

RESEARCH BRIEF #81

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Limited Cognitive Ability May Reduce SNAP Participation among Older Adults

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KEY FINDINGS

- Older adults with cognitive disabilities are less likely to participate in the Supplemental Nutrition Assistance Program (SNAP).
- Very low cognitive function among older adult females is associated with a reduction in SNAP participation.
- Living alone with a cognitive disability may be a barrier to SNAP enrollment among older adults.
- Our findings suggest the need to reduce the administrative burden of the SNAP application process and expand community-based programming that aids older adults in accessing benefits.

The Supplemental Nutrition Assistance Program (SNAP) is the largest food and nutrition assistance program in the United States. Among older adults who qualify for the program, SNAP ‘take-up’ (participation) is low and declining and often linked to complex administrative processes, called administrative burden.^{1,2} For older adults currently on SNAP, meeting these administrative requirements becomes more difficult due to short recertification time frames, a lack of social support resources, and cognitive impairment. Cognitive impairment or cognitive decline is a problem or difficulty with one’s memory, thinking, and other brain functions, beyond what might be expected due to normal “cognitive aging”.³ A severe form of cognitive decline is dementia which is characterized by a limited ability to perform daily tasks and interact with others.⁴

This brief summarizes the results of [our recent study](#) that examined how cognitive decline affects SNAP participation among eligible older adults who are 60 years and older. Using survey data from a national sample of 6,494 older adults from 2002 to 2016 (the Health and Retirement Study [HRS]), we estimated SNAP take-up rates among older adults based on three levels of cognitive impairment status (Cognitively normal, Cognitive Impairment but No Dementia (CIND) and Dementia). We used these

levels to compare how SNAP participation varies based on gender, race and household living arrangement (living alone or with others).

SNAP Take-Up Rates are Lower among Older Adults with Dementia

In our sample of SNAP-eligible older adults, those with cognitive impairments have lower participation rates compared to those who are cognitively “normal”. Notably, the SNAP take-up rate among older adults with dementia was 25.7%, which is three percentage points lower than for those with no cognitive impairments (28.7%), see Figure 1. Memory loss, reduced language and thinking capacity, and impaired social skills,⁴ which are common symptoms experienced by older adults with dementia, can make it harder for them to navigate the SNAP application process. Generally, paper applications can be confusing, and applying in person requires good enough health to tolerate long wait times, and the cognitive ability to quickly respond to detailed and personal questions about household income and expenses. For online applications, access to a computerized device and knowledge about how to navigate the SNAP website and find the necessary program information can be deterrents to this type of application process.

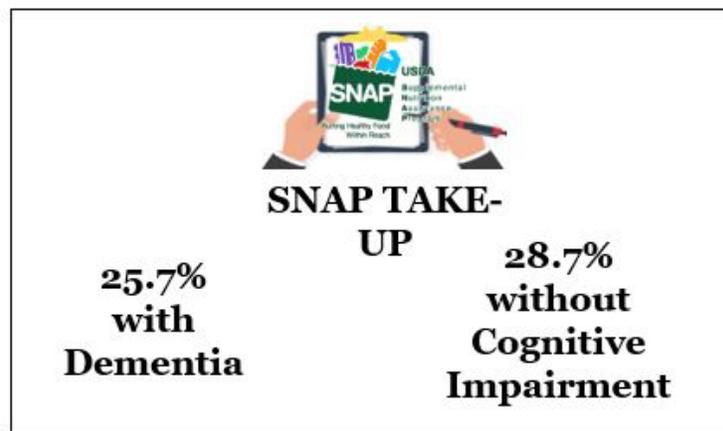


Figure 1. SNAP Take-Up Rate Among Older Adults

Data Source: Health and Retirement Study (HRS), 2002 – 2016 (N = 6,494 adults)

Image: <https://www.fns.usda.gov/snap/logo-guidance>

Dementia Affects Females More in Accessing SNAP Benefits

Among SNAP-eligible older adults, dementia decreases the likelihood of SNAP participation among females by 15% but has no significant effect among males. This finding suggests that the accumulation of disadvantages, such as inadequate care and social resources over the life course among those with low socioeconomic status, may make it more difficult for females to comply with the administrative burdens associated with receiving SNAP benefits than their male counterparts.⁵

Living Alone with a Cognitive Disability is Associated with Reduced SNAP Take-Up

Living alone may create a barrier to SNAP-take up among older adults with cognitive impairment. Among those who are SNAP-eligible and live with others, having dementia is associated with only a 4% reduction in SNAP participation. However, among those who are SNAP-eligible and live alone, having dementia leads to a 22% reduction in SNAP participation. Living alone may result in social isolation (or separation) that limits older adults' access to social programs and services like SNAP to the extent that, these

older adults must navigate the SNAP application process without the assistance of a social support network.

Collaborative Outreach Efforts Needed to Extend SNAP Benefits to Older Adults

Low-income older adults with dementia who are female and those living alone have reduced levels of SNAP participation. The findings from our study can help inform and guide focused interventions that reduce the administrative burden associated with the SNAP application process as well as generate outreach efforts to effectively extend the program's benefits to these vulnerable subgroups. The current Elderly Simplified Application Project (ESAP) – an initiative of the U.S. Department of Agriculture (USDA) – aims to simplify the administrative complexities associated with the SNAP application and recertification processes.⁶ However, specifically targeting eligible older adults with cognitive disabilities may require additional community-based solutions that involve collaborative efforts among health service workers, social workers, and in-home and community-based support networks to purposively identify cognitively-impaired older adults who are also at risk of food insecurity.⁷ For example, health care providers, Medicaid case workers, and social workers could be educated on the issue of cognitive impairment and SNAP eligibility processes for older adults and incorporate assessments of food insecurity and social support during their home visits.

Data and Methods

Using eight waves of data from the Health and Retirement Study (HRS) from 2002 and 2016, our analytical sample of 23,121 person-year observations consisted of 6,494 adults aged 60 and over who are eligible for SNAP. By linking HRS public data and HRS Geographic State Restricted data, we estimated SNAP eligibility at the household level based on federal eligibility rules and state policy options. Cognitive impairment is categorized as cognitively normal, CIND, or dementia based on the Weir-Langa Classification, which is based on the clinically assessed prevalence of these status using self-report or proxy assessments.⁸ For further information on the methodology, the published study can be found at: <https://doi.org/10.1093/geronb/gbac111.9>.

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