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The Honorable Gavin Newsom
Governor State of California
State Capitol
Sacramento, CA 95814

RE: Recommendations for the Master Plan for Aging

Dear Governor Newsom:

Thank you for your ongoing commitment to a California for All, a vision that prioritizes the health and basic needs for every Californian to fulfill their potential. California Association of Food Banks represents 41 food banks that partner with 6,000 agency partners across the state; our mission is to end hunger in California.

We are grateful that you have committed California to create a [Master Plan for Aging](#) in order to meet the needs of older adults today and for generations to come. The state has outlined that every Californian should be able to 1) continue living in our communities and have the help we need to do so; 2) live in and be engaged in age-friendly communities; 3) maintain our health and well-being as we age; and 4) have economic security and be able to live in safe environments throughout our lives. Access to sufficient, healthy food is foundational to individual well-being and thriving communities, and we hope food and nutrition are reflected across the Plan's strategies to achieve these goals. Goal #4: Economic Security and Safety is of particular importance because it is the foundation for ensuring independence and financial security, which in turn ensures that older adults can live healthful lives with dignity. It is also at the core of an upstream, preventative vision that invests in basic necessities to avoid the much more costly provision of health care and other intensive interventions.

We and our network bring decades of expertise in partnering with state and county administrators to operate some of the state's most important anti-hunger and nutrition access programs that serve older adults, as well as innovating community run programs to address gaps in the public food safety net. Our recommendations are grounded in our deep experience with the state, for example, to improve enrollment in CalFresh through outreach and application assistance, supplementing state-administered food assistance like the Commodity Supplemental Food Program with privately sourced produce through our Farm to Family operation, and having been a leading advocate for the state's historic CalFresh Expansion to SSI consumers.

The Master Plan must face the urgency of hunger and poverty today, while building a long-term foundation to address these crises and reverse historic inequities:

We appreciate the opportunity to provide recommendations to inform the Master Plan for Aging, an initiative that is crucial to not only create future conditions that older adults are well-nourished, able to age with independence and dignity, but also to address the critical levels of hunger and poverty among California's older adults today, that threatens to worsen without significant intervention.

[Older adults](#) and [people with disabilities](#) already face higher utility and living costs than the general population, such as medical equipment needed to survive during an emergency like motorized wheelchairs, breathing apparatus or other life-saving devices. Maintenance on necessary transportation such as a wheel chair, or modifying housing in order to be accessible, or to see a medical specialist range from \$1,000 to \$7,000 annually beyond the general population. For those on fixed incomes, these costs often force inhumane trade-offs with food.

It is the staggering reality that today some [40% of older Californians](#) live below the Elder Economic Security Index – a measure of basic living costs of housing, food, health care, and transportation specific to the needs of older adults. Similar proportions of [older adults report facing food insecurity](#). [According to the national food bank network Feeding America](#), 63% of older adult households served by the food banks are forced to choose between food and medical care, and households served by food banks that include an adult aged 50 or older are at an increased risk of having someone with a chronic health condition, including diabetes (41%) and high blood pressure (70%) — conditions that can be mitigated by healthy food options.

Furthermore, these top-line figures mask inequities, as [66% of impoverished older Californians are women](#)¹, and economic insecurity is [significantly higher among Latinx, Black and Asian communities](#). Hunger is also rising in California's [rural](#) & [remote](#) communities, home to disproportionate numbers of older adults, but often with the [fewest resources](#), greatest food deserts, transportation barriers and other factors that drive hunger.

As much as the particular needs of older adults must be addressed, we encourage the state to adopt a Master Plan for Aging that embraces the entire life course. Even a single instance of [childhood traumas such as poverty and hunger can have lifelong consequences](#), including mental health distress, healthcare utilization, and the risk of poverty later in life. Yet, longitudinal research has demonstrated that nutrition investments such as [CalFresh that improve the lives of young children](#)² bring [long-term benefits](#) in health, educational attainment and economic self-sufficiency that will support healthy aging in the decades to come.

¹ CA Health Advocates. <https://cahealthadvocates.org/women-aging-poverty-a-disturbing-reality/>.

² Hoynes et al. Long-Run Impacts of Childhood Access to the Safety Net. <https://gspp.berkeley.edu/assets/uploads/research/pdf/Hoynes-Schanzenbach-Almond-AER-2016.pdf>.

Within Goal #4, all of our recommendations for the Master Plan on Aging correspond to Objectives # 4.1 and 4.3, and are organized into the following sub-sections:

- **Recommendation 1:** Increase economic security for low-income seniors and people with disabilities.
- **Recommendation 2:** Improve food security and nutrition access among older adults.
- **Recommendation 3:** Improve data collection, program coordination among older adult serving programs.
- **Recommendation 4:** Improve disaster preparedness, recovery and resiliency of older adults.

Recommendation 1: Increase Economic Security for Low-Income Seniors and People with Disabilities

There is no doubt that hunger is grounded in larger economic conditions. With the [extraordinary cost](#) of [housing](#), medical care and other basic needs, [income inequality](#) continues to rise, putting pressure on low-income older adults to afford food. Nowhere is this more evident than in the 1.2 million older Californians and people experiencing disabilities who receive SSI/SSP, who for more than a decade have struggled to eat, afford medicine and remain housed due to Great Recession era cuts that took grants to the minimum allowed under federal law, with only a single restoration of the Cost of Living Adjustment in the 2016-17 Budget.

In fact, the cuts have been so significant that they have [lost one-third of their purchasing power](#) since 1989-90:³

Largely Due to State Cuts, SSI/SSP Grants Have Lost More Than One-Third of Their Purchasing Power Since 1989-90

Maximum Monthly Grant for Individuals Age 65 or Older or Who Have a Disability



Note: SSI/SSP stands for Supplemental Security Income/State Supplementary Payment.
Source: Budget Center analysis of Department of Finance and Department of Social Services data

Food banks and our local partner agencies have seen this first hand, and have suffered significantly attempting to meet the need for food created by these cuts. Our member food banks report that they are serving far more SSI/SSP recipients – in some cases a doubling –

³ California Budget & Policy Center. <https://calbudgetcenter.org/resources/largely-due-to-state-cuts-ssi-ssp-grants-have-lost-more-than-one-third-of-their-purchasing-power-since-1989-90/>.

since the cuts to this program. Member food banks consistently report that SSI/SSP recipients now comprise 25-30% of their entire clientele. In addition, these participants are likely to be returning to receive emergency food every week, relying on this source of nutrition as their reduced SSI/SSP grant is forcing them to choose between food and other basic necessities.



Tony, a client and volunteer at St. Anthony's, San Francisco: "I can't afford to buy food, but I volunteer at a food pantry once a week and they give me groceries in return for my services. That gets me by."



Alameda County Community Food Bank SSI Advocates Beverly, Denise, Jerome, and Diana get together for a community teach-in.

Stories from Food Bank of Contra Costa & Solano Counties:

Toni, Concord: "There are days when I only have bread to eat."

Toni says she wouldn't have even that if it weren't for the groceries and hot meals she receives from the Food Bank distribution at her local church. She receives just \$909 each month in SSI and SSDI. After paying \$870 in rent for her small apartment, Toni must choose whether to spend her remaining \$39 on medication, transportation, or toiletries. "You have to pay all the other bills first. Food has to be last."

Lisa, formerly from Bay Point, who moved to Nevada due to low SSP grants: "I still don't have enough money to survive. We have gone without food for days... I can't afford even the minimum."

"Do you think [Governor Brown] knows what it's like to worry about a bill so much it gives you a stomachache first thing when you wake up every morning?"

For those relying on SSP, this is a fundamental issue of injustice and equity. Women make up 66 percent of seniors and 52 percent of individuals with disabilities receiving SSI in California. Compared to other states that serve greater numbers of people with disabilities, in California the program disproportionately serves older women and people of color who faced labor market discrimination, family caregiving duties, historical exclusions in the Social Security Act from OASDI eligibility, and other barrier to savings and economic security.

Raise SSI/SSP grants to the Elder Economic Security Index and improve program access:

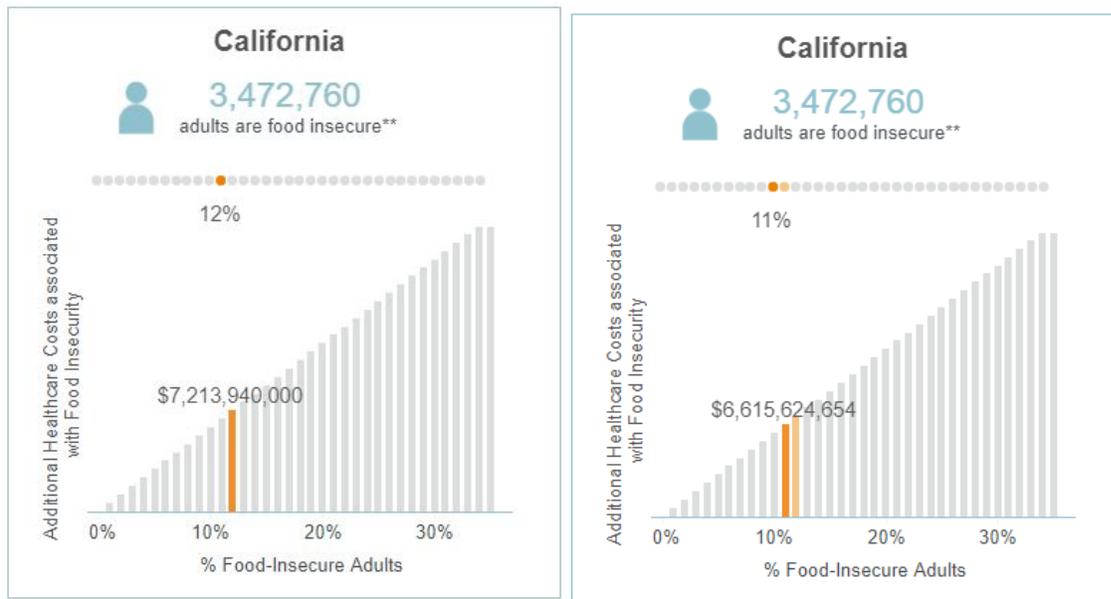
The cuts to SSP brought devastating consequences not just to the individuals who rely on SSI for their basic needs, but also to their families and communities, and to our state. We can change this by helping the seniors and people with disabilities who receive SSI/SSP to live and grow old with health and dignity.

- **Recommendation 1.1:** Increase the SSI/SSP grant to an amount that reflects the real costs of living for seniors using the Elder Economic Security Index. In addition, to ensure that the grants can keep up with the cost of living, make the cost of living adjustment for the SSP mandatory and calculate it based on the full SSI/SSP grant. This would build on the SSI program's proven ability to fight poverty, and increasing income is a critical component of improving economic security for low-income seniors and people with disabilities.
- **Recommendation 1.2:** Work with stakeholders and the Social Security Administration to improve the experience for individuals applying for disability benefits. It can take years for people with disabilities to make it through the SSI application process and be approved, during which time they face the real risks of getting sicker, depleting their savings, and becoming homeless. The barriers are particularly high for individuals who do not have enough capacity to manage a complicated administrative process, whether due to a disability or due to circumstances such as having few financial resources, limited education, or limited family and social connections. Increasing the quality of the application process will get disability benefits to more people who qualify, more quickly.
- **Recommendation 1.3:** Expand outreach to ensure that all immigrants who are eligible can receive CAPI benefits. The Cash Assistance Program for Immigrants (CAPI) provides state-funded benefits for certain immigrants who previously would have been able to receive SSI, but who are no longer eligible for SSI because of the restrictions placed on non-citizen eligibility in the 1996 federal welfare legislation. Expanded outreach can help this program that was created by California in the face of federal attacks on immigrants to meet its promise of providing economic security to immigrant seniors and people with disabilities.

Beyond the moral imperative, investing in SSP and enabling older adults to have the modest incomes needed to bring much-needed economic stimulus into our communities that need it most. According to the IMPLAN economic analysis, every \$10 million in increased State Supplemental Payments would support \$15 million in economic output (a multiplier of 1.50), creates 93 jobs, and returns \$0.9 million in state and local tax revenues.

Recommendation 2: Improve food security and nutrition access among older adults

Hunger among older adults is often masked by elders living in social isolation and the mix of pride and stigma that keeps too many in need from seeking aid. The lack of access to consistent, healthy food brings [significant health consequences](#), especially in later life.⁴ By contrast, new data demonstrates the incredible current health care costs related to food insecurity and potential savings. Hunger costs California \$7.2 billion annually in additional health care costs, or \$2,033 per food-insecure adult. Reducing hunger by just 1%, however, would save the state approximately \$600 million annually.⁵⁶



The reality, however, is stark – [nearly 40% of older adults in California report being food insecure](#), with significantly higher levels among Latinx, Black and Asian communities [than among white elders](#). In addition to the high levels of poverty driven by cuts to SSP grants, many of the food access and nutrition programs that could improve this are severely underutilized. Nationally, home-delivered and group meals have decreased by nearly 21 million since 2005, according to a Kaiser Health News analysis of federal data. Only a fraction of those facing food insecurity get any meal services under the act; a U.S. Government Accountability Office [report examining 2013 data](#) found 83% received none.⁷

⁴ California Healthline. <https://californiahealthline.org/news/food-insecurity-senior-hunger-california/>.

⁵ Berkowitz, et al. State-Level and County-Level Estimates of Health Care Costs Associated with Food Insecurity. *Prev Chronic Dis*. 16:18549. Available at: cdc.gov/pcd/issues/2019/18_0549.htm.

⁶ See public Tableau visualization here:

<https://public.tableau.com/profile/feeding.america.research#!/vizhome/TheHealthcareCostsofFoodInsecurity/HealthcareCosts>.

⁷ OLDER AMERICANS ACT: Updated Information on Unmet Need for Services. GAO-15-601R.

<https://www.gao.gov/assets/680/670738.pdf>.

We can support the dignity, health and independence of older adults, while achieving significant health system savings, by maximizing and better coordinating the patchwork of federally-funded and state food safety net programs, including:

Maximize participation in CalFresh by older adults, and all eligible Californians:

CalFresh benefits are 100% federally funded, and as the nation’s largest anti-hunger program represents the single greatest opportunity to reduce hunger, improve health, and support our local economies. For the past several years, the state has made raising participation among older adults a program priority, making concentrated efforts in community outreach and adopting policy options like the [Elderly Simplified Application Project](#) and [Standard Medical Deduction](#) that reduce barriers to access and maximize the power and reach of the program.

CalFresh is a lifeline, with older adult households receiving roughly [\\$137 a month for food](#). The Master Plan comes at a key time, in the midst of the historic CalFresh Expansion to SSI consumers, with more than 300,000 older adults and people with disabilities enrolled since June 1st. California food banks have been proud partners in this effort, from assisting thousands of applications, creating custom materials to explain the policy change, to supporting CDSS to train new Departments on CalFresh.

CalFresh has been proven to make dramatic improvements on the health and wellness of low-income older adults, including:

- reducing the probability of food insecurity by 18 percent⁸
- reducing depression⁹
- decreasing cost-related nonadherence medication SNAP by 4.8 percent (a 30 percent reduction)¹⁰

CalFresh provides truly life-saving access to food: astoundingly, CalFresh even reduces mortality among adults aged 40-64.¹¹

Moreover, connecting older adults to food assistance through [CalFresh achieves tremendous social and economic gains](#):

- annually saving more than two thousand dollars in healthcare expenditures and lowering the likelihood of admission to a hospital (-14%) or nursing home (-23%).¹²

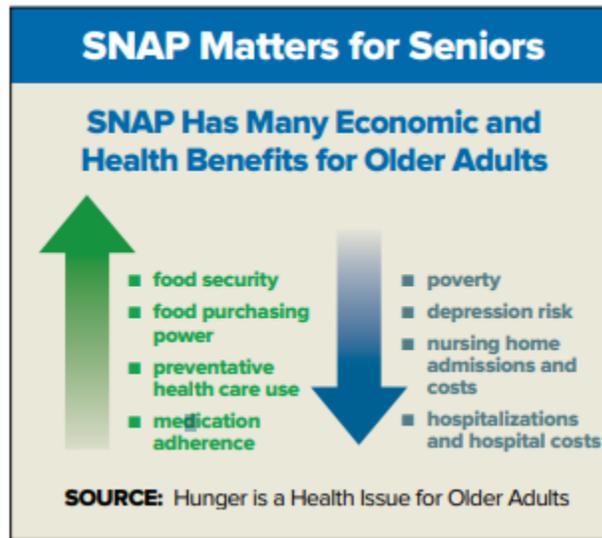
⁸ Rabbitt, M. P. (2013). Measuring the Effect of Supplemental Nutrition Assistance Program Participation on Food Insecurity Using a Behavioral Rasch Selection Model. University of North Carolina at Greensboro, Department of Economics Working Paper Series. Greensboro, NC: University of North Carolina at Greensboro.

⁹ Kim, K., & Frongillo, E. A. (2007). Participation in food assistance programs modifies the relation of food insecurity with weight and depression in elders. *Journal of Nutrition*, 137, 1005–1010.

¹⁰ Srinivasan, M., & Pooler, J. A. (2018). Cost-related medication nonadherence for older adults participating in SNAP, 2013–2015. *American Journal of Public Health*, 108(2), 224–230.

¹¹ C.M. Heflin, et al. (2018). *Health Affairs*, 38(11). <https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00405>

- reducing hospitalization rates and the cost of hospital stays¹³



The Master Plan should fulfill the SSI Expansion by [meeting enrollment targets](#)¹⁴ and engaging in a process to evaluate progress and re-assess those targets to enroll all newly eligible SSI recipients into CalFresh, as national analyses suggest that the total eligible population is [about 800,000](#).¹⁵ More broadly, despite the incredible gains in enrolling non-SSI older adults over the past several years, California’s participation badly lags the national average ([19% vs. 42%](#)). Thankfully, there are several key strategies to improve the reach of this flagship program, and many of the opportunities do not only help enroll older adults, but improve the process for all eligible Californians. These should include:

- **Recommendation 2.1:** Advancing the priority solutions identified by the [Customer Experience Working Group](#) to be available in every county, such as enabling application and recertification over the phone (telephonic signature access), and providing flexible interview options in all counties. [End-to-end phone access](#) and [flexible interviewing](#), for instance, have been long-standing program access priorities for CAFB and our network, and early data and anecdotes from the Expansion confirm that these would be helpful to assist applicants move through the application process swiftly, providing administrative benefits for counties as well.

¹² Zielinskie et al. Access to Public Benefits among Dual Eligible Seniors Reduces Risk of Nursing Home and Hospital Admission and Cuts Costs. <https://www.bdtrust.org/wp-content/uploads/2017/08/Policy-Brief-FINAL.pdf>.

¹³ Samuel, L. J., Szanton, S. L., Cahill, R., Wolff, J. L., Ong, P., Zielinskie, G., & Betley, C. (2018). Does the Supplemental Nutrition Assistance Program affect hospital utilization among older adults? The case of Maryland. *Population Health Management*, 21(2), 88–95.

¹⁴ Potential Additional SSI Only CalFresh Households. <https://www.cdss.ca.gov/Portals/9/CalFresh%20SSI%20Cash-Out/Potential%20Additional%20SSI-Only%20Households-Updated.pdf?ver=2019-05-17-164327-590>.

¹⁵ Cunnynham. Reaching Those In Need: ESTIMATES OF STATE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM PARTICIPATION RATES IN 2016. <https://fns-prod.azureedge.net/sites/default/files/resource-files/Reaching2016.pdf>.

- Recommendation 2.2:** Continue participating in existing elements of the Elderly Simplified Application Project, and adopting all elements not currently utilized such as requesting federal authority to remove the interim report to minimize burdens on applicants and counties by certifying households for three years at a time. Furthermore, create a simplified application informed by user-centered design principles that would help overcome stigma and other known barriers to CalFresh applications known among older adults.
- Recommendation 2.3:** Leveraging the new partnerships between the Department of Social Services with the Departments of Aging, Developmental Services and Rehabilitation established through the Expansion. CAFB staff helped inform and lead CalFresh Expansion trainings and have first-hand insights on unique strengths of these interagency roles. More broadly, these partnerships should expand beyond the successful engagement in CalFresh outreach, to incorporate broader collaboration of food access and other services across the agencies that serve the same older adults and people with disabilities. The Plan should also sustain effective efforts pioneered in the Expansion, such as IHSS social workers providing CalFresh information, to encourage cross-program coordination.
- Recommendation 2.4:** Providing robust translation and language resources to ensure CalFresh application and recertification are equally supported in all languages. According to the Lost in Translation report from the UC Berkeley Goldman School of Public Policy, addressing language inequity is at the heart of improving CalFresh participation: “The English participation rate is quite high at 93%, which would compare favorably to the national average (for all languages) of 86%. However, given that statewide participation is 72.2%, there is considerable evidence that the low overall participation rate is being driven by low enrollment rates in LEP populations. If enrollment rates for all languages were equivalent to the English rate, then an estimated 1.037 million additional individuals would be enrolled and participating in CalFresh.”¹⁶
- Recommendation 2.5:** Find and leverage ways to incentivize older adults enrolling in CalFresh, such as through farmers’ market coupons or through increasing the minimum benefit allotment to high need populations.

Ensure the Supplemental & Transitional Nutrition Benefits truly hold harmless SSI consumers from losing food aid as a result of the CalFresh Expansion:

¹⁶ Moon. Lost in Translation: Language access solutions to increasing uptake of CDSS programs. <http://transformcalfresh.org/wp-content/uploads/2019/09/Lost-in-Translation-Language-access-solutions-Joony-Moon.pdf>.

California became the first and only state to stand by highly vulnerable older adults and their families by adjusting benefits from initial projection to account for actual household losses to the greatest extent possible, and improve the ability of clients to retain benefits to prevent churn and the permanent loss of aid due to administrative barriers. While CDSS is still analyzing data from the Expansion, early indications are that these benefits are not sufficient to replace actual losses of CalFresh benefits, and statutory language is overly narrow and does not provide adequate protections to retain or return to aid given existing barriers of administrative churn in both the CalFresh and SSI programs. In addition, there are larger than expected populations experiencing benefit loss and becoming eligible for the SNB & TNB programs, heightening the urgency of ensuring these programs achieve their purpose to truly hold harmless these families.

- **Recommendation 2.6:** Adjust Supplemental & Transitional Nutrition Benefits from initial projection to account for actual household losses to the greatest extent possible, and improve the ability of clients to retain benefits to prevent churn and the permanent loss of aid due to administrative barriers.
- **Recommendation 2.7:** Provide replacement benefits following individual household misfortunes, or widespread disasters, similar to CalFresh to ensure parity with CalFresh only households. This is an important equity issue that was simply unforeseen in the development of these programs.

Ensure statewide access to other key food and nutrition programs serving older adults:

- **Recommendation 2.8:** Improve the reach of emergency food programs serving older adults:
 - a. Raise CalFood funding to \$24.5 million annually to facilitate purchases of California grown fresh protein, milk and eggs vital to fight hunger and support health among low income older adults who are reached through any food bank programming – often more flexible and available than federally-restricted sites.
 - b. TEFAP: Provide more variety in sizes of frozen, refrigerated items like tray pack chicken and frozen fish, 2 lbs of cheese, and frozen blueberries. It would be ideal to have both smaller and larger sizes to meet the needs of seniors in terms of the weight of the products and appropriateness for smaller households.
- **Recommendation 2.9:** Ensure the Commodity Supplemental Food Program is available state-wide, from the [current 10 agencies](#), and increase the income guidelines for eligibility from 130% of the federal poverty guidelines to 200% FPL:
 - a. Expand CSFP to each California County, using state General Fund as necessary to augment federally-funded caseload.
 - b. Expand CSFP “caseload” to be able to serve all eligible adults in each county.
 - c. Increase eligibility to at least 150% of the federal poverty level – if not the 235% FPL planned for TEFAP, and implement a standard medical allowance as is available in the FDPIR program. This would also streamline these programs.

- d. Provide State funding to augment the CSFP food box with Farm to Family fresh produce. In terms of the quality of food provided through CSFP, USDA just completed a comprehensive review of the contents of the food package. Originally scheduled to be implemented November 1, 2019, implementation has been postponed until February 1, 2020. This change provides more food, and a greater variety of food, to vulnerable seniors.
 - e. Provide State funding to support the state administration of CSFP. State administrators may receive \$ 30,000 annually but may petition to withhold more of the CSFP administrative reimbursement. It would be desirable for the State to supplement the operation of CSFP with State funding, leaving CSFP administrative funds available to operate the program.
 - f. Make meaningful administrative changes to minimize burdens on all stakeholders, either through direct action or requesting federal flexibility to:
 - i. Update the name of CSFP to be more user friendly (e.g. Senior Basket).
 - ii. Allow CSFP proxies to be the TEFAP proxy without completing the Alternative Pick-Up Request Form at each distribution.
 - iii. Allow a proxy to bring the homebound senior's ID and sign for the homebound senior. This would include recertification as well.
 - iv. Do not require verbally communicated 12-month recertification, which is extremely difficult to document and track.
 - v. Allow a verbal reminder of recertification the following month, rather than it having to be in writing. Since the participant no longer has to bring proof of income, they should not need to have a reminder in writing the month before their recertification is due.
 - vi. Allow a phone call or letter of ineligibility for participants who do not qualify for the program.
 - vii. Improve the food quality of CSFP, such as replacing processed cheese.
- **Recommendation 2.10:** Expand the Senior Farmer's Market Nutrition Program:
 - a. Provide a 5-fold increase in the number of vouchers, as local agencies report receiving vouchers for only approximately 20% of recipients now.
 - b. Align the program with CalFresh and WIC Farmers' Market Coupons, to minimize confusion about how the vouchers are supposed to be used. Some food banks report seniors willing to take the Senior Farmer's Market Nutrition Program, but are hesitant to share that they actually are not clear about how to use them.
 - **Recommendation 2.11:** Expand the Senior Brown Bag Program:
 - a. Triple the existing state funding, as Brown Bag programs are cost effective and are crucial for the growing population of older adults who can and want to make their own meals. In FY 2009-10, local providers were issued three months of funding to phase out the program. That funding has never been restored, despite restorations to other programs – and it is especially telling that many rural food banks continue to operate programs as “Senior Brown Bag” despite the fact that they are finding funding from elsewhere to keep it running.

- **Recommendation 2.12:** Make improvements to the Home Delivered Nutrition Programs by securing additional investments and coordinating efforts:
 - a. Invest \$17.5 million in new, ongoing funding for Senior Nutrition to provide nutritious meals to an additional 12,000 older Californians.
 - b. In most rural areas, Meals on Wheels and Food Banks are closely aligned. Encourage Area Agencies on Aging to purchase food or fresh produce from local food banks through MOU's.

Recommendation 3: Improve Data Collection, Program Coordination Among Older Adult Serving Programs

As there are several food programs serving older adults, administered by multiple Departments, there are excellent opportunities to improve the reach and impact through enhanced data collection and coordination. Presently, data are present on individual programs, but not across programs and Departments to understand barriers to access in certain regions, among certain language or other populations, and to identify programmatic or policy solutions. The [CHHS Open Data portal](#) is an excellent foundation from which improved data collection and analysis could occur, and CDSS has provided a tremendous window into the CalFresh Expansion through their [enhanced Data Dashboard](#).

Furthermore, there is a need for increased coordination between CDSS and CDA, given CDA's administration of Meals on Wheels and Area Agencies on Aging, while CDSS operates CSFP, TEFAP and CalFresh. Improving coordination on food access for seniors, such as sharing referrals and resources so no matter who the adult approaches for services, programs are aligned to achieve a 'no wrong door' and offer all available options. Such enhanced coordination will also incubate new innovations, such as the Home-Delivered Grocery program that is presently underwritten by San Francisco County. It is an example of potential coordination with IHSS such that IHSS workers can get additional hours to serve as proxies to pick-up groceries for their consumers at nearby food pantries.

- **Recommendation 3.1:** Reimburse congregate meal sites and Meals on Wheels partners for their time to coordinate CSFP, so that it would serve as an incentive to work with their local food banks. Some food banks experience coordination challenges with Meals on Wheels and Council on Aging, as Council on Aging often relies on volunteers with limited mobility.
- **Recommendation 3.2:** Leverage Title V (or other resources) to increase funding for paid staff and volunteers, to address the increasing challenges associated with an aging volunteer core that food banks rely so heavily on. Food banks and other non-profit service providers are heavily reliant on volunteers, and these are often highly impactful social opportunities for older adults who want to serve their communities. This would

be especially valuable as certain income received through the Senior Community Service Employment Program authorized under the Older American Act of 1965 is excluded when determining eligibility for CalFresh.¹⁷ Other benefits of these programs are that participants may receive tax-free wage, transportation reimbursement, stipend, or educational award.

Prevent homelessness among seniors with high housing cost burdens:

Adults over age 55 are the fastest growing population experiencing homelessness. Because many have limited ability to maintain employment, they rely on a fixed income. When housing costs go up, they are forced to pay more of their limited income towards housing. This makes it hard to save and they become susceptible to losing housing. Once a person is paying 70 percent or more of their total income for housing they are at high risk of losing their housing if they have an unexpected bill. Once they become homeless the cost to re-house them can run into the low thousands of dollars and if they remain on the street for even a short period of time they can develop medical and mental health conditions that can linger for years at a far higher cost.

One way to prevent these negative outcomes and costs to government is to take steps to ensure that people do not become homeless. While the state can likely not help all seniors with high housing cost burdens, it can pinpoint those persons with high housing costs from existing programs, particularly CalFresh. Now that California allows SSI recipients to apply for CalFresh, about 300,000 recipients have newly enrolled. To determine the CalFresh grant amount each applicant must provide to the county the cost of their housing. Those with high housing costs get higher CalFresh grants. Thus the state has an existing data base of which seniors (and persons with disabilities) are paying high housing costs and could target assistance to those most at risk of becoming homeless.

- **Recommendation 3.3:** The state could provide a supplement to the SSI amount for any person who has a housing cost burden exceeding 70% of their income. The amount of the supplement would be modest, likely in the \$300 monthly range, so that they would have enough income to remain housed. Santa Monica has piloted a similar program and has not had any evictions so far.
- **Recommendation 3.4:** The state should identify all SSI recipients claiming the homeless shelter deduction in CalFresh and help them get permanent affordable housing and provide rental assistance if needed.

¹⁷ 42 U.S.C. § 3056g; MPP § 63-507(a)(15).

Recommendation 4: Improve Disaster Preparedness, Recovery and Resiliency of Older Adults

Finally, recent disasters both natural and human caused have exposed the significant disparate impact on older adults, from the tragic loss of life in Paradise to the inhumane stranding of elders in the dark across Northern California during the PSPS outages this fall. The Plan must improve the notification and evacuation of older adults (identifying who relies on electric-powered equipment, refrigerated medicine, the time and channels needed for proper noticing, etc.), evacuation and displacement (such as what community resources exist to provide the shelter and services), and the needs of older adults to complete the hardest and longest recovery of any Californians.

- **Recommendation 4.1:** Provide adequate emergency assistance to affordable senior housing sites including back up electricity, heat and hot meals. For example, allow affordable housing sites to apply for emergency response funds to pay for emergency items such as generators, lighting, prepared meals, etc. When the PSPS outages occurred in Sonoma County and elsewhere, many seniors reliant on powered wheelchairs were left on the 4th floor of a senior housing building, with no access to light or ability to get downstairs.
- **Recommendation 4.2: provide \$32 m one-time funding to improve the disaster resiliency of the state’s emergency food network.** This includes \$8 million to support permanent, on-site investments in the emergency food system to sustain operations during disasters. These include back-up generators, fuel tanks, satellite phones and other one-time purchases that build the long-term resilience of the network to feed people through crises. These would have been vital during the recent [PG&E power outage that led to significant food loss at Food for People, Inc., when the entire County of Humboldt was de-energized](#). It further includes \$24 million to support temporary hunger needs that spike during disasters, when low-income older adults & their communities are in the most acute need for food.
- **Recommendation 4.3:** provide comprehensive disaster planning for emergency food before, during and following disasters that includes the needs of older adults and people with disabilities. Current law requires annual, county-level leverage existing planning for Disaster CalFresh in [AB 607 \(Gloria, 2017\)](#), however, recent experiences in several counties points to the need for much stronger collaboration between first responder feeding organizations, permanent community food providers like food banks, as well as the several local, state and federal public agencies that oversee this work.¹⁸
- **Recommendation 4.4:** Area Agencies on Aging and Food Banks should have disaster MOU’s in place and work together to identify what is needed to ensure their

¹⁸ CalVolunteers. Building Disaster Resiliency. 2019.

<https://californiavolunteers.app.box.com/s/i1cl1py11r35hwpdygdyky93j2gvjwyk>.

community's well-being. A state-funded disaster recovery home delivered meals partnership between Meals on Wheels and Food Banks could provide critical food access.

We thank you for elevating the importance of healthy, dignified aging for every Californian. We hope our comments underscore food and economic security as fundamental social determinants of health, as reflected in Goal #4. We look forward to the Master Plan boldly advancing these priority recommendations.

Sincerely,

A handwritten signature in black ink that reads "Andrew Cheyne". The signature is fluid and cursive, with the first name being more prominent.

Andrew Cheyne
Director of Government Affairs

A handwritten signature in blue ink that reads "Becky Gershon". The signature is stylized and cursive, with a long, sweeping underline.

Becky Gershon
Advocacy Manager