSED AND SEE MY FRIENDS. I’VE MADE A LOT OF GOOD FRIENDS HERE.”

— NATSUE, WAHIAWĀ
RESIDENT AND LANAKILA
KUPUNA WELLNESS
CENTER PARTICIPANT²⁵

CONGREGATE MEALS

THE FEDERAL Congregate Dining Program offers complete meals to seniors, their spouses, and eligible individuals with disabilities. The program, which is authorized through Title III of the Older Americans Act, requires that meals adhere to the Dietary Guidelines for Americans and provide at least one-third of the recommended dietary allowances.

Often congregate meals are served at community centers and senior housing complexes—places to which seniors have easy access. In 2018,

the program served 197,295 meals to 2,834 seniors in Hawai‘i.

In addition to the meals, the program also provides nutrition education, outreach and recreational activities, giving participants the opportunity to socialize, explore and have fun. Popular recreational activities include field trips, exercise classes, guest speakers, games and crafts. Anyone who is 60 or older, and able to participate without assistance, may join the program. There are no income requirements and the program participants receive the services and meals free of charge.

Nationally, program satisfaction is quite high. Participants on the whole feel that the program helps them eat healthier and remain independent.²⁶ The Congregate Dining Program is praised for its impact not only on

seniors’ health outcomes, but also on their social engagement levels.

In Hawai‘i, reimbursement rates for congregate meals vary depending on which county you are in, ranging from \$7.50 to \$9.00 per meal. Federal funding for the program in FY2018 was capped at \$2,431,811, which covers not just the costs of food but also administration and activities.

However, service providers do have the option to charge for meals, rather than offer them for free. Many service providers have donation-based systems, which allow seniors to contribute whatever they can afford (two dollars is a commonly suggested donation). This way, no one is turned away if they can’t afford to pay, making it possible to serve more seniors with the limited federal funding available.

TAKE ACTION: CONSOLIDATE RESOURCES BY IMPLEMENTING INTERGENERATIONAL MEAL PROGRAMS

Kūpuna are not the only community members who can benefit from group meal programs. Two child nutrition programs—the Summer Food Service Program and the At-Risk After School Supper Program—are designed to similarly serve students in a group setting outside of school hours.

Programs that currently serve kūpuna could be retrofitted to serve keiki as well, and visa versa, allowing for a consolidation of precious resources. Many synergies exist between the two types of programs: the meal patterns are similar, and the programming and volunteer capacity needs overlap. In Iowa, one site has even managed to offer meals to seniors and kids simultaneously, giving the groups the opportunity to connect with one another.²⁷

The most important thing is to ensure that programs have appropriate sites—like a park, housing complex or library—at which it makes sense for both children and seniors to congregate. Identifying community partners who already facilitate programming for either youth or seniors is a great place to start a conversation about expanding service to the group currently underserved at a given site.

“PROGRAMS THAT CURRENTLY SERVE KŪPUNA COULD BE RETROFITTED TO SERVE KEIKI AS WELL, AND VISA VERSA, ALLOWING FOR A CONSOLIDATION OF PRECIOUS RESOURCES.”



STRENGTHENING SAFETY NETS



“LIVING IN ARIZONA, I CAN'T COOK FOR MY MOTHER EVERY DAY. SO IT WAS SUCH A RELIEF KNOWING THAT A VOLUNTEER WAS CHECKING ON MY MOM AND DELIVERING HER TASTY MEALS AT HOME.”

— CLARA, DAUGHTER OF A LANAKILA MEALS ON WHEELS PARTICIPANT (PICTURED RIGHT) ²⁸

HOME-DELIVERED MEALS

HOME-DELIVERED meals, such as the “Meals on Wheels” program, offer meal delivery services for “homebound” adults over the age of 60 in Hawai‘i. This critical program is the only one that specifically caters to seniors who are unable to independently perform key, daily living activities, and/or have some other mental or physical impairment as determined by an in-home assessment. As the seniors in the program are considered homebound, many rely on Meals on Wheels for the primary or only source of food.

Meals on Wheels programs offer

complete meals that provide at least one-third of the recommended, daily dietary allowances. Should there be a greater need than funding can support, funders are encouraged—though not required—to give preference to individuals with the greatest economic and social need.

Because meals are brought directly to an individual’s residence, the visit offers an opportunity to regularly check in on seniors who may be living alone. Meal delivery drivers are often volunteers who are trained and given information on how to connect with seniors. The volunteers act as the eyes and ears of the program, alerting program staff of any changes or concerns with the senior’s health or living conditions.

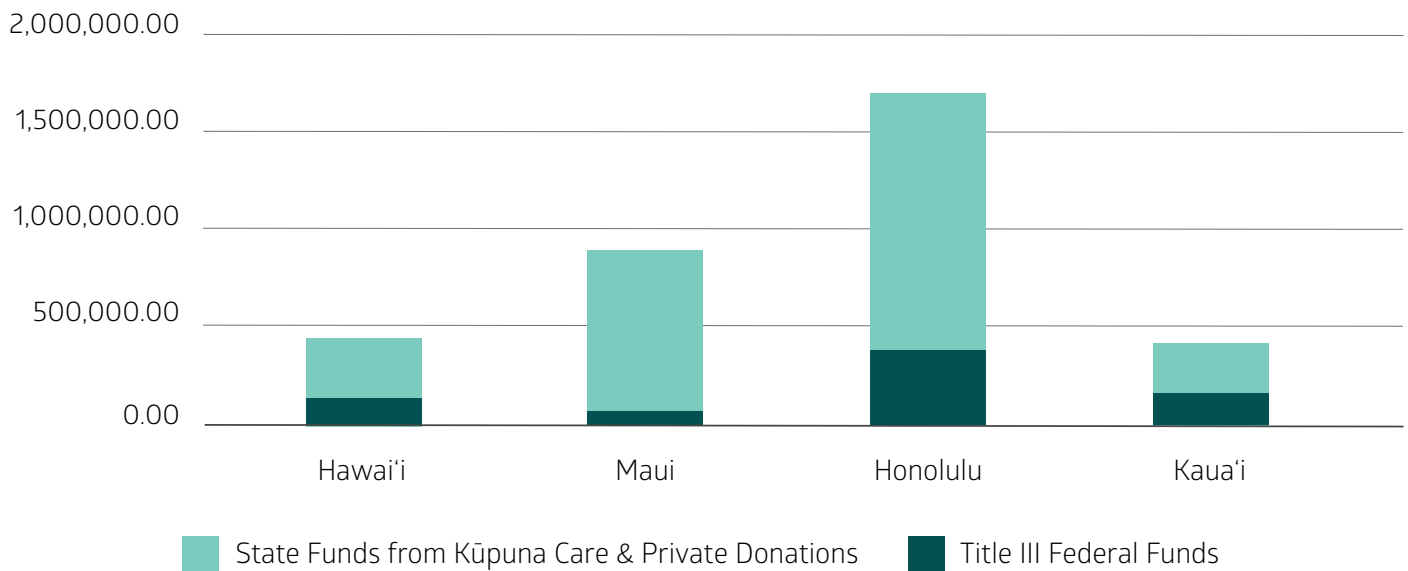
There is evidence that home-delivered meals improve the health and

well-being of participants, and can help seniors feel less lonely.²⁹ A national study conducted by the Bipartisan Policy Center revealed that a regular home-delivered meal service for Medicare patients could have eliminated 1 percent of the hospital trips taken by 575,000 seniors nationwide.

Moreover, the savings generated by reducing hospital visits vastly outweighed the cost of expanding meal service to more seniors. It was estimated that every dollar spent on home delivered meals saved \$1.57 in state healthcare expenditures.³⁰ While the study was not Hawai‘i-specific, it offers compelling evidence that investing in these programs is money well spent.

The State of Hawai‘i recognized these benefits early on and, for the past 20

Figure 3. Federal vs. State Funding Sources for Home-Delivered Meals, By County (2019)



years, has been subsidizing the federal funds available for home-delivered meals—which are also authorized through Title III of the Older Americans Act—through a state program called

delivered meals. This is thanks, in part, to champions within the Hawai'i State Legislature and the Hawai'i Department of Health (HDOH) which administers the Kūpuna Care program,

care, transportation and many other services, is around \$4 million per year.

Despite the wide utilization and popularity of Meals on Wheels, some Hawai'i seniors fail to meet the eligibility

“BECAUSE MEALS ARE BROUGHT DIRECTLY TO AN INDIVIDUAL’S RESIDENCE, THE VISIT OFFERS AN OPPORTUNITY TO REGULARLY CHECK IN ON SENIORS WHO MAY BE LIVING ALONE.”

Kūpuna Care. Combined, state and federal funding sources provided 462,043 meals to 3,032 seniors in fiscal year 2019.³¹

As **Figure 3** shows, state funds—comprised of private donations and the Kūpuna Care program—provide the bulk of support for home-

as well as to service providers and advocates who have been organizing a “March for Meals” at the Hawai'i State Capitol every year for the past 17 years to ensure the program continues to be funded. Total funding for Kūpuna Care, which includes not just home-delivered meals but personal home

requirements even though they could benefit from the service. Anecdotally, this appears to be due to an overly strict interpretation of what “homebound” means, as well as a tendency for some seniors to overstate their independence and capabilities in an effort to show that they are still self-reliant.

STRENGTHENING SAFETY NETS

THE CHILD & ADULT FOOD CARE PROGRAM

THE CHILD & ADULT Care Food Program (CACFP) is another federal meal program available to kūpuna, as well as adults with disabilities and children. CACFP is limited to daycare centers, and only participants with household incomes under 185 percent of the federal poverty level are eligible for free meals. In Hawai'i—as in all states—the program is primarily found in preschool settings.

Only six adult daycare centers currently participate in CACFP across all four counties,³² which amounts to approximately one in five potential facilities. These sites collectively served an average of 297 seniors per day during the spring of 2019.³³

The low number of adult participants is on par with other states. Nationally, 4 percent of meals go to adults, compared to 3 percent in Hawai'i.³⁴ This is likely because of the relative abundance of preschools versus adult daycare



free or reduced-price rate.

These rates affect how much reimbursement a given center will receive, which is quite low (\$4.00 in

Contrast this with the relatively forgiving requirements—and higher reimbursement rates—of the Title III Congregate Meal Program, and it's

“BECAUSE THERE IS NO MINIMUM AGE REQUIREMENT, THE CACFP CAN BE A GOOD CHOICE FOR ADULT DAYCARE CENTERS WHO ALSO CARE FOR ADULTS OF ANY AGE THAT HAVE DISABILITIES.”

centers, but could also be due to the program's high administrative burden: In addition to required trainings, administrative reviews, and site visits, the CACFP has strict eligibility requirements that require tracking whether a participant qualifies for the

Hawai'i per lunch or supper for each client qualifying for the free rate). Hawai'i CACFP vendors typically charge an estimated \$6.00 to \$8.50 per meal³⁵—meaning sponsor sites have to come up with the remaining funds from their existing budgets.

clear to senior day care centers which program is the better choice. However, because there is no minimum age requirement, the CACFP can be a good choice for adult daycare centers who also care for adults of any age that have disabilities.

TAKE ACTION: PROVIDE PER-MEAL SUBSIDIES FOR LOCAL PRODUCE

Whether a meal site prepares its own food or relies on an outside vendor, it often recuperates only a portion of its costs through federal reimbursements, donations or direct payments. Federal reimbursements vary widely, from \$4 for the CACFP to nearly \$17 for the Home-Delivered Meal Program.³⁶ However, even the higher rate is still likely too low: A 2015 study of mainland vendors found that the costs of home-delivered meals can cost as much as \$14.32 per meal, taking into account labor and administrative costs.³⁷ In Hawai'i, where food costs are as much as 82 percent higher than the mainland³⁸ (as measured by the USDA's "Thrifty Food Plan"), the per-meal cost is likely much higher.

Other states, such as New Mexico³⁹ and Michigan⁴⁰, have state-funded programs that provide grants or per-meal financial incentives for food service authorities that incorporate locally-grown produce into their federally subsidized child nutrition programs. While the programs in those two states focus on school food, it would be appropriate to consider a similar incentive for senior nutrition programs, in particular Meals on Wheels through the Kūpuna Care program. A \$1.00 increase per meal for home-delivered meals would result in nearly \$500,000 to support local food and agriculture businesses.

The state should explore whether such an investment would be helpful—not just in sustaining and expanding home-delivered meal and food care programs—but also in helping the state achieve its local food production goals. More research is needed to determine the average costs to produce, deliver and run these various programs in Hawai'i, as well as the demand among seniors for local produce. With this information, the state can estimate the costs and the potential impact for both seniors and local farms.



OTHER PROGRAMS



THE COMMODITY SUPPLEMENTAL FOOD PROGRAM

ANOTHER SAFETY NET option for seniors is the charitable food distribution food system. Food banks and pantries are often a first line of defense for food insecure households, and should be thought of as a safety net for those experiencing temporary hardship.

Although they offer a variety of food programs, the Commodity Supplemental Food Program (CSFP—often simply called “Senior Food Boxes”) is the primary program that is specifically tailored to seniors. The program offers monthly food packages

that contain shelf-stable USDA commodity foods, although some of Hawai‘i’s food banks supplement the boxes with produce in order to offer a more rounded nutrient profile.

To be eligible, participants must be at least 60 years of age, and have household incomes at or below 130 percent of the Federal Poverty Level. If mobility issues prevent an individual from making it to the distribution site, there is an option to designate a proxy. In 2018, the program distributed boxes to 3,801 seniors across all four counties.

SNAP-ED

SNAP-ED IS THE ONLY program in this report that addresses food insecurity through education rather than a direct food subsidy. The federal program funds organizations to teach individuals how to budget, shop for, and prepare healthy, cost-effective meals in hopes of “improv[ing] the likelihood that persons eligible for SNAP will make healthy food and lifestyle choices.”

Established in 2010, Hawai‘i’s program includes two components: direct, individual or group-based nutrition education; and community and public health interventions that make access to healthy food more convenient.

FOOD CARE

LEVERAGING HEALTHCARE PLANS

THE IDEA of “food-as-medicine” has been around for ages but, more recently, has taken hold in our healthcare system with “prescriptions” for home-delivered meals or fresh produce becoming more commonplace.

In these models, physicians prescribe nutrient-dense foods to patients in food insecure households or with diet-related illnesses. The prescriptions are typically “filled” with a voucher that can be used at a participating retailer, such as a farmers’ market (similar to the Senior Farmers’ Market Nutrition Program) or to purchase home-delivered meals from a local provider.

In this way, patients benefit from increased health, and communities benefit from more robust community food systems. The environment benefits as well, a driving consideration behind Kaiser Permanente’s commitment to buy all their food locally, or from producers that use sustainable practices, by 2025.⁴¹



TAKE ACTION: REQUIRE MEDICAID HEALTHCARE PLANS TO INCLUDE FOOD PRESCRIPTIONS AS A VALUE-ADDED BENEFIT

Unfortunately, funding is often the limiting factor for these programs.⁴² However, in the most recent federal Farm Bill, Congress authorized \$4 million in grants for produce prescription pilot programs for each fiscal year 2019 through 2023.⁴³ Additionally, there is mounting evidence that the short-term costs of ensuring people have access to health food are outweighed by the health benefits and healthcare cost savings.^{44 45}

Health insurers and social impact investors should take a closer look at covering these prescriptions as a means of addressing social determinants of health and reducing healthcare costs. Extending this benefit to Medicaid participants alone would give more than 30,000 Hawai’i seniors additional access to nutritious food.⁴⁶



RE-ROOTED

COMMUNITY-BASED FOOD SYSTEMS

ANY HOLISTIC solution to food insecurity must re-examine the way that we currently think about how food is grown, aggregated, distributed and marketed. Supply chains are long and opaque, ensuring that there is no accountability for unsafe, unsustainable or exploitative practices.

Understanding this, communities

across the islands are striving to build new systems of community food trade that prioritize sustainability, health and social justice. These “community-based food systems” have the potential to disrupt the way that our food system extracts wealth from communities, and instead generate a multiplier effect, circulating dollars multiple times in a local economy.

Strengthening community food trade has the added benefit of building social capital and ensuring transparency, which means food sellers will develop relationships with food buyers that strengthen community ties. These connections can be especially

important for seniors, many of whom shop during the weekdays, or specifically seek out open markets to find the best deals. As such, seniors represent a significant portion of the consumer market in these emerging community food systems.

The state can invest in the infrastructure and human capital needed to promote local food, including administration, storage and delivery, and agriculture workforce housing. Caution should be exercised to ensure that these investments go toward initiatives that benefit all Hawai‘i residents, in particular those with middle to low incomes.



TAKE ACTION:
THE MOST PROMISING ROLE FOR IMPACT INVESTORS, THE STATE, AND FOR OTHER INFLUENCERS IS TO DEVELOP THE INFRASTRUCTURE THAT PROMOTES LOCAL FOOD TRADE AND ENSURES THAT IT IS ACCESSIBLE TO ALL HAWAI'I RESIDENTS.



CONCLUSION



HAWAI‘I STRIVES to care for its seniors and has made commendable strides toward making their lives comfortable and full through the dedicated services of nonprofit organizations, churches and government offices.

Having one of the lowest rates of senior food insecurity in the nation

is a meaningful testament to the traditional ‘ohana-centered culture that still permeates our island community. However, thousands of Hawai‘i seniors are still at-risk of experiencing hunger across the islands.

The recommendations in this report include specific actions for improving access to federal nutrition programs,

but also for connecting these programs to our communities in ways that improve cohesion and health and keep economic capital circulating in our local economy. While streamlining access to public benefits is important, we must also prioritize actions that connect food producers to local markets, and connect seniors to their communities.

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A black and white photograph showing the profile of a person's head and shoulder on the right side of the frame. The person is looking out a window with a prominent white grid pattern. The background is a blurred interior space with architectural details like a door frame and a window ledge.

Hawai'i Appleseed Center for Law & Economic Justice

733 Bishop Street, Suite 1180
Honolulu, HI 96813

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hiappleseed.org