

Extending CalFresh to Supplemental Security Income (SSI) Recipients Improved Food Security, Finances, and Health

Food Insecurity and CalFresh

In California, approximately one in ten households experienced food insecurity in 2020.¹ Further, an estimated 1 in 5 food insecure households include an older adult (aged 65+).² Food insecurity, which refers to the "economic and social condition of limited or uncertain access to adequate food" can have long-standing and devastating impacts on health.³ It is associated with chronic diseases (such as diabetes), depression, poor oral health, and limitations in activities of daily living (such as dressing and bathing) for working age and older adults.⁴

The Supplemental Nutrition Assistance Program (SNAP), known as CalFresh in California, is the largest federal food assistance program in the US – serving over 41.5 million people in 2021. CalFresh reduces food insecurity, decreases mortality, improves health, and reduces healthcare spending.⁵⁻⁸ In Maryland, a large study of older adults who were dually eligible for Medicare and Medicaid showed SNAP participation significantly decreased odds of nursing home admission.⁹ However, limited research has examined the impact of CalFresh among older adults and adults with disabilities.¹⁰



What is the SSI Cash-Out?

Supplemental Security Income (SSI) is a federally funded program that provides limited cash benefits to individuals with low incomes who are 65 or older, blind, and/or disabled. Since 1974, California has prevented SSI recipients from receiving CalFresh benefits through a policy known as "Cash-Out", which provided a state supplemental payment (SSP) cash benefit in lieu of CalFresh. While this policy made administrative and fiscal sense when enacted, over time the real value of the SSP benefit declined. As a result, in recent years, the policy has essentially denied critical food assistance resources to a vulnerable population, many of whom live below the federal poverty line. In 2019, the state reversed this decades-old policy, impacting nearly 1.2 million SSI recipients.¹¹

The Effect of Ending "Cash-Out"

The end of "Cash-Out" in 2019 extended CalFresh benefits to SSI recipients in California for the first time. Notably, California has consistently ranked last in the nation in enrolling eligible older adults in CalFresh.¹² Since the policy change, nearly 645,000 SSI recipients (56%) have enrolled in CalFresh statewide, including almost 30,000 people in San Francisco County (as of June 2022).^a This change provided the opportunity to examine—for the first time in California history—how health and wellbeing changed for SSI recipients when they became newly eligible for CalFresh benefits. Our study team at the University of California, San Francisco conducted surveys and in-depth interviews among 157 SSI recipients in San Francisco before and after the policy change.^{13,14} Almost three-quarters of study participants enrolled in CalFresh after the policy change. This is in line with enrollment rates in San Francisco, which show that 77% of the newly eligible population enrolled in CalFresh.^a This high enrollment rate suggests successful outreach efforts in San Francisco, especially among older adults, who typically have low rates of CalFresh participation. However, there is still room for improvement in SSI enrollment in CalFresh, both in San Francisco and across the state of California. Increased enrollment could have substantial benefits on quality of life and health in this population.¹¹

Study Results¹⁴

Of the 157 participants completing surveys before and after the policy change, 114 (73%) enrolled in CalFresh by the end of the study period with an average benefit amount of \$73.50 per month.

Compared to baseline, participants at follow-up* reported:

**average of 5 months between baseline and follow up*



FOOD SECURITY

The percentage of food secure participants increased from

16.9% to 32.5%



HEALTH

The percentage of participants who reported excellent or very good health increased from

26.8% to 27.6%



MEDICATION NON-ADHERENCE

The percentage of participants who reported cost-related medication non-adherence decreased from

24% to 18%



FOOD BUDGET SHORTFALL

Participants' food budget shortfall (the amount of additional money needed to meet weekly food needs) decreased from

\$73.33 to \$47.72

Households with greater monthly CalFresh benefits reported a **lower weekly food budget shortfall**

The percentage of participants who reported needing more money for food decreased from

85% to 64%



CHARITABLE FOOD PROGRAMS

The percentage of participants who reported a reliance on charitable food programs decreased from

83% to 75%

Interviews with 20 new CalFresh recipients who were all older adults showed that:¹³



CalFresh had numerous positive outcomes, including improving access to nutritious foods of their choice, bolstering their budgets, easing mental distress resulting from poverty, and reducing labor spent accessing food.



However, positive outcomes for some participants were limited by low benefit amounts, the high cost of food, and stigma using their benefits.

*"Having it [CalFresh] has helped some. It's not a big help... no one can just live off of 80-some dollars a month or 90-some dollars a month on food. Because it's too expensive, food is expensive."
-CalFresh Recipient*

A Path Forward

Policy Recommendations to Make CalFresh Work for Older Adults

As our study shows, reversal of the Cash-Out policy was an important step towards improving access to a critical food resource for older adults. In addition to this policy change, the Elderly Simplified Application Project (ESAP), which was adopted in 2018, reduced many barriers to CalFresh enrollment for elderly and disabled households with no incomes.¹⁵ However, our study suggests there is still more work to be done to make CalFresh work for older adults, particularly in the areas of guaranteeing adequate benefits and removing administrative burdens.



1) Guaranteeing Adequate Benefits

State Budget Policy Recommendations:

- Accelerate the restoration of SSI and SSP^b benefits to pre-recession levels
- Restore the annual state Cost of Living Adjustment (COLAs) to maintain the purchasing power of SSI/SSP benefits
- Bolster state supplementary program payments (SSP) for SSI recipients by \$600 during a budget surplus
- Expand the Fruit and Vegetable Electronic Benefit Transfer (EBT) Pilot to boost benefits for a greater number of CalFresh households in more diverse regions of the state
- Commit state resources to double the minimum benefit for Elderly or Elderly/Disabled households (as Maryland and other states have done)
- Seek federal authority to implement a Combined Application Project (CAP), creating a single application for CalFresh and SSI, as other states have done

^b SSP stands for State Supplementary Payment. SSP Program is the state program which provides additional money for SSI recipients. Currently (FY21-22), the state of California's SSP amount is \$199.21/month. Combined with the SSI benefit, individuals receive a maximum of \$1040.21 per month. Both SSI and SSP benefits are administered by the Social Security Administration (SSA).

Barriers to applying for CalFresh

- Confusing/complicated process (e.g., unsure how/when/where to apply)*
- Thought it would take too long*
- Insufficient benefit amount*
- Concern it would affect SSI benefits*
- Insufficient information (e.g., did not know they qualified)*
- Inconsistent customer service from CalFresh administrators
- Poor translation of materials, lack of non-English language access

*Identified by survey participants who did not apply for CalFresh benefits

*"When I first got [CalFresh], I used it to stock up on tomato sauce and the things that I usually don't have in the house. So now I feel a little bit more secure that I can always make something even if I don't have any meat in the refrigerator. I can figure out something."
- CalFresh Recipient*



*"I'm a person that likes security. So [receiving CalFresh] gives me a feeling of security."
- CalFresh Recipient*

2) Streamline Enrollment Processes and Decrease Churn (temporary loss of benefits)

CalFresh Administrative Policy Recommendations:

- Ensure all counties effectively implement required policies to allow telephonic signature at all client contact points, including initial application, interim reporting, and annual recertification
- Require all counties to offer flexible interview times to clients
- Extend the administrative flexibilities secured during the COVID-19 Public Health Emergency, including waiving the interview requirement and allowing telephonic signature, which proved effective in reducing barriers

3) Align with California Master Plan on Aging

- Continue to adopt and operationalize recommendations from the [California Master Plan on Aging](#), which include (1) supporting economic security for Californians and (2) protecting older adults from poverty and food insecurity by streamlining older and disabled adult enrollment, renewal, and access to CalFresh

Conclusion

Expansion of benefits to a previously ineligible, resource-constrained, older adult population decreased food insecurity, reduced budget shortfalls, decreased stress, and improved health. Additional studies confirming these findings are underway and will examine the role SNAP plays in improving health for older adults.

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References:

1. Feeding America. Hunger in California. Feeding America. Accessed August 12, 2022. <https://www.feedingamerica.org/hunger-in-america/california>
2. Coleman-Jensen A, Rabbitt MP, Gregory CA, Singh A. Household Food Security in the United States in 2020. Accessed November 24, 2021. <http://www.ers.usda.gov/publications/pub-details/?pubid=102075>
3. USDA Food and Nutrition Service. Definitions of Food Security. Definitions of Food Security. Published September 8, 2021. Accessed May 31, 2020. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>
4. Gundersen C, Ziliak JP. Food Insecurity And Health Outcomes. *Health Aff (Millwood)*. 2015;34(11):1830-1839. doi:10.1377/hlthaff.2015.0645
5. Ratcliffe C, McKernan SM. How Much Does Snap Reduce Food Insecurity? *Urban Institute*; 2010:32
6. Heflin CM, Ingram SJ, Ziliak JP. The Effect Of The Supplemental Nutrition Assistance Program On Mortality. *Health Affairs*. 2019;38(11):1807-1815. doi:10.1377/hlthaff.2019.00405
7. Berkowitz SA, Seligman HK, Rigdon J, Meigs JB, Basu S. Supplemental Nutrition Assistance Program (SNAP) Participation and Health Care Expenditures Among Low-Income Adults. *JAMA Intern Med*. 2017;177(11):1642-1649. doi:10.1001/jamainternmed.2017.4841
8. Seligman HK, Berkowitz SA. Aligning Programs and Policies to Support Food Security and Public Health Goals in the United States. *Annu Rev Public Health*. 2019;40(1):319-337. doi:10.1146/annurev-publhealth-040218-044132
9. Szanton SL, Samuel LJ, Cahill R, et al. Food assistance is associated with decreased nursing home admissions for Maryland's dually eligible older adults. *BMC Geriatr*. 2017;17(1):162. doi:10.1186/s12877-017-0553-x
10. Berkowitz SA, Palakshappa D, Rigdon J, Seligman HK, Basu S. Supplemental Nutrition Assistance Program Participation and Health Care Use in Older Adults: A Cohort Study. *Ann Intern Med*. 2021;174(12):1674-1682. doi:10.7326/M21-1588
11. Jensen D. Expanding CalFresh to California's SSI Recipients: Successes and Opportunities. June 2022. <https://www.cafoodbanks.org/wp-content/uploads/2022/09/CalFresh-Expansion-to-SSI-Recipients-Lessons-and-Opportunities.pdf>
12. Interactive State Map: SNAP Participation Rates Among Eligible Seniors (60 Years of Age and Older). Accessed February 11, 2022. <https://www.frac.org/>
13. Savin K, Morales A, Levi R, Alvarez D, Seligman H. "Now I Feel a Little Bit More Secure": The Impact of SNAP Enrollment on Older Adult SSI Recipients. *Nutrients*. 2021;13(12):4362. doi:10.3390/nu13124362
14. New SNAP Eligibility in California Associated With Improved Food Security and Health. Accessed June 17, 2021. https://www.cdc.gov/pcd/issues/2021/20_0587.htm
15. USDA Food and Nutrition Service. Elderly Simplified Application Project. Published December 16, 2020. Accessed August 5, 2022. <https://www.fns.usda.gov/snap/elderly-simplified-application-project>