As more Americans live to older ages, demands are increasing on federal food and nutrition assistance programs that help combat hunger, or “food insecurity,” and poor diets among this population.

The government appropriates only about $1 billion annually for all food and nutrition assistance programs for older adults, the largest number being funded through the Older Americans Act (OAA). OAA nutrition programs reach only 6 percent to 7 percent of the people who need them (Wellman, Rosenzweig, and Lloyd, 2002). In contrast, the federal government's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) alone is funded at almost $5 billion and now reaches 50 percent of eligible women, infants, and children. Both the OAA nutrition programs and WIC began in the early 1970s, but the latter has received significant increases in funding, whereas the former have not. This situation has several likely causes, including an early emphasis on WIC outcomes showing significant taxpayer savings and the generally greater compassion for younger ages.

In addition, federal programs for elders do not emphasize nutrition and apparently assume that five midday meals weekly is sufficient food for all older adults. While the OAA nutrition programs focus on social service aspects, with insufficient input from nutrition professionals, the more medically oriented WIC has a strong nutrition component. Some government programs use a higher federal poverty standard to determine eligibility for older adults, tend to serve more younger women, children, and adolescents, and may even exclude equivalent services for older adults.

Most federal food and nutrition programs for older people are under the auspices of either the Department of Health and Human Services or the Department of Agriculture. These programs are described below and summarized in the Appendix.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PROGRAMS

The U.S. Department of Health and Human Services has jurisdiction over three main elder-nutrition providers, the Administration on Aging (AoA), the Indian Health Service (IHS), and the Centers for Medicare and Medicaid Services (CMS).

AoA programs. The national aging services network of AoA includes 4,400 local Older Americans Act nutrition programs that are funded in part by Title 3C of the Older Americans Act. The nutrition programs serve 250 million congregate and home-delivered meals to
about 3 million older adults annually. The OAA targets those in greatest economic or social need, with particular attention to low-income minorities and rural individuals. Although OAA nutrition assistance programs are the only ones not means-tested, 84 percent of homebound and 63 percent of congregate-meals participants are poor or near poor.

Aside from Title 3C, several of the six core OAA services are used by many states to support food and nutrition services for older adults. Supportive services (Title 3B) can cover community services such as adult daycare and information and assistance. Title 4, Training, Research, and Discretionary Projects and Programs, supports the National Resource Center on Nutrition, Physical Activity and Aging at Florida International University. The center is the sole university-based source of technical assistance, information dissemination, and applied research directed to assist OAA nutrition programs. Services to Native Americans, Title 6, funds nutrition and supportive services for the unique cultural and social traditions of tribal and native organizations. Native American elders are among the most disadvantaged groups in our country.

Only about two-thirds of the states employ a nutritionist as part of their State Unit on Aging. Some, but not all, Area Agencies on Aging have a full-time nutritionist or consultant on staff, as do some of the larger local nutrition program providers. Overall, nutrition expertise is quite limited throughout the aging network, despite the fact that almost half of the OAA annual budget is directed to the nutrition programs.

All AoA nutrition program meals served in congregate settings or delivered to homes must meet one-third of the Recommended Dietary Allowances (RDAs). But the nutrition programs are much more than a meal. They provide nutrition education, counseling, and health screening and often is the gateway to many other services. Since its creation, the nutrition programs of OAA have provided nearly 6 billion meals for at-risk older people. Each day in communities across America, older adults come together in group settings to share a meal and camaraderie. Homebound elders can have meals delivered, sometimes by an older volunteer, who may be their only visitor.

The nutrition programs improve the nutritional status and decreases the social isolation of participants (Wellman, Rosenzweig, and Lloyd, 2002). Participants are more vulnerable than the general older population. They are older, poorer, sicker, frailer, and more functionally impaired. They take more medications and have been hospitalized more often (Mathematica Policy Research, 1996). A national pilot study of participants who received daily meals found that 11 percent of congregate-meals respondents and 25 percent of home-delivered-meals respondents said they did not always have enough money or food stamps to buy food (Bauer, 2003).

Title 3C-1 congregate meals are offered at community centers such as senior dining centers, faith-based settings, schools, and adult day centers. Participants themselves say that this single meal provides half or more of their total food for the day. Many eat more food at congregate sites than they would at home. In addition to the hot meal, congregate sites provide older adults with social interaction and stimulation and the chance to get involved in the community. Almost all participants say they like to visit with friends, and 60 percent say their social opportunities have increased since they began attending (Bauer, 2003).

Title 3C-2 meals are delivered to frail homebound elders who are unable to travel to a congregate site. Again, most say that this single meal provides half or more of their total food for the day. Like the congregate meals, home-delivered meals provide the recipients with more than just food: Volunteers who deliver meals provide social interaction, especially for the 59 percent of recipients who live alone. In addition to delivering the meal, volunteers can take the opportunity to help monitor the health of the homebound person and make sure he or she is getting any needed assistance. When a recipient becomes able to participate in meals at a congregate site, the person is no longer eligible for home-delivered meals.

The Nutrition Services Incentive Program (NSIP) provides additional funding to states and Native American tribes for the effective delivery of nutritious meals to older adults in Older Americans Act nutrition programs. AoA now
administers NSIP, which was previously known as the Nutrition Program for the Elderly and was a part of the USDA.

Centers for Medicare and Medicaid Services programs. CMS has two main sources of nutrition assistance for elders. The first is the Medicaid Waiver Program. Medicaid is a state-federal partnership that pays for healthcare and long-term-care services to low-income people who are aged, blind, or disabled, who are members of families with dependent children, or who meet certain other criteria for need (CMS, 2004a). In 1981, the federal government established the Home- and Community-Based Care Service (HCBS) Waiver Program under Section 1915(c) of the Social Security Act (CMS, 2004b). This provision allows states to provide community-based services by waiving certain Medicaid statutes and regulations. HCBS waiver services enable individuals who are at risk of being placed in long-term-care facilities to be cared for at home, preserving their independence and ties to family and friends. The HCBS waivers are state-specific; each state has the flexibility to develop and implement its own benefits package.

Despite the fundamental human need for food, basic access to food is not considered a core service of the waiver program. Only thirty-eight states include meals or nutrition services among the specified benefits available through the HCBS waivers. Approved nutrition services include home-delivered meals (usually one meal a day, five days a week), nutrition risk-reduction counseling, and supplements. Shrinking state budgets and escalating Medicaid and Medicare expenditures are forcing states to control costs related to healthcare and nursing home care. Thus, more attention is being paid to essential HCBS services that enable older adults to remain at home. A case can be made for providing all or some meals and nutrition services based on nutrition risk criteria because nursing home care costs more than services provided by HCBS waivers. Older people who are eligible for nursing home reimbursement are generally not self-sufficient enough to shop for, plan, and prepare nutritionally appropriate meals or to store food safely.

CMS also provides the Medicare medical nutrition therapy benefit (MNT), which was first implemented in 2002. It currently authorizes reimbursement of counseling from a registered dietitian for diabetes and predialysis renal disease, with coverage expected to broaden soon. Dietary supplements and food are not covered. MNT includes a comprehensive assessment of a patient’s nutrition and health status, including food preferences, activity level, and lifestyle. An individualized care plan is then created that may include a special diet for chronic diseases and meal plans.

DEPARTMENT OF AGRICULTURE PROGRAMS
A number of USDA nutrition assistance programs serve low-income Americans, including low-income older adults. All are means-tested programs.

The Food Stamp Program (FSP), the largest USDA nutrition assistance program, provides electronic benefit transfer (EBT) cards or coupons to eligible low-income families to purchase food. All fifty states, the District of Columbia, and Puerto Rico are now using EBT systems in some form, yet there is evidence that older adults are unaccustomed to using them or are reluctant to trust others to use them as their surrogate. Only one-third of the older adults who are eligible participate in FSP. The 30 percent of eligible older adults who participate in the FSP represent less than 10 percent of food-stamp recipients. Reasons for nonparticipation include the following: lack of information, perceived lack of need, low expected benefits, difficulty applying, and the stigma of receiving public benefits.

With the Food Stamp Nutrition Education Program, states have the option of providing nutrition education to food-stamp recipients as part of their program operations. USDA’s Food and Nutrition Service encourages states to provide nutrition education for food-stamp participants and others who are eligible, but emphasis on reaching older adults is limited. The goal is to increase, within a limited budget, the likelihood of all food-stamp recipients making healthy food choices and choosing active lifestyles consistent with the Dietary Guidelines for Americans and the Food Guide Pyramid. Education is generally provided by the state cooperative education system, but state nutrition education net-
The Case of BK: Getting By with Federal Nutrition Assistance

BK is a typical low-income older adult as far as her income and expenditures for rent, food, and other necessities are concerned. Without federal nutrition assistance, her situation would be bleak indeed.

At 79 years of age, BK is a widow in good health generally, although she is overweight and has hypertension. She worked part-time after raising children. Her husband, a moderate wage earner, died of a heart attack at age 66. BK now lives alone.

Most of the couple’s modest savings went to pay his medical and prescription bills. BK receives a monthly Social Security benefit of $875 and $3,500 annually ($291 per month) from her husband’s pension. She does not own her home and pays $460 per month rent (41 percent of her income). BK averages $155 for food, which is typical according to the USDA (2004), and $115 for utilities monthly. She spends $65 per month on transportation, clothing, home maintenance, and toiletries.

BK’s healthcare expenses total $3,568 annually. This figure includes monthly out-of-pocket expenses of $157 on insurance, $80 on prescription drugs, $50 on medical services, and $14 on medical supplies. Out-of-pocket health costs are low and are expected to increase over the next years as healthcare costs increase. Medicare premiums rise when healthcare costs rise. After expenses are paid, BK has only $70 left each month.

Now consider the importance of federal food and nutrition assistance programs to her. Attending a congregate dining program helps assure that BK has five nutritious meals a week. Of course, this amount is not sufficient, as most Americans eat twenty-one meals and several snacks weekly. According to the USDA Food and Nutrition Services online food stamp pre-screening eligibility tool, BK is eligible for a monthly food stamp benefit of $50 to $80.

She can also receive packages of commodity and supplemental foods. Food packages include a variety of foods, such as nonfat dry and evaporated milk, juice, farina, oats, ready-to-eat cereal, rice, pasta, egg mix, peanut butter, dry beans or peas, canned meat or poultry or tuna, and canned fruits and vegetables. The monetary value of food packages is estimated to be $17 per month.

BK can participate in the Senior Farmers’ Market Nutrition Program in her state, although this annual benefit totals about $25 on average and is available only during the growing season. The table below summarizes BK’s situation.

<table>
<thead>
<tr>
<th>BK’s Monthly Income, Expenses, and Federal Nutrition Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MONTHLY INCOME</strong></td>
</tr>
<tr>
<td>Social Security</td>
</tr>
<tr>
<td>Widow’s Pension</td>
</tr>
<tr>
<td><strong>MONTHLY EXPENSE</strong></td>
</tr>
<tr>
<td>Rent</td>
</tr>
<tr>
<td>Food</td>
</tr>
<tr>
<td>Utilities</td>
</tr>
<tr>
<td>Misc., Transportation, Clothing, etc.</td>
</tr>
<tr>
<td>Health Insurance</td>
</tr>
<tr>
<td>Drugs/Medication</td>
</tr>
<tr>
<td>Medical Services</td>
</tr>
<tr>
<td>Medical Supplies</td>
</tr>
<tr>
<td><strong>Balance</strong></td>
</tr>
<tr>
<td><strong>FEDERAL NUTRITION ASSISTANCE:</strong></td>
</tr>
<tr>
<td>Older Americans Nutrition Program:</td>
</tr>
<tr>
<td>Value of meals</td>
</tr>
<tr>
<td>Food Stamps</td>
</tr>
<tr>
<td>CSFP: Actual retail value generally more</td>
</tr>
<tr>
<td>SFMNP: Note: $25 average annual benefit divided by 12</td>
</tr>
<tr>
<td>FNA: Total Value</td>
</tr>
</tbody>
</table>
works, public health departments, welfare agencies, and universities are also sponsors.

The Commodity Supplemental Food Program (CSFP) works to improve the health of low-income Americans by supplementing their diets with nutritious USDA commodity foods. Currently thirty-three states and two tribal organizations participate. Targeted populations include adults over age 60 with incomes less than 130 percent of poverty. Others (some mothers, infants, and children) qualify at higher incomes, less than 185 percent of poverty. Local agencies determine eligibility, distribute the foods, and provide nutrition education. CSFP food packages do not provide a complete diet, but may be good sources of nutrients typically lacking in diets. CSFP, originally a food distribution alternative to the WIC Program, began serving older adults in 1982. By 2003, some 85 percent of CSFP clients were older adults.

The Senior Farmers' Market Nutrition Program provides coupons for low-income older individuals to buy fresh, unprepared foods at farmers' markets, roadside stands, and community-supported agriculture programs. The program is designed to improve health by providing access to fresh fruits, vegetables, and herbs. It is also designed to increase domestic consumption of agricultural commodities and specifically to help support and create more of these venues and community-supported agriculture programs. Currently, the program is available in forty states, the District of Columbia, and Puerto Rico and through five Indian tribal organizations. Annual benefits are modest and only available during the local growing season. They range from $15 to $125, averaging $25 annually.

The Child and Adult Care Food Program (CACFP) serves nutritious meals and snacks to eligible adults in participating adult day centers. Meals must meet minimum nutrition requirements. Only 3 percent of CACFP meals are served in adult day centers, but the number of meals served in adult day centers is growing faster than in childcare centers.

The Emergency Food Assistance Program (TEFAP) is a commodity food distribution program. The USDA buys food, including processed and packaged, and ships it to states. Each state's allotment depends on its low-income and unemployed population. States provide the food to local agencies, usually food banks, which, in turn, distribute the food to soup kitchens and food pantries that directly serve the public. These direct-service organizations distribute the commodities for household consumption or use them to prepare and serve meals in congregate settings.

The Food Distribution Program on Indian Reservations (FDPIR) is a commodity food distribution program that at times, such as in the winter when travel is limited, is used instead of food stamps. USDA purchases and ships commodity foods to Indian tribal organizations and state agencies based on orders from a list of available foods. These administering agencies store and distribute the food, determine applicant eligibility, and provide nutrition education.

SUMMARY

Federal food and nutrition assistance programs are available to help older adults, but funding does not appear to match the growing demand. More resources and more nutrition expertise are needed to meet the food and nutrition requirements of vulnerable older adults to enable them to live independently with a good quality of life. Former Assistant Secretary for Aging Fernando Torres-Gil (1996) recognized years ago that malnutrition "costs." "It costs older people by exacerbating disease, by increasing disability, by decreasing their resistance to infection, and by extending their hospital stays. It costs caregivers by increasing worry and caregiving demands. The entire country pays... Malnutrition costs people and it costs dollars."

Now is an ideal time to promote universal access to comprehensive food and nutrition services in all programs serving older adults, including nutrition assistance programs.

Nancy S. Wellman, Ph.D., R.D., is professor of dietetics and nutrition, and Barbara Kamp is project coordinator, both at the National Resource Center on Nutrition, Physical Activity and Aging, Florida International University, Miami, Fla.

This article was supported, in part, by a grant from the Administration on Aging, Department of Health and Human Services (DHHS). Grantees
undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, reflect official DHHS policy.

REFERENCES


Appendix

Federal Programs Providing Food and Nutrition Services to Older Adults

<table>
<thead>
<tr>
<th>Program</th>
<th>Purpose</th>
<th>Federal Appropriation</th>
<th>Target Populations</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older Americans Act, Titles I-7</td>
<td>Grants to state, tribal, community programs on aging; research, demonstration projects, etc.</td>
<td>$1.37 billion total (FY2004)</td>
<td>Age 60+ in greatest economic or social need, with particular attention to low-income minorities and those in rural areas</td>
<td>Congregate and home-delivered meals; nutrition screening, education, counseling; array of other supportive and health services</td>
</tr>
<tr>
<td>Older Americans Act, Title 6</td>
<td>Nutrition services to older adults</td>
<td>$26 million (FY2004)</td>
<td>Age requirement determined by Tribal Organizations or Native Hawaiian Program</td>
<td>Congregate and home-delivered meals; nutrition screening, education, counseling; array of other supportive and health services</td>
</tr>
<tr>
<td>Nutrition Services Incentive Program</td>
<td>Provides proportional share to states and tribes of annual appropriation based on number of meals served in prior year</td>
<td>$1.48 million (FY2004)</td>
<td>Age 60+, &lt; 60 years and disabled who live in elderly housing,</td>
<td></td>
</tr>
<tr>
<td>Program</td>
<td>Purpose</td>
<td>Federal Appropriation</td>
<td>Target Populations</td>
<td>Services</td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
<td>----------------------</td>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Indian Health Service</td>
<td>Nutrition and Dietetics Program</td>
<td>No line item funded; funded through clinical services</td>
<td>American Indians and Alaska Natives</td>
<td>Clinical nutrition counseling, home and community-based nutrition services</td>
</tr>
<tr>
<td>Medicaid Waiver Program</td>
<td>Reimbursements to states for Medicaid recipient services</td>
<td>No data available</td>
<td>Older adults with physical and developmental disabilities; those who qualify for Medicaid</td>
<td>Home and community-based services as an alternative to long-term care in institutional settings</td>
</tr>
<tr>
<td>Medical Nutrition Therapy (MNT)</td>
<td>Reimbursements to providers of nutrition services</td>
<td>Medicare covers 80% of approved amount for MNT after individual pays $100 deductible for Part B services</td>
<td>Medicare beneficiaries with diabetes and predialysis renal disease</td>
<td>Diabetes self-management training; predialysis nutrition therapy by registered dietitians</td>
</tr>
<tr>
<td>Food Stamp Program</td>
<td>Assists low-income families to buy food that is nutritionally adequate</td>
<td>$30.9 billion (FY2004)</td>
<td>U.S. citizens and legal residents who are most in need, gross income ≤130% federal poverty level; up to $2,000 countable resources, $3,000 if age 60+ or disabled</td>
<td>Coupons or electronic benefits to purchase breads and cereals, fruits and vegetables, meats, fish and poultry; dairy products; seeds and plants that produce food for households</td>
</tr>
<tr>
<td>Food Stamp Nutrition Education Program</td>
<td>Nutrition education</td>
<td>$192 million (FY2003)</td>
<td>Low-income individuals receiving or eligible for food stamps</td>
<td>Programs focusing on healthy food choices and active lifestyles</td>
</tr>
<tr>
<td>Food Distribution Program on Indian Reservations</td>
<td>Provides commodity foods to low-income households living on or near Indian reservations</td>
<td>86.2 million (FY2004)</td>
<td>Low-income American Indians and non-Indians who reside on a reservation or in approved areas near reservations or in Oklahoma</td>
<td>Supplemental foods for a nutritionally balanced diet; a box of commodities once a month; nutritional information for healthy food choices</td>
</tr>
<tr>
<td>Commodity Supplementation Food Program</td>
<td>Food and administrative funds to</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Generations**

disabled living at home and eating at congregate sites with older adults

**SERVICES:** Cash, commodities to supplement meals

**NUMBER SERVED:** 2.97 million older adults, ~252 million meals (FY2001)

USDHHS, INDIAN HEALTH SERVICE (IHS)

**Indian Health Service**

**PURPOSE:** Nutrition and Dietetics Program

**FEDERAL APPROPRIATION:** No line item funded; funded through clinical services

**TARGET POPULATIONS:** American Indians and Alaska Natives

**SERVICES:** Array of nutrition services including clinical nutrition counseling, home and community-based nutrition services, such as diabetes self-management and nutrition education

**NUMBER SERVED:** 87,000 older adults (FY1998)

USDHHS, CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

**Medicaid Waiver Program**

**PURPOSE:** Reimbursements to states for Medicaid recipient services

**FEDERAL APPROPRIATION:** No data available

**TARGET POPULATIONS:** Older adults with physical and developmental disabilities; those who qualify for Medicaid

**SERVICES:** Array of home and community-based services as an alternative to long-term care in institutional settings

**NUMBER SERVED:** No data available

**Medical Nutrition Therapy (MNT)**

**PURPOSE:** Reimbursements to providers of nutrition services

**FEDERAL APPROPRIATION:** Medicare covers 80% of approved amount for MNT after individual pays $100 deductible for Part B services

**TARGET POPULATIONS:** Medicare beneficiaries with diabetes and predialysis renal disease

**SERVICES:** Diabetes self-management training; predialysis nutrition therapy by registered dietitians

**NUMBER SERVED:** No data available

**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA), FOOD AND NUTRITION SERVICE (FNS)**

**Food Stamp Program**

**PURPOSE:** Assists low-income families to buy food that is nutritionally adequate

**FEDERAL APPROPRIATION:** $30.9 billion (FY2004)

**TARGET POPULATIONS:** U.S. citizens and legal residents who are most in need, gross income ≤130% federal poverty level; up to $2,000 countable resources, $3,000 if age 60+ or disabled

**SERVICES:** Coupons or electronic benefits to purchase breads and cereals, fruits and vegetables, meats, fish and poultry; dairy products; seeds and plants that produce food for households

**NUMBER SERVED:** 21 million, 51% Children, 40% Adults, 9% age 60+ (FY2002)

**Food Stamp Nutrition Education Program**

**PURPOSE:** Nutrition education

**FEDERAL APPROPRIATION:** $192 million (FY2003)

**TARGET POPULATIONS:** Low-income individuals receiving or eligible for food stamps

**SERVICES:** Programs focusing on healthy food choices and active lifestyles

**NUMBER SERVED:** 19 million (FY2002), age groups not defined

**Food Distribution Program on Indian Reservations**

**PURPOSE:** Provides commodity foods to low-income households living on or near Indian reservations

**FEDERAL APPROPRIATION:** 86.2 million (FY2004)

**TARGET POPULATIONS:** Low-income American Indians and non-Indians who reside on a reservation or in approved areas near reservations or in Oklahoma

**SERVICES:** Supplemental foods for a nutritionally balanced diet; a box of commodities once a month; nutritional information for healthy food choices

**NUMBER SERVED:** 1.3 million (FY2003), age groups not defined

**Commodity Supplementation Food Program**

**PURPOSE:** Food and administrative funds to
Food and Nutrition for Healthier Aging

states and tribes to supplement diets. Available in 33 states and 2 tribes.

**Federal Appropriation:** $98 million (FY2004)

**Target Populations:** Pregnant and breastfeeding women, mothers up to 1 year post-partum, infants, children up to age 6 with incomes less than 185% federal poverty level; adults 60+ with incomes less than or equal to 130% federal poverty guideline

**Services:** Supplemental foods to complete the diet of recipient; a free box of commodities up to once a month

**Number Served:** 5.5 million, 85% older adults (FY2003)

**Seniors’ Farmers Market Nutrition Program**

**Purpose:** Grants to state and tribes to provide fresh foods and nutrition services while providing the opportunity for farmers to enhance their business

**Federal Appropriation:** $15 million (FY2002–2007)

**Target Populations:** Low-income older adults: at least 60 years old, with household incomes of not more than 185% federal poverty level

**Services:** Coupons or vouchers to be exchanged for fresh fruits and vegetables at local farmers markets

**Number Served:** 47 agencies (FY2004); 700,000 older adults (FY2003)

**The Emergency Food Assistance Program**

**Purpose:** Provides food to local agencies that directly serve the public

**Federal Appropriation:** $190 million (FY2003); $172 million worth of food (FY2002)

**Target Populations:** Adults age 60+ who meet state criteria based on income, including homeless, low-income older adults

**Services:** Emergency food for low-income needy, including older adults. States provide food to local agencies, usually food banks, which distribute food to soup kitchens and food pantries that directly serve the public.

**Number Served:** No data available

**Child and Adult Care Food Program**

**Purpose:** Healthy, nutritious meals for children and adults in day centers

**Federal Appropriation:** $1.8 billion (FY2003)

**Target Populations:** Children <12 years, homeless children, migrant children <15 years; disabled citizens regardless of age; age 60+; functionally impaired; reside with family members

**Services:** Nutritional meals and snacks

**Number Served:** 86,000 adults (FY2003), age groups not defined

---

*Food and Nutrition for Healthier Aging*

*Federal Appropriation: $98 million (FY2004)*

*Target Populations: Pregnant and breastfeeding women, mothers up to 1 year post-partum, infants, children up to age 6 with incomes less than 185% federal poverty level; adults 60+ with incomes less than or equal to 130% federal poverty guideline*

*Services: Supplemental foods to complete the diet of recipient; a free box of commodities up to once a month*

*Number Served: 5.5 million, 85% older adults (FY2003)*

---

*Seniors’ Farmers Market Nutrition Program*

*Purpose: Grants to state and tribes to provide fresh foods and nutrition services while providing the opportunity for farmers to enhance their business*

*Federal Appropriation: $15 million (FY2002–2007)*

*Target Populations: Low-income older adults: at least 60 years old, with household incomes of not more than 185% federal poverty level*

*Services: Coupons or vouchers to be exchanged for fresh fruits and vegetables at local farmers markets*

*Number Served: 47 agencies (FY2004); 700,000 older adults (FY2003)*

---

*The Emergency Food Assistance Program*

*Purpose: Provides food to local agencies that directly serve the public*

*Federal Appropriation: $190 million (FY2003); $172 million worth of food (FY2002)*

*Target Populations: Adults age 60+ who meet state criteria based on income, including homeless, low-income older adults*

*Services: Emergency food for low-income needy, including older adults. States provide food to local agencies, usually food banks, which distribute food to soup kitchens and food pantries that directly serve the public.*

*Number Served: No data available*

---

*Child and Adult Care Food Program*

*Purpose: Healthy, nutritious meals for children and adults in day centers*

*Federal Appropriation: $1.8 billion (FY2003)*

*Target Populations: Children <12 years, homeless children, migrant children <15 years; disabled citizens regardless of age; age 60+; functionally impaired; reside with family members*

*Services: Nutritional meals and snacks*

*Number Served: 86,000 adults (FY2003), age groups not defined*