JULY 2022

OLDER ADULT SNAP PARTICIPATION SERIES PUBLIC POLICY INSTITUTE

Spotlight

Solutions: State Policies Associated with Higher Participation

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This is the last of three AARP Public Policy Institute *Spotlights* analyzing SNAP participation among older adults. In this paper, we identify relationships between state SNAP administration policies and the SNAP participation rate among adults ages 60 and older who are eligible for SNAP. Our analysis finds that broad-based categorical eligibility (BBCE), Supplemental Security Income-Combined Application Project (SSI-CAP), and extended recertification periods were associated with higher SNAP participation among eligible older adults.

In 2020, more than 5 million adults ages 60 and older were food-insecure, meaning they had limited or uncertain access to adequate food.[1] The Supplemental Nutrition Assistance Program (SNAP) is the nation's largest antihunger program and helps millions of people who are at risk for food insecurity. SNAP provides financial assistance to many low-income and food-insecure individuals and families to help buy the food they need. The program may also improve health and lower health care costs; research shows that SNAP enrollment among older adults is associated with fewer hospital and emergency room visits and long-term care admissions.[2]

Despite SNAP's importance, older adults have historically had much lower participation in SNAP than other age groups. Our analysis in the first *Spotlight* of this series found that, in 2018, more than 70 percent of adults ages 60 and older who were estimated to be eligible for SNAP did not participate in the program. Qualitative research has identified common reasons for nonparticipation, such as a confusing and burdensome application process, stigma, and discomfort with technology.[3]

Efforts to increase SNAP enrollment among eligible older adults are important, because nutrition plays an important role in healthy aging.[4] Those eligible but not enrolled are low-income, and some may face difficult decisions like having to make trade-offs between nutritious food and medicine. The U.S. Department of Agriculture's (USDA) Food and Nutrition Service allows states to apply to various demonstration projects (hereafter referred to as policies) that aim to improve SNAP program efficiency and to make it easier for eligible people to access benefits. This paper analyzes the association between specific state policy options and SNAP participation among adults ages 60 and older.

As described in detail in the next section, we focus on four SNAP policies (sometimes referred to in this report as policies of interest): broad-based categorical eligibility (BBCE), Elderly Simplified Application Project (ESAP), Supplemental Security Income-Combined Application Project (SSI-CAP), and standard medical deduction (SMD). Although our previous two *Spotlights* in this series focus on adults ages 50 and older, this paper focuses on those ages 60 and older because some of the policies specifically target that age group.

From a policy standpoint, our findings proved notable. Two policies of interest—BBCE and SSI-CAP—as well as extended recertification periods (an aspect of some ESAPs) were associated with higher SNAP participation among eligible older adults.

Data Limitations

This report reflects data from 2018, and the economic conditions have changed significantly since. In particular, the COVID-19 pandemic, which begin in early 2020, significantly disrupted the economy and caused widespread job loss. Heightened inflation in 2021 and into 2022 has raised food prices and has stretched the resources of families throughout the United States, potentially altering families' SNAP participation decisions. Nevertheless, this analysis contributes to a greater understanding of the likely impact of state policies on SNAP participation among older adults.

Our analysis treated all policies as equal despite variation in how they are implemented across states. Data available on certification period lengths also pertained to all ages rather than to older adults. However, extended certification periods for all ages are likely to be highly correlated with those for older individuals, making it a good proxy measure. Additional research could analyze how various components of each policy affect SNAP participation. For example, ESAP was not associated with higher SNAP participation in our analysis, but the program is implemented differently across states, and some aspects may be more successful than others in boosting SNAP participation.

Neither the descriptive nor regression analyses in this report show causal relationships between specific policies and participation rates. The regression model adjusts for some potential confounding factors to give us greater confidence in the outcome estimates, but results could still reflect factors not included in the model.

Background

The four policies we focus on in this paper aim to make it easier for eligible people to enroll in SNAP as well as reduce administrative burden and the amount of churn, or frequent entry and exit, from SNAP.

In our analysis, we considered several other SNAP-related factors or policies that could be associated with SNAP participation to control for their potential effect. These factors included:

- **Program administration.** States may choose to centralize (state level) or decentralize (county level) administrative responsibilities for SNAP.
- **Reporting requirements.** States may impose different requirements for SNAP recipients to report changes in income or other circumstances.[5]
- **Online applications.** States can provide flexibility to households applying for and renewing SNAP benefits by offering online applications and opportunities to recertify their benefits online.
- **Phone recertification interviews.** States can offer households the option of a phone interview to recertify their SNAP benefits rather than appearing at a SNAP center in person.
- **Call centers.** Call centers can support local SNAP offices by conducting eligibility and determination processing, handling case maintenance and recertifications, or answering customer questions. Call centers could result in faster customer service to applicants but could present barriers to access for some groups by removing or limiting options for in-person access to eligibility staff.
- **Certification length.** State agencies have flexibility in determining how long households are certified for benefits. In general, SNAP households must submit a periodic report of household and financial circumstances at least once every six months during the certification period. Households with older individuals and no earned income might have 24-month certification periods with 12-month reporting requirements or no periodic reporting required at all.[6]

Policy	Eligibility criteria	Description
Elderly Simplified Application Project (ESAP)	Elderly (60+) SNAP households with no earned income, and some projects include disabled households with no earned income.	States may choose from a menu of policy options aimed at easing SNAP application and processing burdens for older households. Components of a state's ESAP could include a streamlined SNAP application form, verification of reported household and financial information through data matching, provisions for applicants to self-declare some information about income and expenses, waiver of the recertification interview, and an extended certification period of up to 36 months.
Supplemental Security Income-Combined Application Project (SSI-CAP)	Typically one-person households eligible for SSI (low-income older adults or people with disabilities).	The SSI-CAP functions through a partnership with the Social Security Administration (SSA), enabling individuals applying for SSI to apply for SNAP at the same time through a combined application.* CAPs are intended to reduce the administrative burden for both applicants and staff by allowing older adults and people with disabilities to apply for SNAP without visiting a SNAP office; by simplifying the SNAP application; by typically providing standard benefit amounts; and, for some states, by allowing longer certification periods. A modified model of the CAP uses SSA data for outreach to eligible SSI households to bring additional eligible people into SNAP.
Standard Medical Deduction (SMD)	SNAP households with at least one person age 60 or older or a person with a disability.	Like ESAP, SMD allows states to streamline administrative procedures and the application process for older individuals. This policy gives states the option to establish a standard deduction from the household income of older individuals or those with disabilities for out-of-pocket medical expenses of more than $35 per month, instead of calculating and deducting actual expenses. Households might still choose to claim actual medical expenses if they are above the SMD threshold.
Broad-based Categorical Eligibility (BBCE)	Households meeting more expansive income and asset thresholds for other means-tested programs, such as SSI or noncash Temporary Assistance for Needy Families (TANF) benefits.	In states with BBCE, households eligible for other means-tested programs, provided they also qualify for a positive SNAP benefit, are "categorically eligible" for SNAP. These households must provide documentation of income and some expenses to calculate SNAP benefits, but categorical eligibility is decided by the asset and income limits that a state sets for its TANF noncash benefit program.† These vary substantially across states and can be up to 200 percent of the federal poverty level.‡

** SSI provides monthly payments to adults and children who have low income and resources and who are blind or disabled.*

† The TANF program provides payments to low-income individuals and families to help them pay for food, housing, and other essentials.

‡ Although households with older individuals do not need to meet the gross income limit for SNAP under federal eligibility policies, some state BBCE policies apply a gross income test that applies to households with older individuals.

Key Findings

Results from our descriptive analysis showed that states with our policies of interest generally had higher participation rates, although our multivariate regression analyses found that only certain policies were associated with greater SNAP participation among older adults.

States with policies of interest generally have higher participation rates.

One way to examine the relationships between state policies and SNAP participation is to consider "pooled" SNAP participation rates. These rates are calculated by dividing the total number of SNAP participants in a group of states by the total number of people estimated to be eligible in those states.

A pooled SNAP participation rate is the number of SNAP participants among a group of states divided by the number of people estimated to be eligible in those states.

In 2018, most states (41) had implemented a BBCE policy, 17 had an SSI-CAP, 21 had an SMD, and 9 had an ESAP. For each policy of interest, pooled participation rates among adults ages 60 and older were higher in states with the policy than without, except for those with an SMD (table 1). Pooled participation rates were highest among states with an SSI-CAP (52 percent) and those without an SMD (53 percent). This does not necessarily

TABLE 1

SNAP Policies and Participation Rates among Individuals Ages 60 and Older, Fiscal Year 2018

SNAP Policy	Pooled SNAP Participation Rate (%)	Number of States	Minimum Participation Rate (%)	Maximum Participation Rate (%)
Elderly Simplified Application Project (ESAP)				
States with an ESAP	48.4	9	30.5	67.3
States without an ESAP	47.6	42	22.5	77.8
Supplemental Security Income-Combined Application Project (SSI-CAP)				
States with a CAP	51.7	17	30.5	73.4
States without a CAP	43.2	34	22.5	77.8
Standard Medical Deduction (SMD)				
States with an SMD	40.8	21	22.5	77.8
States without an SMD	53.1	30	28.4	73.4
Broad-based Categorical Eligibility (BBCE)				
States with a BBCE policy	49.2	41	30.5	77.8
States without a BBCE policy	37.9	10	22.5	42.2
Number of Policies				
States with none of the policies	39.7	3	28.4	41.9
States with one policy	44.4	20	22.5	63.9
States with two policies	53.0	17	32.0	77.8
States with three policies	46.7	10	30.5	70.5
States with four policies	41.0	1	41.0	41.0

Source: *Supplemental Nutrition Assistance Program (SNAP) Quality Control (QC) data file and Current Population Survey Annual Social and Economic Supplement microsimulation model.*

Note: *We defined state participation in ESAPs, SSI-CAPs, SMDs, and BBCE according to the U.S. Department of Agriculture's SNAP state options reports, 12th, 13th, and 14th editions; Mathematica's technical documentation for the Fiscal Year 2018 SNAP QC Database; and the QC Minimodel reports from 2017, 2018, and 2019. In cases of disagreement between the reports, we deferred to the technical documentation reports. We use "SNAP policies" to refer to SNAP demonstrations and policies.*

mean that SMD is not working to improve participation, because the analysis was looking for patterns in the data and not trying to explain causal relationships. A 2016 study found benefits to the SMD beyond participation, including a higher share of households claiming medical expense deductions and an increase in the average size of medical expense deductions, both of which increase benefit levels.[7]

Overall, state participation rates increased by several percentage points between 2016 and 2018. In 2018, maximum participation rates ranged from 67 percent for states with an ESAP to 78 percent for states with BBCE or an SSI-CAP. We found the highest participation rates among states with two or three policies in place. However, many factors beyond these policies affect SNAP participation, some of which are accounted for in our linear regression analysis (next section).

BBCE and SSI-CAP are associated with higher older-adult SNAP participation.

Using regression analysis, we evaluated whether certain state SNAP policies were associated with higher SNAP participation rates. We accounted for differences in demographic and economic characteristics between states and potential impacts of other state policies.[8]

Our model found statistically significant associations between SNAP participation rates and two of our policies of interest: BBCE and SSI-CAP (figure 2). Compared with having no BBCE policy, having a BBCE policy was associated with a SNAP participation rate of nearly 11 percentage points higher. Put another way, we would expect to see an 11 percentage-point increase in the SNAP participation rate for a state that went from having no BBCE to having a BBCE policy, holding all other variables constant. The effect associated with SSI-CAP policies was a bit smaller. Having SSI-CAP was associated with a 7 percentage-point higher SNAP participation rate, holding all other variables constant. We did not find statistically significant associations between having an ESAP or SMD and SNAP participation among older individuals.

There were also several statistically significant findings among the additional policies included in our analysis. Extended certification periods were strongly associated with a 14 percentage-point higher SNAP participation rate, with longer certification periods linked to higher participation rates among older adults. Similarly, state-level program administration was associated with 8 percentage-point higher participation.

Our analysis also found a negative association between simplified reporting and participation, which was surprising. Earlier research indicated simplified reporting can reduce burden for staff and increase client access to benefits.[9] The evaluation design in the current study cannot identify causal relationships and it is not clear from this finding alone that simplified reporting causes decreased participation. More research is needed to understand the relationship between simplified reporting and SNAP participation.

Our regression model found the following were associated with higher SNAP participation rates:

- BBCE
- SSI-CAP
- Longer certification periods
- State-level program administration

Implications for Policy and Future Research

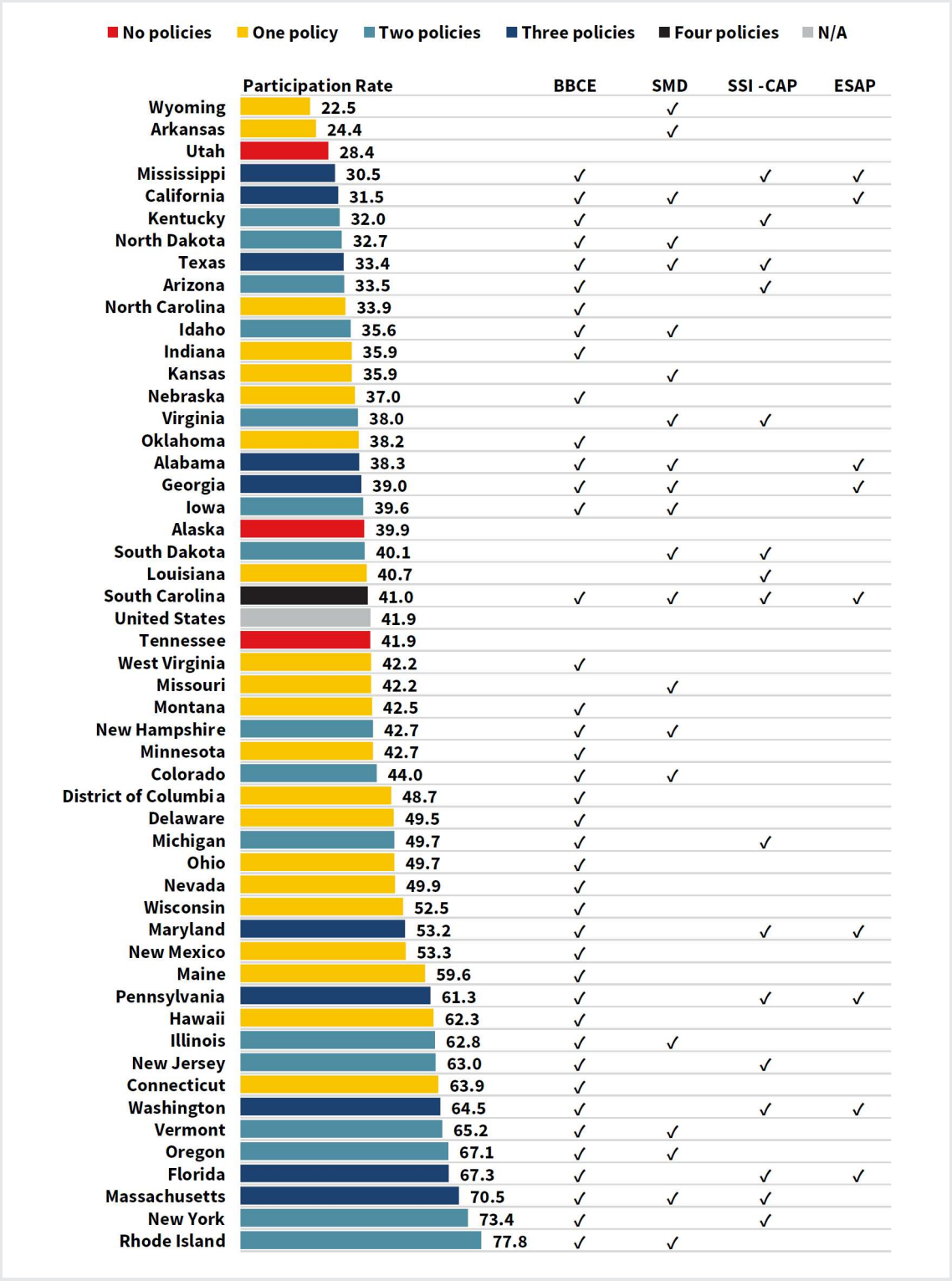
The findings from this analysis point toward specific policy actions, research needs, and opportunities.

1. States that have not implemented BBCE should consider doing so.

Our study is one of the first to examine the effect of BBCE on participation rates among older adults, and we find that BBCE is likely to boost participation among those ages 60 and

FIGURE 1

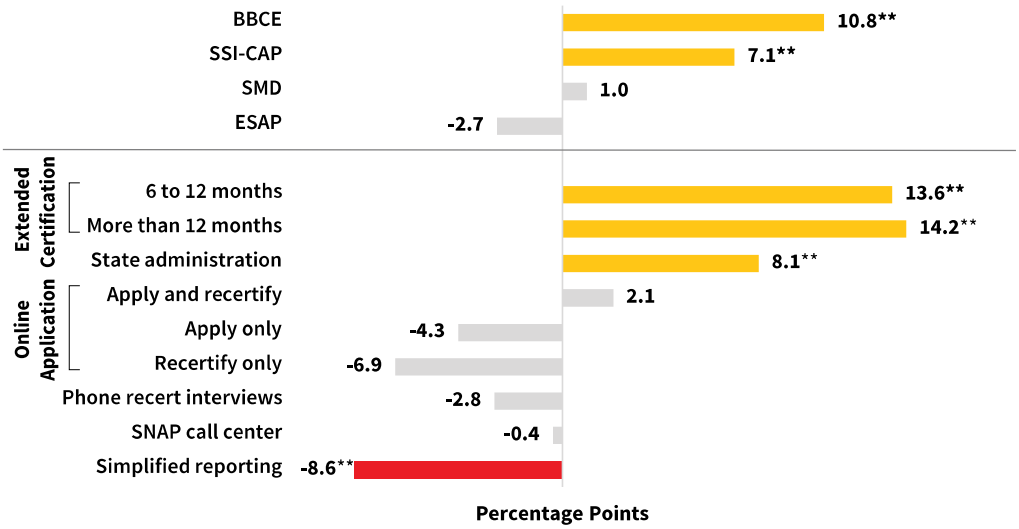
Estimated Effect of State Policies on SNAP Participation Rate for Adults Ages 60 and Older



	Participation Rate	BBCE	SMD	SSI -CAP	ESAP
Wyoming	22.5		✓		
Arkansas	24.4		✓		
Utah	28.4				
Mississippi	30.5	✓		✓	✓
California	31.5	✓	✓		✓
Kentucky	32.0	✓		✓	
North Dakota	32.7	✓	✓		
Texas	33.4	✓	✓	✓	
Arizona	33.5	✓		✓	
North Carolina	33.9	✓			
Idaho	35.6	✓	✓		
Indiana	35.9	✓			
Kansas	35.9		✓		
Nebraska	37.0	✓			
Virginia	38.0		✓	✓	
Oklahoma	38.2	✓			
Alabama	38.3	✓	✓		✓
Georgia	39.0	✓	✓		✓
Iowa	39.6	✓	✓		
Alaska	39.9				
South Dakota	40.1		✓	✓	
Louisiana	40.7			✓	
South Carolina	41.0	✓	✓	✓	✓
United States	41.9				
Tennessee	41.9				
West Virginia	42.2	✓			
Missouri	42.2		✓		
Montana	42.5	✓			
New Hampshire	42.7	✓	✓		
Minnesota	42.7	✓			
Colorado	44.0	✓	✓		
District of Columbia	48.7	✓			
Delaware	49.5	✓			
Michigan	49.7	✓		✓	
Ohio	49.7	✓			
Nevada	49.9	✓			
Wisconsin	52.5	✓			
Maryland	53.2	✓		✓	✓
New Mexico	53.3	✓			
Maine	59.6	✓			
Pennsylvania	61.3	✓		✓	✓
Hawaii	62.3	✓			
Illinois	62.8	✓	✓		
New Jersey	63.0	✓		✓	
Connecticut	63.9	✓			
Washington	64.5	✓		✓	✓
Vermont	65.2	✓	✓		
Oregon	67.1	✓	✓		
Florida	67.3	✓		✓	✓
Massachusetts	70.5	✓	✓	✓	
New York	73.4	✓		✓	
Rhode Island	77.8	✓	✓		

BBCE = Broad-based categorical eligibility; ESAP = Elderly Simplified Application Project; SMD = standard medical deduction; SSI-CAP = Supplemental Security Income-Combined Application Project. N/A = not applicable.

FIGURE 2
Estimated Effect of State Policies on SNAP Participation Rate for Adults Ages 60 and Older



Source: *Mathematica analysis of Supplemental Nutrition Assistance Program (SNAP) Quality Control data file, Current Population Survey Annual Social and Economic Supplement microsimulation model, and U.S. Census Bureau American Community Survey.*

Note: *BBCE = Broad-based categorical eligibility; ESAP = Elderly Simplified Application Project; SMD = standard medical deduction; SSI-CAP = Supplemental Security Income-Combined Application Project. The coefficients for the main variables of interest in these results describe estimates of the percentage-point difference in participation rate associated with each policy; in other words, the effect associated with implementing the policy. Yellow bars indicate a positive association; red bars indicate a negative association; gray bars indicate no association.*

*** Statistically significantly different from zero at the .05 level, two-tailed test.*

older. Holding other variables constant, states implementing a BBCE policy are likely to see an increase in SNAP participation. As of 2018, most states (41) had BBCE in place. Three more states have implemented BBCE since 2018, and the remaining states should consider adopting this policy.

Further, strengthening BBCE policies in states that already have them may also be effective. Although our model treated all BBCE policies equally, BBCE policies differ substantially across states. It is reasonable to suspect that more expansive BBCE policies would have a greater effect on participation. For example, many BBCE states might be able to boost participation further by raising or eliminating the BBCE asset limit or gross income limit (if these apply to older adults).

2. Policy makers should continue efforts to strengthen the SSA-SNAP partnership and to explore data sharing and matching opportunities.

Federal law already requires that SSI applicants be given the opportunity to file for SNAP at their local Social Security Administration (SSA) office, but this joint application process has not always worked as seamlessly as intended.[10] USDA Food and Nutrition Service reimburses SSA for this work, and USDA and SSA should continue to strengthen the partnership to ensure all applicants are given this opportunity.

SSI-CAP goes a step further to streamline application processes by combining the application process for SSI and SNAP. Seventeen states currently operate SSI-CAP, and our analysis found that SSI-CAP was significantly associated with higher SNAP participation

among older adults. These results suggest that expanding SSI-CAP to more states could improve participation in SNAP among older adults. SSI-CAP also reduces administrative burden for both caseworkers and applicants.

In most states, SSI-CAPs use standardized benefits that result in some participants receiving a lower SNAP benefit than they would have received through the normal SNAP process. SSA staff in states with SSI-CAP should have basic training in SNAP eligibility and should help SSI-CAP applicants opt out and get connected to SNAP agencies if they believe they could be eligible for a higher benefit under the regular process.

Policy makers should also explore other ways to improve data sharing and matching between Food and Nutrition Service and SSA and other federal agencies administering public benefit programs. This can reduce administration burden and make it easier for older adults to enroll in and recertify for SNAP while protecting privacy and program integrity.

3. States should consider extending SNAP certification periods.

This study supports previous research showing that extended certification periods could raise SNAP participation rates among older adults. Extended recertification periods can reduce churning, or frequent entry and exit, from SNAP.[11] For most SNAP households, federal regulations stipulate that certification periods should be a minimum of 6 months and a maximum of 12 months.[12] States have the option to extend certification periods to 24 months for households in which all members are older (ages 60 and older) or have a disability. Households participating in ESAP could have certification periods up to 36 months, whereas those in SSI-CAP could have certification periods up to 48 months. States that have not extended certification periods for these households should consider doing so, either through existing regulation or through a demonstration project. At the same time, the federal government should consider allowing states to extend certification periods for households with older or disabled members regardless of a demonstration project, which our study shows could boost participation.

4. States should not discount ESAP and SMD.

Although our analysis did not find an association between ESAP or SMD and increased SNAP participation among older adults, policy makers may still want to pursue them. Among other benefits, ESAP and SMD could still help applicants and SNAP agency staff by simplifying the application process and reducing administrative burden. ESAPs that include extended certification periods may also reduce SNAP churn. SMD policies may also have additional values, such as increased benefits for the highest-need beneficiaries, that are not reflected in our results.[13] States should consider these policies as potential options to meet these other goals. Future research could help us understand how specific ESAP implementation models might affect SNAP participation.

SNAP is a critical but underused program among older adults; millions who are likely eligible for the program are not enrolling. This analysis shows that several policy options that increase eligibility or streamline and simplify SNAP application and recertification processes can help increase participation in the program.

Appendix: Methodology

Data Sources

To estimate state participation rates, we used data from the fiscal year 2016-2018 SNAP Quality Control (QC) data files and Current Population Survey-based trends eligibility data files. The trends eligibility file is based on a microsimulation model that Mathematica maintains for the Food and Nutrition Service. Mathematica uses this model to estimate SNAP participation rates in periodic reports for the Food and Nutrition Service.[14] The fiscal year 2018 trends file uses 2017 and 2018 calendar year data from the Current Population Survey Annual Social and Economic Supplement to create a fiscal year file, which is needed to

make the best comparison with annual SNAP administrative data. For more details on the Trends file, see the methodology section of the report Fiscal Years 2016-2018 Trends in SNAP Participation.[15]

Participation rates derived from the Trends data files reflect federal SNAP eligibility criteria. This approach provides a common standard for measuring participation across states and avoids using state-specific eligibility definitions used in the analysis for the first *Spotlight* of this series. The analysis results in the first paper implied participation rates lower than the rates used in this analysis.

We defined state participation in ESAPs, SSI-CAPs, SMDs, BBCE, and other state policies according to technical documentation for the SNAP QC data files.[16] Although there is variation in how states implement policies, we treated all policies as equal for our analysis.

To estimate state demographic characteristics, we used the U.S. Census Bureau's Current Population Survey and American Community Survey microdata. Because data from the Census Bureau is presented by calendar year, and our analysis used the fiscal year for participation estimates, we constructed fiscal year variables by taking a weighted average of 25 percent of the previous year's data and 75 percent of the year of interest. We limited estimates to people ages 60 and older for all demographic variables.

Analysis Methods

We conducted a descriptive analysis of groups of states implementing SNAP policies and participation rates, including the pooled participation rate, and minimum and maximum participation rates. We also examined participation rates for groups of states with one, two, three, all, or no policies. We calculated these descriptive statistics for fiscal years 2016-2018.

To estimate the association between SNAP demonstrations and policies and participation rates, we used a multivariate linear regression model that controlled for a predetermined set of other state policies and demographic and economic characteristics. We included state versus county SNAP administration, simplified reporting options (for all individuals), online applications, availability of SNAP call centers, availability of recertification interviews by phone, and extended certification periods (for all individuals) as other state policies. We included state unemployment rate, SNAP eligibility rate, and sex and race for people ages 60 and older to control for other state-level factors likely to be associated with SNAP participation. For this model, we pooled data from fiscal years 2016-2018 to ensure adequate sample size, and we included the year as a covariate in the model.

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1 Olivia Dean and Carlos Figueiredo, "Over 9 million Adults Ages 50 and Older Faced Food Insecurity in 2020," Washington, DC: AARP Public Policy Institute, March 31, 2022, https://www.aarp.org/ppi/info-2022/food-insecurity-adults-50-and-older.html.

2 Seth Berkowitz et al., "Supplemental Nutrition Assistance Program Participation and Health Care Use in Older Adults," *Annals of Internal Medicine* 174, no. 12 (December 2021): 1674, 1682, https://www.acpjournals.org/doi/pdf/10.7326/M21-1588.

3 Vivian Gabor et al., "Seniors' Views of the Food Stamp Program and Ways to Improve Participation—Focus Group Findings in Washington State: Final Report," Sacramento, CA: Health Systems Research, Inc., 2002, https://www.ers.usda.gov/webdocs/publications/43151/51497_efan02012.pdf?v=0.

4 "Nutrition for Older Adults," MedlinePlus, National Library of Medicine, https://medlineplus.gov/nutritionforolderadults.html#:~:text=Good%20nutrition%20is%20important%2C%20no,2%20diabetes%2C%20and%20certain%20cancers.

5 Households assigned to change reporting must report these changes within 10 days of the date the change occurred or within 10 days before or after the end of the month when the change occurs. Under simplified reporting, households are required to report changes in income outside of certification and scheduled reporting intervals only when their income rises above 130 percent of the poverty level or when work hours for able-bodied adults without dependents fall below 20 hours per week.

6 For this analysis, we categorized states as having certification periods of 6 months or less, 6 to 12 months, or greater than 12 months. For states with various combinations of certification lengths, we categorized them based on the longest option available. We did not have consistent information on certification periods specific to older individuals for fiscal years 2016–2018, so this variable applies to all individuals.

7 Grace Bagwell Adams, Jung Sun Lee, Vibha Bhargava, and David A. Super, "Offsetting the Effects of Medical Expenses on Older Adults' Household Food Budgets: An Analysis of the Standard Medical Expense Deduction," *The Gerontologist* 57, no. 2 (April 1, 2017): 359–366, https://pubmed.ncbi.nlm.nih.gov/27927729.

8 Controlling for other state policies is important because states have many policy options beyond the four policies of interest in this study that may affect SNAP participation. Economic and demographic differences can also explain some of the variation in SNAP participation rates, so controlling them helps isolate the role of our policies of interest.

9 Trippe, Carole, Liz Schott, Nancy Wemmerus, and Andrew Burwick. "Simplified Reporting and Transitional Benefits in the Food Stamp Program—Case Studies of State Implementation." Report submitted to the U.S. Department of Agriculture, Economic Research Service. Washington, DC: Mathematica Policy Research, May 2004.

10 "Combined Application Projects," U.S. Department of Agriculture Food and Nutrition Service, https://www.fns.usda.gov/snap/combined-application-projects-0.

11 "Understanding the Rates, Causes, and Costs of Churning in the Supplemental Nutrition Assistance Program (SNAP)," U.S. Department of Agriculture Food and Nutrition Service, Office of Policy Support, September 2014, https://www.urban.org/sites/default/files/publication/33566/413257-Understanding-the-Rates-Causes-and-Costs-of-Churning-in-the-Supplemental-Nutrition-Assistance-Program-SNAP-.PDF.

12 "Part 273—Certification of Eligible Households," 7 C.F.R. Part 273, https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-C/part-273#p-273.10(f).

13 Grace Bagwell Adams, Jung Sun Lee, Vibha Bhargava, and David A. Super, "Offsetting the Effects of Medical Expenses on Older Adults' Household Food Budgets: An Analysis of the Standard Medical Expense Deduction."

14 "Trends in SNAP Participation Rates: FY 2016-2018," U.S. Department of Agriculture Food and Nutrition Service, https://www.fns.usda.gov/snap/trends-participation-rates-fiy-2016-2018.

15 Ibid.

16 "Technical Documentation for the Fiscal Year 2018 Supplemental Nutrition Assistance Program Quality Control Database and the QC Minimodel," Washington, DC: Mathematica, October 1, 2019, https://www.mathematica.org/publications/technical-documentation-for-the-fiscal-year-2018-supplemental-nutrition-assistance-program-quality.

Spotlight 1429200, July 2022

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https://doi.org/10.26419/ppi.00166.003