



# *Georgia Department of Human Services*

## **Barriers To Food Access**

Allison Bernal, RDN, LD

Chief Nutritionist, Division of Aging Services

*Stronger Families for a Stronger Georgia*

09/27/2016

# Vision, Mission and Core Values

## Vision

*Stronger Families for a Stronger Georgia.*

## Mission

Strengthen Georgia by providing Individuals and Families access to services that promote self-sufficiency, independence, and protect Georgia's vulnerable children and adults.

## Core Values

- Provide access to resources that offer support and empower Georgians and their families.
- Deliver services professionally and treat all clients with dignity and respect. Manage business operations effectively and efficiently by aligning resources across the agency.
- Promote accountability, transparency and quality in all services we deliver and programs we administer.
- Develop our employees at all levels of the agency.



*Georgia Department of Human Services*



# Senior Farmers' Market Nutrition Program



*Georgia Department of Human Services*

# Community Gardens



# Fee For Service

- Membership Model in Senior Centers
- Program revenue used to enhance programming
- Food/Meals To-Go
- Costs presented to every participant

# Senior SNAP Project

Presenter: Jenni L. Andrews

Presentation to: Senior Hunger Summit

Date: September 27, 2016



- ✓ All household members who purchase & prepare together must be age 60 or older
- ✓ No household member may have earned income



- ✓ At least one household member must have a source of fixed income

# “Fixed Income” is:



- + VA
- + Social Security
- + Supplemental Security Income (SSI)
- + Railroad retirement / disability
- + Private Retirement

# “Fixed Income” is not:

- × Unemployment
- × Wages
- × Self-employment
- × Work-related disability





## A “Senior SNAP household” is:

- All individuals 60 years and older who live together and who also purchase and prepare their meals together.



## A “Regular SNAP household” is:

- All other combination of households.
- These members may apply for regular SNAP benefits.



# Application Completion

- Original – not typed – signature
- Provide a valid phone number
- Additional phone numbers (cell, representative) are helpful
- Thoroughly completed applications will help us to make a decision more quickly.



# Submit Applications By:



- Scan to email
  - [seniorsnap@dhr.state.ga.us](mailto:seniorsnap@dhr.state.ga.us)



- Fax, if scanned email is not available
  - 678-717-5585

# Submitting via email

- **seniorsnap@dhr.state.ga.us**

Email Subject:

“App – First Name Last Name”



The image shows a screenshot of an email client interface. The 'To:' field is filled with 'Seniorsnap@dhr.state.ga.us'. The 'Subject:' field is filled with 'App - John Smith'. Below these fields, there are several small, partially visible buttons or icons, likely for sending, saving, or deleting the email.

- Include any verification already in hand when submitting an application.

- If verification is needed, a written request will be mailed to the applicant.

- Verification can be submitted by fax or mail.

- Verification is needed for medical expenses and for those with non-citizenship status



# Notice of Approval

- The usual timeframe for processing is 30 days. With your help, we will try to complete them well before this time frame!



# Changes

- If a household member no longer meets the Senior SNAP requirements by going to work or someone moves in who is under 60, the Senior SNAP case will be closed.
- A notice will be sent informing the household how to apply for “regular” Food Stamps through the county office.
- Before closure or denial, a contact will be made to explain this.

- After approval, a MyCOMPASS account can be created to report changes & complete reviews.

[www.compass.ga.gov](http://www.compass.ga.gov)



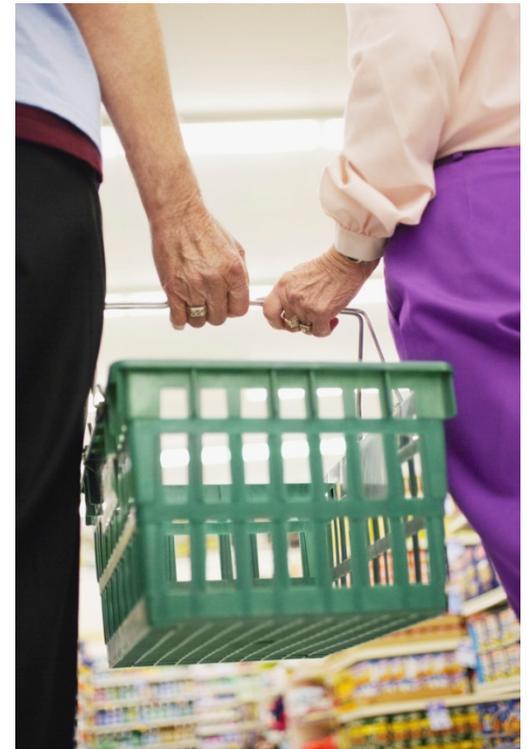
**October 1, 2015** – Georgia began to allow households with an elderly or disabled member with recurring medical expenses in excess of \$35 per month to claim a standard medical deduction of \$185 per month.

11,600 Senior SNAP cases were identified as potentially eligible for the Standard Medical Deduction

Approximately 75% of these cases had an increase in monthly benefit (average increase is \$40 per month)

Approximately \$600,000 benefits issued before Thanksgiving 2015. (\$300,000 per month for 10/15 & 11/15)

- Clients with qualifying medical expenses will be allowed the standard medical deduction unless they request an actual expense deduction.
- Households with medical expenses that are more than \$185 per month may opt to claim and verify all medical expenses.
- Only those requesting a deduction in excess of \$185 will be required to verify all medical expenses.



- Transportation/Lodging to obtain medical treatment or services
- Medical care not reimbursed by insurance
- Health Insurance
- Alternative health treatment
- Prescription medication
- Over-the-counter medication
- Health related supplies
- Health equipment
- Service animals
- Attendant/housekeeper



- Paid receipts
- Written statements from providers
- Health insurance policies or payment books
- Current bills for physicians and pharmacy
- Pharmacy printout for prescriptions
- Client statement accepted for medical mileage

# Senior SNAP makes it easier!



- No scheduled appointment is required at application or review for Senior SNAP
- No going to DFCS offices
- Faster approval
- Less verification required

“... together we can do so much.”

~ *Helen Keller*

Thank you for your  
partnership in helping  
Georgia's seniors!



# Think \$16 a month is not worth it?



**Customer Service Telephone: (404) 370-6236**

\* Do not contact the Call Center to report changes\*

**Fax: (678) 717-5585**

**Email: [seniorsnap@dhr.state.ga.us](mailto:seniorsnap@dhr.state.ga.us)**



# Additional Contacts:

*Senior SNAP Project Director: Carla Fairley*

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*Interim Administrator, Jenni L. Andrews*

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## ***Senior SNAP Supervisors***

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*Georgia Department of Public Health*

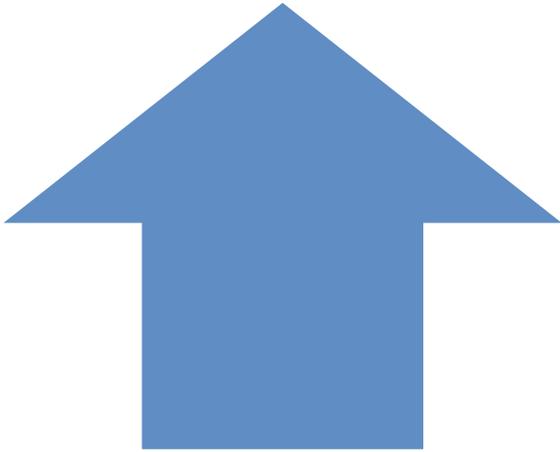
# Health, Hunger, and Older Adults

Jean O'Connor, JD, DrPH  
Chronic Disease Prevention Director

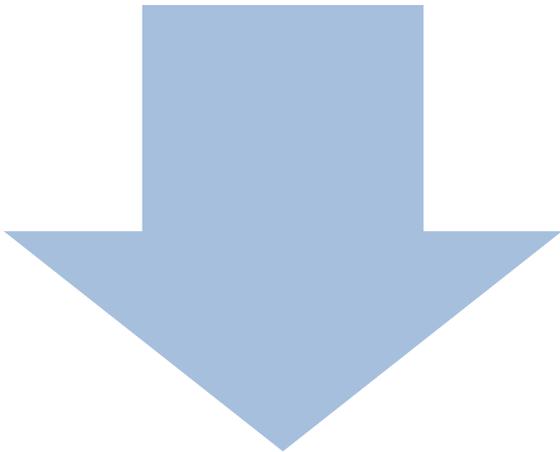


*We Protect Lives.*

# Nutrition and Health



Good nutrition has been demonstrated to support good health, increased performance on cognitive tests, and positive educational outcomes.



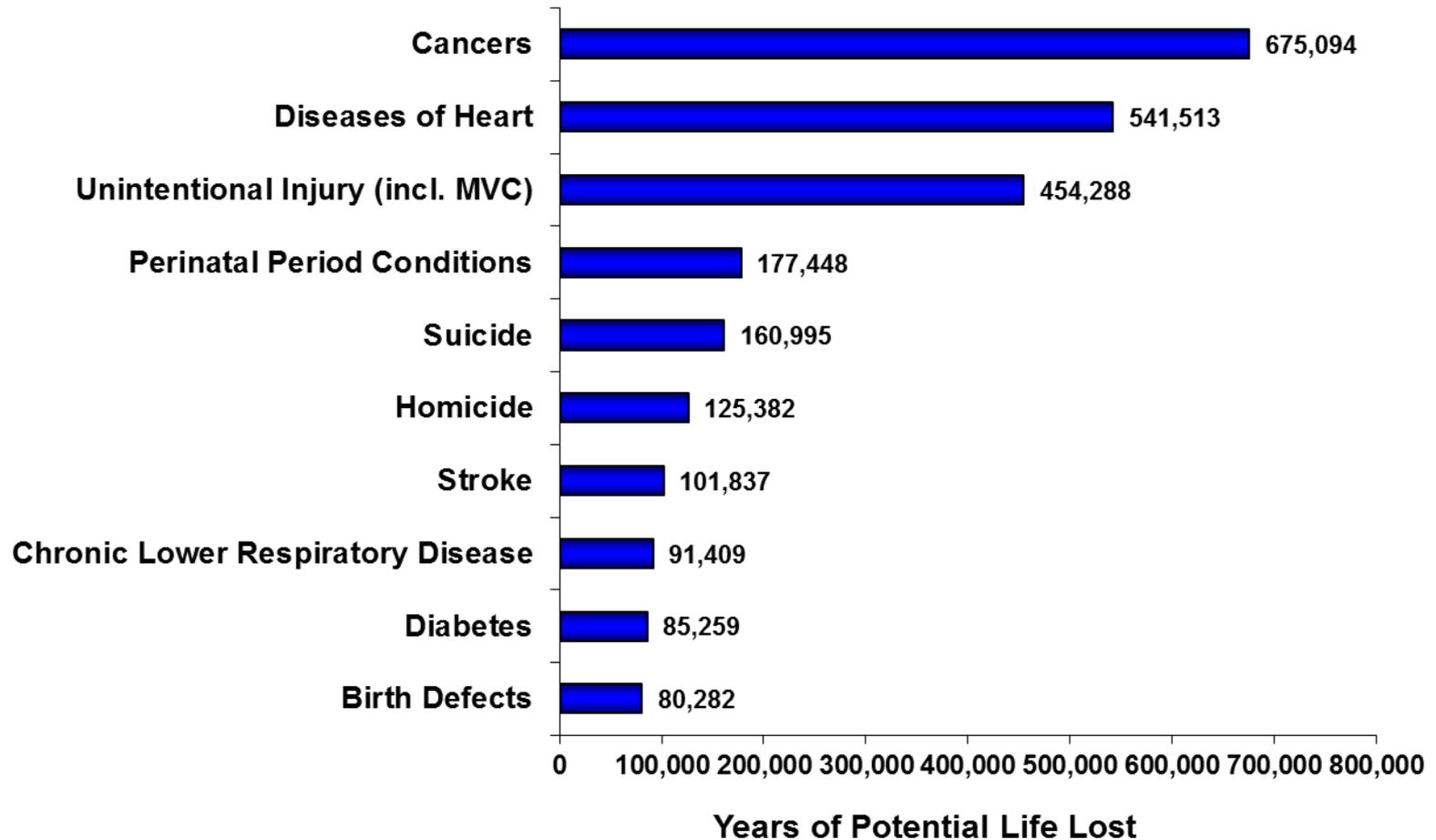
Poor nutrition is one of the leading risk factors for chronic diseases such as heart disease, obesity, diabetes and cancer, which together cost the State of Georgia more than \$40 billion dollars per year.

# Food Security and Older Adults

- In 2014, 5.7 million Americans over the age of 60 were food insecure. This constitutes 9 percent of all seniors.
- The number of food insecure seniors is projected to increase by 50% when the youngest of the Baby Boom Generation reaches age 60 in 2025.
- Food insecure seniors are at increased risk for chronic health conditions, even when controlling for other factors such as income:
  - 60 percent more likely to experience depression
  - 53 percent more likely to report a heart attack
  - 52 percent more likely to develop asthma
  - 40 percent more likely to report an experience of congestive heart failure

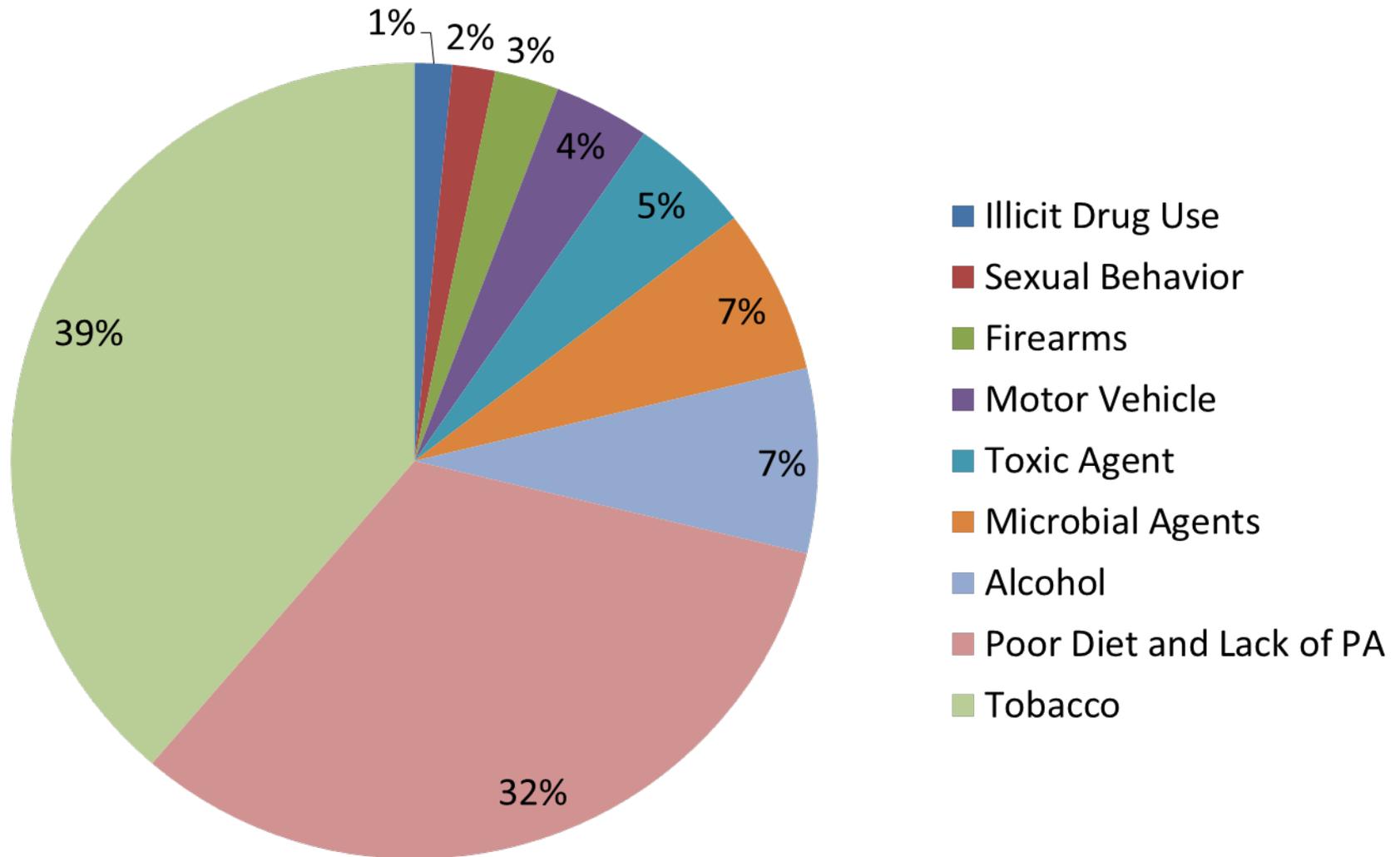
# Leading\* Causes of Premature Deaths (before age 75), Georgia

Years of Potential Life Lost 2009-2013



\* Cause categories are the National Centers for Health Statistics (NCHS), rankable causes of deaths applied to Georgia.

# Leading Contributors to Premature Death, Georgia



# Geographic Trends in Obesity in Georgia

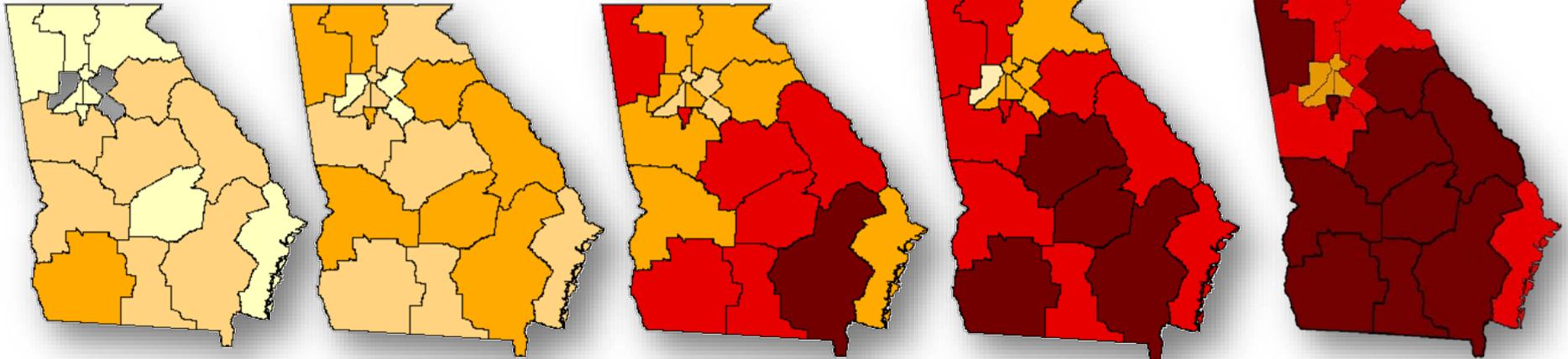
1993-1996

1997-1999

2000-2003

2004-2006

2007-2009



Percent of obese adults:

 < 10%

 10-14%

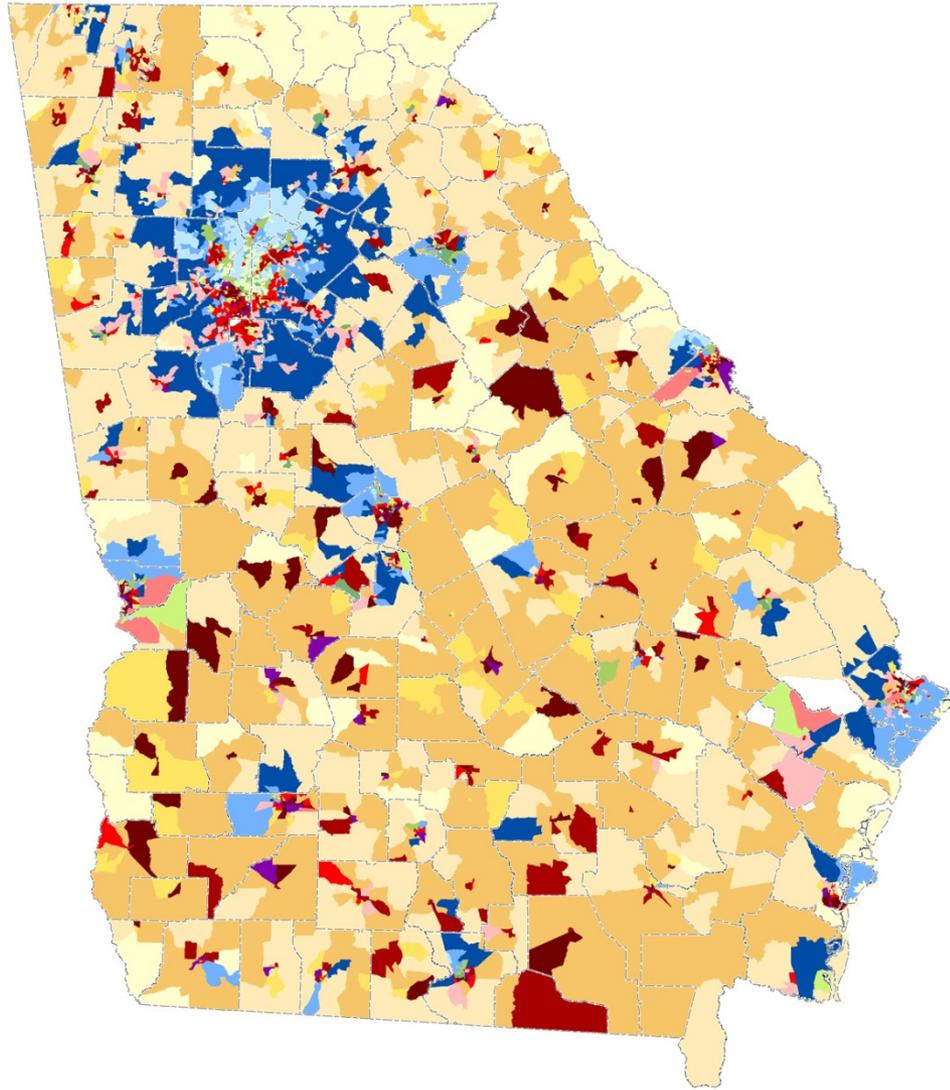
 15%-19%

 20-24%

 25-29%

 30%+

# Demographic Clusters Socio-economic Status

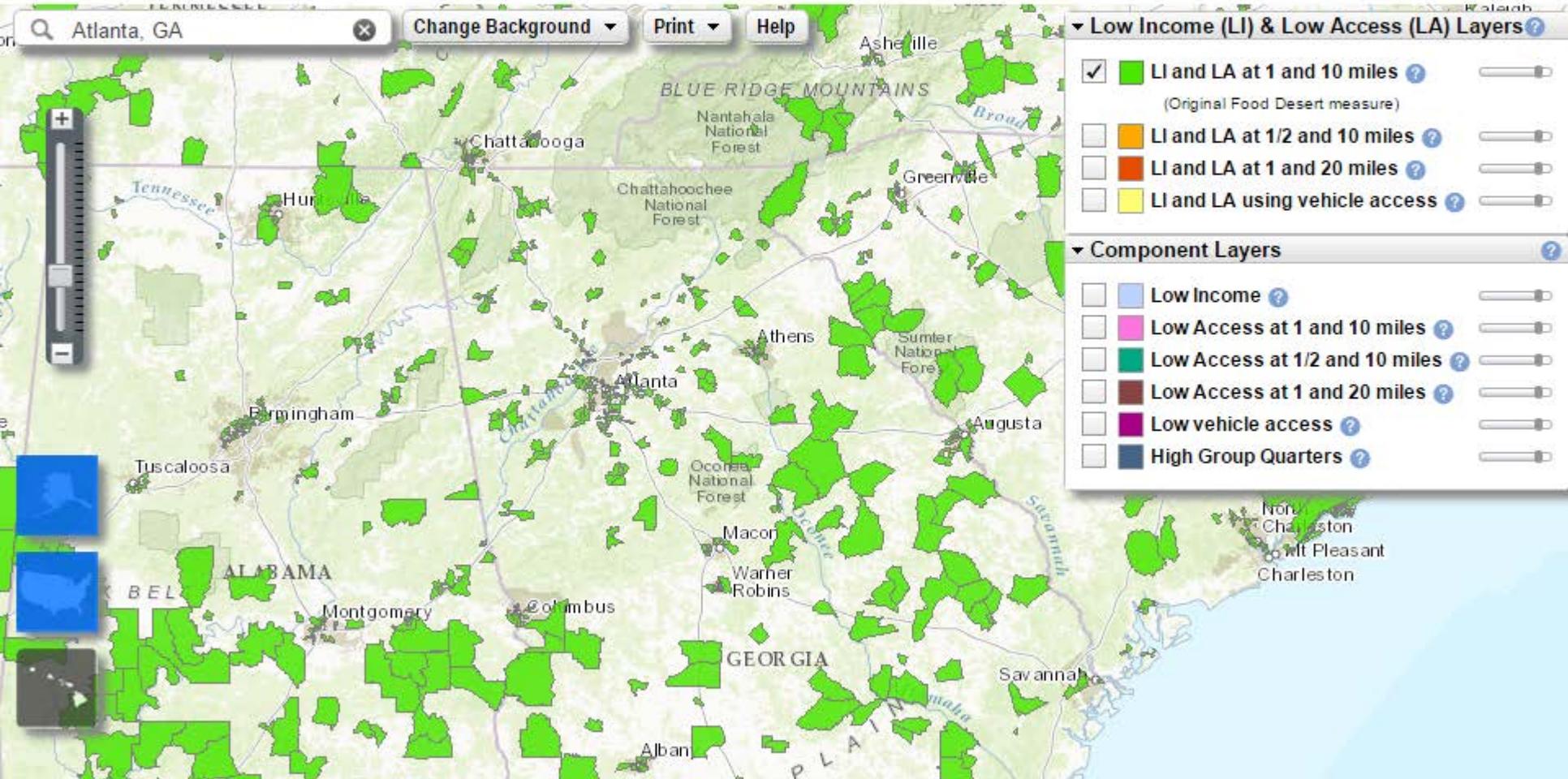


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**Low Income (LI) & Low Access (LA) Layers**

- LI and LA at 1 and 10 miles** (Original Food Desert measure)
- LI and LA at 1/2 and 10 miles**
- LI and LA at 1 and 20 miles**
- LI and LA using vehicle access**

**Component Layers**

- Low Income**
- Low Access at 1 and 10 miles**
- Low Access at 1/2 and 10 miles**
- Low Access at 1 and 20 miles**
- Low vehicle access**
- High Group Quarters**

# Policy Levers/Interventions

1. Taxing and spending on specific programs;
2. Direct regulation of persons, professionals and businesses;
3. Altering the built environment;
4. Altering the socio-economic environment;
5. Altering the informational environment; and
6. Deregulation when laws act as a barrier to health.

Source: Gostin LO. Public Health Law: Power, Duty, Restraint. 2nd ed. Los Angeles: University of California Press; 2008:92.

# Preview of HP2020 NWS Law and Policy Recommendations

1. Continue to enhance alignment among, and expand, existing programs, like CACFP, SNAP, TEFAP, and the Commodity Supplemental Program;
2. State and local innovation Healthy Food Financing development opportunities and Food Hubs;
3. Place-based approaches, including community-gardens and adoption of nutrition standards in community settings; and
4. Create and promote sustainable partnerships at the local level between agriculture, public health, and human services agencies.

**Jean O'Connor, JD, DrPH**

*Chronic Disease Prevention Director*

Georgia Department of Public Health

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