



United States Special Committee on Aging
December 15, 2022

Testimony of Jeremy Everett, Founder and Executive Director of the Baylor Collaborative on Hunger and Poverty, for the Committee Hearing “Setting the Table: Promoting Healthy and Affordable Food for Older Americans.”

Chairman Casey, Ranking Member Scott, and distinguished members of the committee, thank you for providing time and space to engage with such a crucial issue that has far-reaching implications for our neighbors who face barriers associated with aging and accessibility.

My name is Jeremy Everett, and I am the founder and Executive Director of the Baylor Collaborative on Hunger and Poverty (BCHP). At BCHP we utilize a threefold strategy for cultivating scalable solutions to end hunger: **We engage** in multi-sectoral collaboration, because no one sector is equipped to strengthen food security alone. **We test** original and innovative programs for populations that experience food insecurity at disproportionately high rates. And **we believe** publicly funded interventions are the key to scalability, so we work to increase access to federal nutrition programs. This hearing and my testimony, as well as those of other anti-hunger advocates, community organizers, and those who have experience living with food insecurity, center on a challenge that has solutions residing at the nexus of those three strategies. These solutions will build on the investment of more than a half-century of tested interventions provided for in the Older Americans Act, as well as the nutritional opportunities provided for in the Farm Bill. They also open the door for new avenues for assistance that foster interagency collaboration to more comprehensively support the nutritional needs of older adults and adults with disabilities.

The Numbers

According to the [Urban Institute](#)ⁱ, since 2002, the number of older Americans has increased by almost 20 million, from 12.4% to 16.3% of the total population. By 2040 it is predicted that one in five Americans will be over the age of 65. Data from the Department of Health and Human Services’ [American Community Survey](#)ⁱⁱ reveals that almost half of Americans over the age of 75, and a quarter of those from 65 to 74, have a disability. These disabilities are both seen and unseen and can contribute to barriers in access to nutritional services. We also know that it isn’t just those in the aging population that experience disability. One out of every seven Americans ages 35-64 live with a disability.

Closer to our work at BCHP, food insecurity is a concern among both older and disabled Americans. According to a [Feeding America report](#)ⁱⁱⁱ by BCHP’s Dr. Craig Gundersen, one in ten Americans between the ages of 60-69 are food insecure. This is notably a concern for grand families, households in which one or more grandparents take care of children, and of which 1 in 4 experience food insecurity. Additionally just over a quarter of all disabled Americans experience food insecurity. This makes disability status, regardless of age, the primary indicator of those who are at risk of going to bed hungry each night.

These numbers only provide a sketch of a larger, more complex picture. For one, in the same way that the effects of aging and disability don’t suddenly appear the moment someone receives their Medicare card or a new medical diagnosis, the challenges faced by older and disabled adults, including food insecurity, can

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start small and build slowly. We may all know a loved one or community member who has experienced this when diagnosed with dementia, ALS, or MS. In the same way, this slow build up can occur with those experiencing hunger due to their disability and may lead many in these populations to be unaware that they are food insecure.

Research also shows that, as in almost every other area of our life as a nation, Black and Latino populations experience preventable negative consequences of aging and disability at far higher rates than their White counterparts. The aging Latino population is more than twice as likely, and the aging Black population almost four times as likely, to experience food insecurity than their White neighbors.

It is not an inherent condition of aging or disability that makes someone predisposed to food insecurity. Rather, there are structural barriers to accessing available resources that have been placed in their way. Our call to love our neighbor as ourselves compels us to not only identify, but to remove or adjust for those barriers. Some of these barriers may include decreased access to transportation to obtain food, complicated application processes, and a lack of awareness of publicly funded nutrition programs, including SNAP, which is the most effective tool we have as a nation to strengthen food security. There is also a concern that the unique dietary needs of older and disabled adults are often out of reach due to financial limitations.

Of course, there are also correlations between aging and experiencing a disability, and those correlations can increase the likelihood of food insecurity. I saw this firsthand when my grandparents, who were pillars of the community in Spring Hill, Louisiana, and still living in their home, began navigating the realities of living with Alzheimer's disease. They would forget to perform basic tasks associated with living, and one of those tasks was eating. It took a routine visit with their doctor, a family friend, for us to learn they were missing meals. And when they did remember to eat, they were driving to the local fast-food chain for a hot dog. All of this, from the irregular eating to the poor nutritional content of what they were eating, to getting behind the wheel of a vehicle when their minds were deteriorating, was unnerving for us as a family. This is a common experience for the over six million Americans who currently have a loved living with dementia. Thankfully, though, we were privileged to have had the resources to intervene. My aunts and uncles lived nearby and were able to make regular check-ins on my grandparents as well as sign them up for a local Meals-on-Wheels program that provided them hot food at regular, designated times throughout the week.^{iv} But not every older or disabled American has equitable access to these resources—or the capacity to navigate them—through the challenges they experience.

The People

Before I go further, let me note that this isn't a testimony of doom and gloom, and it certainly isn't designed to elicit pity for older and disabled Americans. Rather, I hope to bring awareness to the issues faced by these populations and remind each of us that we will all likely find ourselves in one, or both, of these categories at some point in our lives. There is also good news. The percentages of the older and non-older adult populations living with disabilities decreased in the 20 years leading up to the pandemic. This is likely due in part to advances in healthcare and reducing the stigma associated with mental health

and mental illness. With that said, any conversation about removing those barriers must center the voices of older and disabled Americans and focus on the fact that we aren't simply *helping* our neighbors in this population, but we *need* them to flourish if our country is going to flourish, and again, because we will all, at some point in our lives, find ourselves in their shoes.

Solutions

Access to daily caloric needs and adequate nutrition is always a challenge for those on fixed incomes, which is the case for many older and disabled adults. But the issues the members of this committee have spent much of your time addressing over the past two years, the pandemic and its economic consequences, have exacerbated the challenges faced by this population to accessing adequate, nutritious food. This is due in large part to the ways in which you as legislators set aside partisan differences and provided the resources needed for Americans to eat, as well as simplified the processes for accessing those resources.

We know that one of these challenges is that food prices are higher but increases on paychecks for those with fixed-incomes come only once a year, if at all. This is a greater burden on older and disabled adults, who already earn less on average than their counterparts, than it is on the general population, for whom taking on added employment or decreasing their expenses in other areas to adjust for rising prices is an easier proposition.

I would like to suggest three specific recommendations for strengthening food security for older Americans and those living with a disability:

1. **Hunger Free Community Coalitions**—Congress saw value in cross-sector collaboration and invested in this concept, identified as public-private partnerships in Sec. 4021 of the 2018 Farm Bill. As I initially mentioned, our core assumption at BCHP is that no one organization or sector can end hunger alone. The only plausible pathway forward to ending hunger in America for households with a disability, for older Americans, or for the general food insecure public is to create and sustain public and private infrastructure through coalition-based efforts in local communities and an intergovernmental agency task force working in concert with national organizations with a common goal: end hunger for older and disabled Americans.
2. **SNAP Accessibility**—As I mentioned, SNAP has proven to be the one of the most effective tools we have at our disposal to strengthen food security in our country. Yet less than half of the adults aged 60–69 who are eligible for SNAP benefits participate in the program, compared to 86% of the eligible younger population.^v Researchers and practitioners have noted that with an average SNAP benefit of around \$100 a month for older adults, complicated application and recertification procedures, and a lack of transportation options, many in these populations find the program to be too burdensome to participate in. We have also found that many older adults are simply not aware that they are eligible for SNAP, or they believe that if they access the program then they are taking resources away from someone else who “needs it more.”



We proved during the pandemic that these challenges can be overcome by actions such as automatic enrollment and recertification into SNAP and other nutrition assistance programs, as well as outreach to inform the public on resources that are available. To do this, funding for these programs will need to increase at the same level that these populations are growing. Simply put, if you are living on a fixed income because of age or disability, your income is not going to change. So permanent enrollment would simplify access to much needed food resources for low-income households and reduce bureaucratic red tape.

3. **Innovative pilots**—Congregate and home delivery meal programs like [Meals on Wheels](#) have proven to be effective interventions for strengthening food security and social connection among older and disabled adults. Yet those in rural areas experience greater barriers to accessing these programs than those in urban and suburban communities. During the 2020 shutdown, USDA asked BCHP to scale a demonstration project that we call “Meals-to-You” to address rural child hunger nationwide to ensure accessibility of the school nutrition programs to children living in remote areas. Through the program, we mailed two meals a day to 270,000 children in America’s most remote areas, using every traditional and innovative home-delivery method we had at our disposal. By the end of the summer, we served nearly 40 million boxes of food with our industry partners at McLane Global, Pepsico, and Chartwells.

We believe the lessons we have learned from our Meals-to-You (MTY) demonstration project can be utilized to address the needs of older and disabled adults. [An evaluation of MTY in 2020](#)^{vi} found that the program reduced food insecurity levels among recipients at a rate of almost ten times that of the National School Lunch Program, which is the gold standard of addressing childhood food insecurity.

I believe the success of MTY can be attributed to our core assumption at BCHP, which, again, is that no one sector is equipped to end hunger alone. On any given day that MTY operates, our team is working with government entities like USDA and state agencies, industry and corporate leaders who serve as vendors, community organizations and those in the faith community who are doing outreach, program participants, and public and private mail carriers. Any effective intervention for older and disabled adults will include similar levels of collaboration between the public and private sector.

The Good News

As Senators, each of you deal with a myriad of very complicated issues every day. The good news is that this is not one of them. But there is even better news, which is that fighting hunger has always been, and continues to be the one issue that people across ideological divides come together over. Over my many years organizing communities to strengthen food security among the most vulnerable, I have found that the political colors of red, blue, and purple fade into the background when it comes to figuring out how to ensure proper nutrition for the most vulnerable. They disappear altogether when we talk about doing so for older and disabled adults.

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This is a winning issue for all of you. I thank you for the energy and will each of you have shown to ensure that our older and disabled populations have the nutrition assistance they need to thrive.

ⁱ “The US Population Is Aging.” *Urban Institute*, <https://www.urban.org/policy-centers/cross-center-initiatives/program-retirement-policy/projects/data-warehouse/what-future-holds/us-population-aging>.

ⁱⁱ *A Profile of Older Americans: 2017 - Administration for Community Living*. <https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2017OlderAmericansProfile.pdf>.

ⁱⁱⁱ *The State of Senior Hunger - Feeding America*. https://www.feedingamerica.org/sites/default/files/2022-05/The%20State%20of%20Senior%20Hunger%20in%202020_Full%20Report%20w%20Cover.pdf.

^{iv} Everett, Jeremy K. *I Was Hungry: Cultivating Common Ground to End an American Crisis*. Brazos Press, a Division of Baker Publishing Group, 2019. Pages 48-49

^v Cronquist, K., & Lauffer, S. (2019). *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2017*. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support

^{vi} Research Report Experiences and Impacts from the 2020 Meals-to-You Program. <https://www.urban.org/sites/default/files/publication/104940/experiences-and-impacts-from-the-2020-meals-to-you-program.pdf>.