The Role of the Commodity Supplemental Food Program (CSFP) in Nutritional Assistance to Mothers, Infants, Children, and Seniors

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Abstract

Each month, the Commodity Supplemental Food Program (CSFP) provides supplemental food packages to about a half a million low-income pregnant and postpartum women, children younger than 6, and seniors 60 and older. This study—the first in-depth study of the program since 1982—looks at how CSFP operates, who participates in it, and how it fits into the overall food assistance landscape. The study estimates that 2.9 million mothers, infants, and children meet eligibility requirements for CSFP but not for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). An estimated 7.5 million seniors would be eligible if CSFP were available everywhere. In eight States where the program is widely available, more seniors participate in CSFP than in the Food Stamp Program. Use of volunteers, staff stability, and the small scale of operations contribute to CSFP's simplicity and accessibility. Focus group participants liked the program's simplicity, the quality of the food it provides, and the nutrition education they received.

This study was conducted by The Urban Institute under a cooperative research contract with USDA's Economic Research Service (ERS) Food and Nutrition Assistance Research Program (FANRP): contract number 43-3AEM-5-80091 (ERS project representative: Annette Clauson). The Urban Institute is a nonprofit, nonpartisan policy research and educational organization that examines the social, economic, and governance problems facing the Nation. The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders; ERS; or USDA. Information presented here is derived in part from the Transfer Income Model, Version 3 (TRIM3) and associated databases. TRIM3 requires users to input assumptions and/or interpretations about economic behavior and rules governing Federal programs. Therefore, the conclusions presented here are attributable only to the authors of this report.

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Executive Summary

Each month, the Commodity Supplemental Food Program (CSFP) provides about half a million low-income Americans with food packages designed to provide nutritionally balanced supplements to their monthly food consumption. The National CSFP Association estimates that the retail value of the CSFP package, including canned meats, vegetables, fruits, grains and dairy products, is about $50.

The federal government pays the full cost of food and provides allocations to the states to help cover administrative expenses. States deliver benefits through agreements with designated local agencies, which may be private nonprofits or local governments. Participation is restricted to low-income pregnant and postpartum women, children younger than age six and seniors age 60 and over. Seniors became eligible for CSFP in pilot projects in FY 1981, and then generally in FY 1986.

CSFP began in 1969, before the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC is now the dominant source of nutrition assistance for this population, and seniors are now the dominant population in CSFP, accounting for 93.1 percent of participants in FY 2007. Individuals who are eligible for both CSFP and WIC must choose between them. There are no restrictions on simultaneous participation in CSFP and the Food Stamp Program (FSP), but food stamp participation among eligible seniors is very low.

Interest in CSFP is growing. Thirty-two states, the District of Columbia, and two tribal organizations currently participate in CSFP. Five additional states have approved state plans but have yet to receive any funding due to insufficient program resources, and awareness that funds have not been available for new states has kept some of the remaining thirteen states from applying. CSFP is not an entitlement program, for which funding automatically adjusts to changes in the number of eligible people who want to participate, and it is not available in all parts of all states that participate. Appropriations in recent years have been insufficient to maintain enrollment at the peak levels reached in FY 2004. The Bush administration proposed to eliminate CSFP in its FY 2007, FY 2008, and FY 2009 budget requests, suggesting that mothers, infants, and children (MICs) be absorbed into WIC and that seniors receive temporary assistance leading to a permanent transition to food stamps.

Little recent research has been available to guide policymakers in their decisions regarding CSFP. The present study used both qualitative and quantitative methods to address four questions whose answers can inform those decisions:

- How does CSFP fit into the overall food assistance landscape?
- How do states and local agencies administer CSFP?
- Who participates in CSFP, and who might participate in an expanded program?
- What are states' expectations for future use of CSFP, in relation to other food assistance programs and target populations?

Eligibility and Participation Estimates

Arguments that CSFP duplicates other food assistance programs for mothers, infants, and children (MICs) focus on WIC, and for seniors focus on FSP. To assess these arguments, we estimate MIC eligibility and participation in CSFP and WIC, and senior eligibility and participation in CSFP and FSP. CSFP eligibility requirements for MICs are similar to those for WIC in that both programs provide benefits to pregnant women, postpartum women, infants, and children. Both programs, moreover, require participants to either have income at or below 185 percent of federal poverty guidelines (income eligibility), or be certified as eligible for FSP, Medicaid, or TANF (adjunctive eligibility). Non-breastfeeding mothers, however, are eligible for WIC for only six months postpartum, compared with one year in CSFP; and children are eligible for WIC if they are under age 5, not under age 6 as in CSFP. To be eligible for WIC, moreover, participants must meet nutritional risk criteria. If CSFP were to be offered nationally we estimate about 2.9 million women, infants, and children would be eligible for CSFP, but not for WIC. This estimate includes 1.8 million five-year-olds and 900,000 women who are six to twelve months postpartum and not breastfeeding. The estimate also includes nearly 100,000 infants and one-year-olds who do not meet WIC criteria for nutritional risk, although in practice, children who meet other program criteria are rarely, if ever, denied WIC eligibility for lack of evidence of nutritional risk.

To qualify for CSFP as a senior, a person must be 60 or older, with income at or below 130 percent of federal poverty guidelines. Based on our estimates, 7.5 million seniors nationally, and 5.4 million in CSFP states, meet these requirements. Although only about 8.5 percent of the eligible seniors in CSFP states participate, nearly 50 percent participate where CSFP is most widely available, in Louisiana and the District of Columbia. Applying a 50 percent takeup rate to the 7.5 million seniors who appear to meet CSFP eligibility requirements suggests that up to 3.8 million seniors might participate if CSFP were available in all parts of all states. We estimate that in all states, 2.3 million seniors who meet CSFP eligibility requirements are not eligible for food stamps. About 2.0 million CSFP-eligible seniors who are eligible for food stamps would receive monthly benefits of $10 or less per person.

Program Operations

A detailed picture of program implementation emerges from site visits to five states: the three states with the highest current participation in CSFP (California, Louisiana, and Michigan); the District of Columbia; and the Pine Ridge Reservation in rural South Dakota, where the Oglala Sioux Tribe operates the program. State administration mostly involves supervising the implementation of caseload allocations, food ordering, and inventory management. The character

of the program is largely determined by the local contractors or public agencies that deliver the food in a variety of venues and modes of distribution.

CSFP mandates that the monthly package include a specified amount of food in each of several nutritional categories. Most sites observed used pre-packed distributions, limiting choice at the point of delivery. But some programs value choice within the CSFP package highly, and find ways of achieving it, including operating pickup sites so that they resemble supermarkets, or strategically rotating food in stock. Many sites also routinely supplemented the CSFP package by distributing additional foods, or other items, which had been provided by other government programs, donated, or purchased with funds from public or private sources.

Local agencies are required to deliver nutritional education along with the food distribution. The materials provided most often were recipes using CSFP foods and flyers with guidance on nutrition or related health issues. Some local agencies staged cooking demonstrations or used other forms of active learning. The nature of materials and the frequency of their receipt were not consistent across sites.

Key findings include the following:

- A hallmark of CSFP is that eligibility and enrollment requirements are relatively simple to administer, particularly in contrast to FSP and WIC. CSFP can nonetheless be very labor-intensive, particularly around warehousing, managing inventory, transporting, unloading, and distributing food. Most programs visited relied heavily on volunteers, some of whom had been helping for many years, and volunteer services were well integrated into program operations.

- Relationships between CSFP and WIC are competitive in some places. Few sites reported seamless transitions for children who age out of WIC at five, but are eligible for CSFP until age six. Mothers in the focus groups described CSFP as easier to participate in than WIC, pointing to inaccessibility or long waits at WIC clinics, or to the bureaucratic nature of WIC. Some mothers wished to avoid WIC's health monitoring, and others preferred the foods available from CSFP to those from WIC.

- CSFP may account for a substantial portion of participants' monthly food consumption. Few seniors reported FSP participation, and many believed they would be eligible only for the $10 minimum food stamp benefit. Among focus group participants, mothers were more likely than seniors to receive food stamps. Senior focus group participants with diabetes expressed concern about the sugar content of some CSFP foods; salt and fat content were also issues.

- CSFP local providers include food banks and social service organizations. CSFP makes more food available to these organizations, helps them cover administrative costs, and enhances their ability to serve low-income clients. Providers cite the quality of the CSFP package as high and note the decreasing amount of donated food available from other sources.

- CSFP food delivery may be an important door to other services, depending on the mission or philosophy of the administering agency or program manager and the capacities of the

facilities, including available space and distribution schedules. Where CSFP food is delivered by a Community Action Agency or other human services organization, CSFP food can be a door to a wide variety of services that low-income seniors might not otherwise access. When distributed by food banks, CSFP was a nutritionally balanced component within a wide variety of foods, household items, and other donated goods.

- CSFP offers several lessons for human services. Use of volunteers, staff stability, and the small scale of operations all contribute to CSFP's simplicity and accessibility. Program staff, including volunteers, become familiar with participants' needs, and are perceived as legitimate by participants who might otherwise be less receptive to assistance. The monthly food distribution itself is often an important social event for seniors. The value of CSFP might be enhanced, however, by better coordination with other programs, particularly WIC, FSP, and services for seniors.

We conducted telephone interviews with officials from three states that had recently entered the program (Missouri, Pennsylvania, and Texas) and two of the waiting states (Utah and New Jersey). The programs in Missouri, Pennsylvania, and Texas primarily serve seniors, whom officials see as having few alternative sources of food assistance. Utah plans to start with MICs in the Salt Lake City area, where WIC capacity reportedly has been strained, and later expand to cover seniors. New Jersey plans to cover low-income MICs and seniors in Trenton, with a focus on nutrition risk and obesity.

Officials we interviewed from nonparticipating states (Florida, Georgia, and Massachusetts) were either less familiar with CSFP or dissuaded by the lack of funding for recent joiners and the Administration's repeated proposals to end the program.

The CSFP food package is designed to be balanced across food groups, administrators and participants regard the quality of the food as high, and participants are exposed to nutrition education. Compared with MICs, seniors face different nutritional risks and are more likely to have difficulties preparing and consuming food, creating different issues in selecting and distributing appropriate foods.

1. INTRODUCTION

This is the first field-based, in-depth study of the Commodity Supplemental Food Program (CSFP) since 1982. Each month, the program provides about half a million low-income Americans with food packages designed to provide nutritionally balanced supplements to their monthly intake. Participation is restricted to low-income pregnant and postpartum women, children younger than age six, and seniors, defined as those age 60 and over.

The CSFP packages contain a combination of canned meats, vegetables, fruits, juices, grains such as rice or cereal, dairy products, other protein sources such as dried beans and peanut butter, and infant formula, as appropriate. Packages differ somewhat for participants in different eligibility categories, and recipients at some program sites have some choice within food groups. In addition to the regular monthly package, participants sometimes receive other food acquired by USDA through its programs to reduce commodity surpluses; in recent years such "bonus foods" have included asparagus, black-eyed peas, raisins, and cranberry sauce. The National CSFP Association, which represents the state and local agencies that administer the program, estimates the retail value of the CSFP package as about $50.[1]

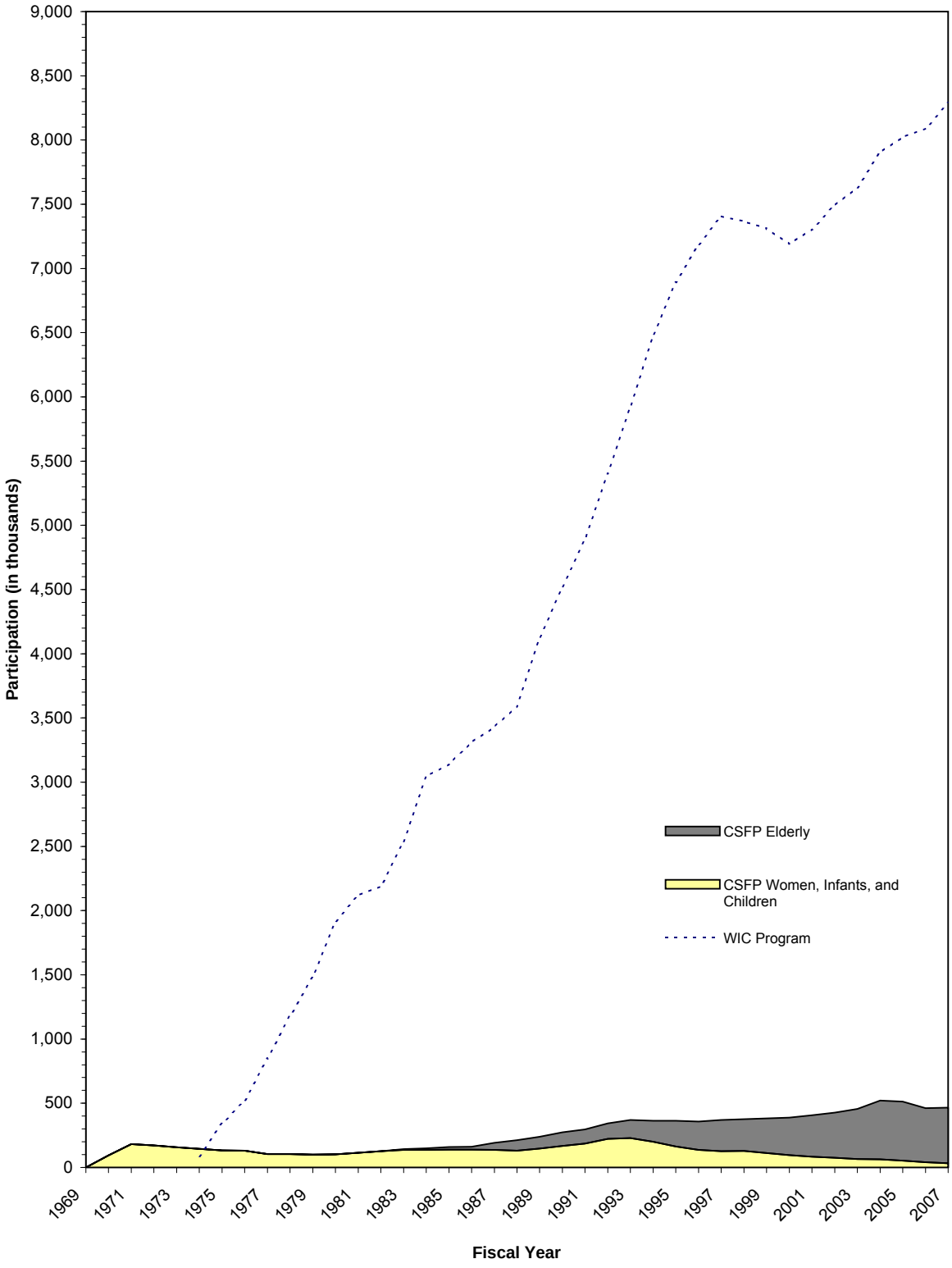
CSFP started in 1969 and originally served pregnant or postpartum women, infants, and children only, predating the 1974 start of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC, which provides participants with vouchers to purchase specified foods from retail markets, was expected to become the dominant source of assistance for this population; by 1975, WIC already served more women, infants and children than did CSFP (figure 1-1). In CY 2003, the most recent year for which data are available, WIC coverage rates ranged from 45.3 percent of eligible children age 1 through 4 to 83.1 percent of eligible infants. The overall WIC coverage rate, including pregnant and postpartum women, was 57.1 percent (Food and Nutrition Service 2006b), leaving fewer than half of those eligible for either program available for enrollment in CSFP. By FY 2007, more than two hundred times as many women, infants, and children participated in WIC (8.3 million) as in CSFP (33,000).[2]

People age 60 and older became eligible for CSFP coverage with three pilot projects launched in FY 1982, and seniors became eligible more generally in FY 1986, under the Food Security Act of 1985. As the number of mothers, infants, and children (MIC) participating in CSFP has fallen, the presence of seniors in the program has increased. By FY 1995, the number of seniors in CSFP exceeded the number of MICs. In FY 2007, about 433,000 seniors made up 93.1 percent of CSFP participants, and 33,000 were women, infants, and children (7.1 percent). Average monthly participation in states that administer CSFP increased 36.7 percent from FY 1999 to FY 2004. This includes 10.8 percent growth in the states that were in CSFP before FY 2000, with the rest of the program's growth attributable to the entry of fifteen new states into the

[1] National Commodity Supplemental Food Program Association FY 2009 Budget Request. http://www.csfpcentral.org/Restore/advocacy/Budget_FY09/FY2009BudgetRequest.pdf

[2] Data cited for FY 2007 is preliminary Food and Nutrition Service data, as of January 8, 2008.

Figure 1-1: CSFP and WIC Participation, FY 1969-2007



Source: Food and Nutrition Service (http://www.fns.usda.gov/pd/fdpart.htm and http://www.fns.gov/pd/wisummary.htm). Data as of January 30, 2008.

program between FY 2000 and FY 2003.[3] All the growth was among seniors; the number of MIC participants over the same period fell from 112,100 to 62,900. The FY 2004 average monthly participation total of 521,700 represents CSFP's peak enrollment to date.

Unlike larger and better-known food assistance programs, such as WIC, the Food Stamp Program (FSP), and the National School Lunch Program (NSLP), CSFP is not available in every state, and is not necessarily available in all parts of the states that do participate. But state interest in CSFP has been growing. Thirty-two states, the District of Columbia, and two tribal organizations—the Oglala Sioux in South Dakota, and the Red Lake Band of Chippewa in Minnesota—are currently in the program (figure 1-2). Five additional states have submitted approved state plans, but have yet to receive any funded slots under the FNS allocation formula. Our interviews with food assistance officials from nonparticipating states suggest that awareness funds have not been available for new states has kept some of them from making any effort to join the program.

Unlike FSP or NSLP, CSFP is not an entitlement program, for which funding automatically adjusts to changes in the number of eligible people who want to participate. Because the costs of providing the CSFP commodity package rise with inflation, even a constant funding level reduces the number of people the program can serve. For CY 2005, a cash carryover and excess inventory gave FNS enough resources to support the same national caseload allocation as in CY 2004, and enrollment ran close to that for the previous year until September, when Louisiana, which had previously operated the largest program of any state, was unable to distribute any commodities due to the effects of Hurricane Katrina.[4] Resources in subsequent years were not sufficient to support the CY 2004–2005 caseload and FNS reduced the national caseload, by 8.1 percent for CY 2006, and by an additional 1.4 percent for CY 2007. In FY 2007, participation averaged 466,200, a 10.6 percent drop from FY 2004.[5]

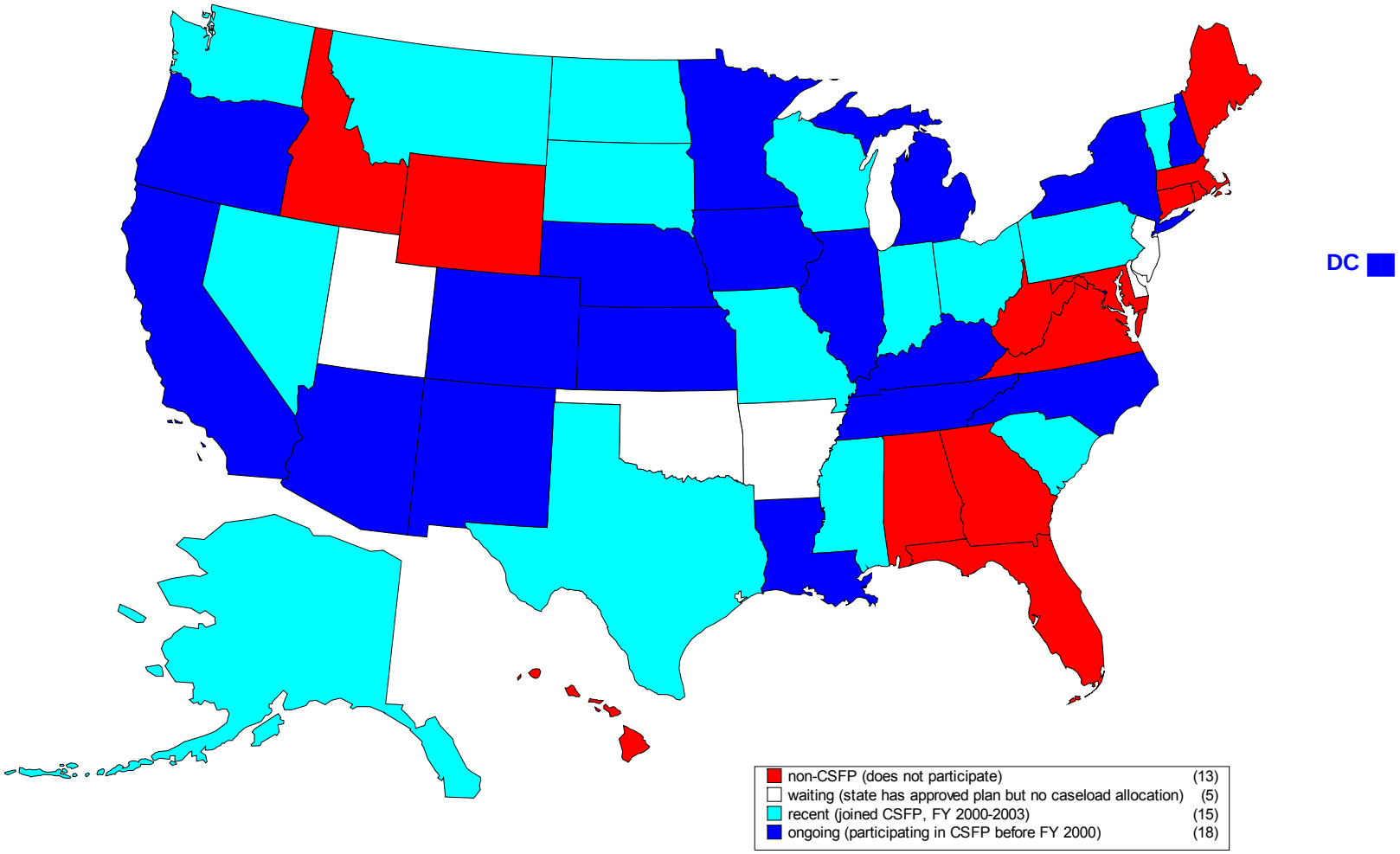
Although Congress increased program funding from $107 million in FY 2007 to $140 million in FY 2008, increasing food costs, declining availability of surplus commodities, and a statutory increase in administrative funding for the state and local agencies that administer the

[3] Urban Institute calculations from state-level data extracted from the Food and Nutrition Service National Databank. One of the fifteen new states, South Dakota, administered the Oglala Sioux program before it was transferred to tribal control in the early 1990s. The state reentered the program for other areas in FY 2003. The figures for growth among states in CSFP before FY 2000 do not include South Dakota.

[4] In the CSFP context, the term "caseload" refers to the number of funded slots FNS allocates to each participating state for a fiscal year, based on overall program funding and data on recent enrollment. In an entitlement program context, "caseload" is more often used to refer to the total number of participants at the state or national level.

[5] Caseload data for CY 2005–2007 are from the National CSFP Association's newsletters for Spring 2005 (http://www.csfpcentral.org/Restore/Newsletters/CSFP%20Spring%2005.pdf), Spring 2006 (http://www.csfpcentral.org/Restore/Newsletters/CSFP%20Spring%202006.pdf), and Spring 2007 (http://www.csfpcentral.org/Restore/Newsletters/CSFP%20Spring%20075.pdf).

Figure 1-2: State Participation in CSFP, FY 2008



Note: South Dakota is shown as recent because the state government returned to the program in FY 2003. The Oglala Sioux program in South Dakota began operations in 1969, under state administration, and was transferred to tribal control in 1992. Hence, the Oglala Sioux program was ongoing when the state reentered CSFP with distributions in other parts of the state.

program combined to reduce the caseload by another 2.5 percent, from 485,614 to 473,473.[6] With this reduction in caseload for the state programs that are currently operating, FNS is again unable to fund any slots in the five waiting states.

CSFP income limits for women, infants and children, like those for WIC, are set at 185 percent of federal poverty guidelines. However, some who are ineligible for WIC for reasons other than income are eligible for CSFP: women between six and twelve months postpartum who are not breastfeeding, children between their fifth and sixth birthdays. WIC participants must also meet nutrition risk criteria. Under current WIC policies, pregnant or postpartum women and children age 2 through 4 who meet income and categorical requirements, but do not have other nutrition risks, are presumed to have dietary risk because they do not follow guidelines for a healthy diet. This presumption does not apply to infants and one-year-olds, for whom no federal dietary guidelines have been established. In practice, however, few if any children who meet other WIC requirements are rejected due to an absence of nutritional risk.

Participants who are eligible for both WIC and CSFP are required to choose between them because it is illegal to receive benefits from both programs in the same month. This choice applies to individuals, not households. Mothers may choose, for example, to enroll one child in WIC and another in CSFP.

CSFP eligibility for seniors is based on gross income at or below 130 percent of federal poverty guidelines. Both seniors and MICs may receive both food stamps and CSFP. Food stamp participation among eligible seniors, however, is notoriously low. One reason is that many seniors are eligible for (or believe they are eligible for) only the $10 minimum monthly FSP benefit, which they may see as not worth the trouble it takes to obtain it. Limited access to enrollment sites or retail food outlets in which to purchase food with food stamps may also limit senior participation in FSP. Other seniors who meet the CSFP income requirements may be ineligible for food stamps due to FSP's net income limits, asset tests, or restrictions on benefits to noncitizens.

Like FSP, WIC, and the NSLP, CSFP is administered at the national level by the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS). The federal government pays the full cost of food and provides allocations to the states to help cover administrative expenses. States deliver benefits through agreements with designated "local agencies," which may be private nonprofits or local governments. Benefits and administrative expenses for the program totaled $142 million in FY 2007, about 0.3 percent of spending on all FNS programs (table 1-1). This figure includes $107 million appropriated by Congress plus cash carryover, excess inventory, and the value of commodities acquired through USDA programs to reduce farm surpluses, all of which can provide the program with resources above the appropriated amount.

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[6] "Commodity Supplemental Food Program (CSFP): Final Caseload Assignments for the 2008 Caseload Cycle, and Administrative Grants," letter from Cathie McCullough, Director, Food Distribution Division, FNS to Regional Directors, Special Nutrition Programs, and State Directors, CSFP State Agencies, December 28, 2007.

Table 1-1: Food and Nutrition Service Programs, FY 2007

Program	Participants (in thousands)	Total Cost (in million $)	Share of Total Program Costs
Food Stamp Program	26,468	33,204	61.2%
National School Lunch Program[1]	30,508	8,842	16.3%
Special Supplemental Program for Women, Infants, and Children (WIC)	8,285	5,420	10.0%
Child/Adult Care Food Program[1]	3,182	2,265	4.2%
School Breakfast Program[1]	10,125	2,189	4.0%
Puerto Rico Nutrition Assistance Grant[2]		1,551	2.9%
Summer Food Service Program	1,926	285	0.5%
TEFAP (Emergency Food Assistance)[2]		249	0.5%
Commodity Supplemental Food Program (CSFP)	**466**	**142**	**0.3%**
Food Distribution Program on Indian Reservations	87	78	0.1%
Special Milk Program[2]		14	0.0%
Disaster Feeding[2]		7	0.0%
Nutrition Services Incentive Program[2]		2.6	0.0%
Total		54,249	100.0%

Notes:

[1] Costs for National School Lunch Program, Child/Adult Care Food Program, and School Breakfast Program include $151 million in child nutrition state administrative costs, distributed among the programs in proportion to their other costs.

[2] Participation data not collected by FNS.

Source: Food and Nutrition Service (http://www.fns.usda.gov/pd/annual.htm, as of 4/24/2008)

The Bush administration proposed to cease CSFP operations in its FY 2007, FY 2008, and FY 2009 budget requests. The MIC component of CSFP, the administration suggested, could be absorbed into WIC and other nutrition assistance programs. The administration did not, however, propose extending WIC eligibility to the women and children who are eligible for CSFP but not for WIC under current law. Seniors would receive temporary assistance during a period of transition to food stamps. Congress has so far rejected the president's proposal to eliminate CSFP, voting instead to continue it in FY 2007, and to increase funding for it in FY 2008. The 2008 Farm Bill, enacted over the president's veto, reauthorized the program through FY 2012.

The administration's rationale for defunding CSFP emphasized the Office of Management and Budget (OMB) Program Assessment Rating Tool (PART) measurements that were published as part of the FY 2006 Executive Budget (Office of Management and Budget 2005). The OMB reviewers found that the program had clear purposes, addressed real needs, and was generally well-managed. But they gave CSFP poor marks based on inadequate performance goals and the absence of program data or outside evaluations that could be used to determine its effectiveness. The overall rating was "Results Not Demonstrated." This study addresses some of the gap in information about CSFP.

Previous Research

As the PART review suggests, little recent research has been available to guide policymakers in their decisions on CSFP. A literature review for the Economic Research Service found that few studies had examined either participant group (Fox, Hamilton, and Lin 2004). The last major evaluation, conducted for FNS in 1982 (Mahony Monrad et al. 1982), compared health and nutrition outcomes for a sample of pregnant women and children participating in CSFP in Memphis and Detroit with outcomes for a matched sample of eligible nonparticipants in the same service areas. The study found that the program had positive effects for pregnant women and, less consistently, for children.

The 1982 study did not look at the elderly, whose pilot projects had just begun. Two studies found evidence of nutritional risk and food insecurity among senior CSFP participants. Koughan and Atkinson (1993) conducted nutrition screening among New Orleans seniors participating in CSFP and found that 80 percent were at moderate or high nutrition risk. Holben, Barnett, and Holcomb (2006) administered a telephone survey including the 18-item Food Security Survey Module and the SF-36 health status questionnaire to 91 rural Ohio seniors participating in CSFP.[7] Forty-five of the seniors (49.4 percent) were food insecure; nine of the 45 (9.9 percent of the total sample) were food insecure with hunger. The Ohio study also found that food insecurity among these seniors was correlated with poorer nutrition and health status.

[7] The Current Population Survey Food Security Supplement and other surveys include the full Food Security Survey Module, 18 items with which food-secure households can be distinguished from households with low and very low food security. See Nord, Andrews, and Carlson (2007). The SF-36 health questionnaire is a widely used instrument with 36 items related to physical activity and health status.

Neither the New Orleans study nor the Ohio study compared the CSFP participants with a control group of nonparticipants.

Guthrie and Lin (2002b) included CSFP in their overview of food assistance options for seniors. They noted CSFP's popularity among eligible seniors, but also reported criticisms that suggest an imperfect fit between the program and the needs of seniors: variety was too limited; food package sizes were too big for seniors in one- and two-person households; some of the foods required more cooking than some seniors could manage; and foods could be incompatible with diets that were restricted for health reasons. FNS modified the food package in response to some of these concerns.

Reports by the Senate Agriculture Committee (U.S. Senate 1983), the Center on Budget and Policy Priorities (1985), and the Congressional Research Service (Jones and Shapiro 1990) describe CSFP in the early stages of its transformation into a program that predominantly serves people 60 and above. Then as now, state and local agencies complained about inadequate funding to cover administrative costs, and Congress was as cool toward the Reagan administration's proposal to fold both WIC and CSFP into a block grant for women, infants, and children, administered by the Department of Health and Human Services, as it has been toward the Bush administration proposal to discontinue CSFP. One difference between CSFP's present and its past is that in the 1980s, average monthly enrollment was only about 80 percent of caseload allocations (Center on Budget and Policy Priorities 1985). Enrollment in recent years has exceeded 90 percent of caseload.

Although there has been little recent research on CSFP itself, there has been extensive research on food security, nutritional needs, and participation in other food assistance programs among the two distinct populations that CSFP serves.

Women, infants, and children have different food security levels, nutritional needs, and participation rates in other food assistance programs than do the elderly. In 2006, households with children under age six were nearly three times as likely to be food insecure as households with persons over age 64 (16.7 percent vs. 6.0 percent). Among low-income households (annual family incomes below 130 percent of federal poverty thresholds), 17.6 percent of households with elderly persons were food insecure, compared with 38.7 percent of households with children under six. Food insecurity rates for single-mother households were even higher: 30.4 percent of all single-mother households, and 46.0 percent of low-income single-mother households, were food insecure in 2006 (Nord, Andrews, and Carlson 2007).

Studies suggest that "nearly all low-income women in the childbearing years and children ages 2 through 5 years are at dietary risk, are vulnerable to nutrition insults, and may benefit from WIC's services" (Institute of Medicine 2002:135).[8] Researchers have demonstrated that

[8] Dietary risk is defined as the failure to meet dietary guidelines defined as consuming fewer than the recommended number of servings from one or more of the five basic food groups. These dietary guidelines only apply to individuals ages two and older (Institute of Medicine 2002).

WIC contributes to improved birthweights, reductions in Medicaid costs after birth, and reduced anemia in young children (Fox, Hamilton, and Lin 2004).

Overall, the elderly are more likely than the nonelderly to live in food-secure households (Nord 2002), just as they are more likely to have household incomes above poverty (Rogers 2002). But an estimated 1.6 million households with individuals over 64 are food-insecure, including 490,000 experiencing very low food security (Nord, Andrews, and Carlson 2007). In addition, physical and psychological changes related to aging, such as functional impairments and depression, make it difficult for some of the elderly to maintain adequate diets even though they can afford food (Food Security Institute 2003; Wolfe, Frongillo, and Valois 2003; Guthrie and Lin 2002a, 2002b).

Wolfe, Frongillo, and Valois (2003), moreover, found that seniors who can afford enough food to provide adequate calories, and are food secure as measured by the Food Security Survey Module, may not have enough money to buy foods that are appropriate for their specific chronic health conditions. Some of the seniors they interviewed, for example, said they were not always able to purchase milk, fruit, or vegetables. The authors suggest that the Food Security Survey Module does not capture the inability to obtain "the right foods for health," and therefore understates food insecurity among seniors.

FSP participation rates among the elderly have long been notoriously low, and lower than for other demographic groups eligible for food stamps. Wilde and Dagata (2002) estimated participation rates for eligible people age 60 and above ranged from 30 to 36 percent between FY 1994 and FY 2000. Wolkwitz (2007) estimated that 30.7 percent of eligible seniors participated in FY 2005.

USDA recently funded projects in six states to test alternative approaches to increasing elderly participation in the FSP (Cody and Ohls 2005). Two of the states, Connecticut and North Carolina, experimented by giving the elderly FSP benefits in the form of commodities, rather than the usual electronic or paper coupons to be used at food stores, effectively making the FSP more like CSFP. Participation increased, but so did costs. Participant satisfaction was affected by the quality of customer service, which was perceived as higher in North Carolina than in Connecticut, and by the importance to the participant of selecting his or her own groceries.

Questions Addressed in This Study

The present study used a variety of qualitative and quantitative methods to understand how CSFP fits into the array of federal food assistance and nutrition programs—whether it fulfills needs that would otherwise go unmet, or duplicates other programs that may be more effective, as OMB's PART review suggests (Office of Management and Budget 2005). Our research was organized around four sets of questions:

- How does CSFP fit into the overall food assistance landscape?
  - Why have states chosen to participate?
  - Why have some states chosen not to participate?

- How do states and local agencies administer CSFP?
  - How are potential participants referred to CSFP?
  - What foods, health services, and nutrition education do participants receive?
  - Who delivers CSFP?
  - How does delivery affect the content and quality of services?
  - How do states monitor and evaluate CSFP?
- Who participates in CSFP?
  - What proportions of the eligible populations participate?
  - Are CSFP participants eligible for and participating in other food assistance programs?
  - What demographic and policy variables affect participation?
- What are states' expectations for future use of CSFP, in relation to other food assistance programs and target populations?

CSFP is small and inexpensive compared with WIC or FSP. Where CSFP is available, it is often a mainstay for participating populations, but the program faces increasing demand amid diminishing resources. The choices for its future are many. Eliminating the program would save money, although the savings would be reduced if some families who lose CSFP newly enroll in FSP or WIC. Alternatively, CSFP could be made available in every county and every state, much as WIC and the FSP grew from pilot to nationwide programs; the estimates presented later in the report suggest that under this scenario, senior enrollment could grow from the current 433,000 to as much as 3.8 million, with corresponding increases in program costs. CSFP could return to its original target population and focus on mothers, infants, and children for whom WIC is unavailable: five-year-olds, women who are 6 to 12 months post-partum and not breastfeeding, and infants and one-year-olds who do not meet the WIC criteria for nutritional risk.

Another possibility is that the gradual transformation of CSFP into a program for seniors could be made official and complete, with the expectation that the needs of mothers, infants, and children would be addressed by WIC and other child nutrition programs. The 2008 Farm Bill took a step in this direction by eliminating the former requirement that MICs receive priority over seniors when programs cannot serve all eligible applicants.[9] MICs remain eligible for CSFP, but local agencies may wish to steer them toward WIC, if they are eligible for that program, in order to save scarce CSFP caseload slots for seniors. An FNS memo on

[9] Food, Conservation, and Energy Act of 2008 (PL 110-246), Sec. 4221.

implementation of this provision suggests that greater access to health care and nutrition education makes WIC the more appropriate program for those who are eligible for either WIC or CSFP (McCullough 2008).

This study combines interviews with national, state, and local administrators; focus groups with program participants; observation of program sites; and analysis of survey and administrative data, to greatly expand knowledge about CSFP and how it fits into the array of food assistance and nutrition programs. Its findings provide a basis for considering some of the policy options, and a research foundation for future efforts to address the needs of low-income mothers, infants, children, and seniors, within or outside CSFP.

2. CSFP ELIGIBILITY AND PARTICIPATION

No national survey of which we are aware includes information on CSFP participation. The FNS National Databank includes monthly aggregate data showing enrollment by state and participant group (pregnant women, postpartum women, infants age zero to three months, infants age four to twelve months, children, and elderly) and annual aggregate data by state, gender, race, and ethnicity. FNS does not, however, construct a national, individual-level data set for CSFP akin to the Quality Control (QC) microdata released annually for FSP or the Participant Characteristics (PC) data that states collect from their WIC programs, which provide information on nearly everyone enrolled in WIC as of April in even-numbered years (Bartlett, Bobronnikov, and Mendelson 2007). Analyses of CSFP eligibility and participation levels must therefore combine information from a number of data sources.

In this section of the paper, we draw upon monthly administrative data for CSFP, Food Stamps, and WIC; data from the Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC, also known as "the March CPS"); and FSP QC data, collected for monthly samples of participating households. We also analyze data on FSP eligibility and on poverty with the TRIM3 microsimulation model, developed and maintained by the Urban Institute with primary funding from the Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Input data for TRIM3 comes from the ASEC. To correct for the underreporting of participation in means-tested programs in the ASEC data, compared with administrative data, reported participation in FSP, SSI, Temporary Assistance to Needy Families (TANF), Medicaid, and SCHIP is adjusted by imputing participation to some who did not report it, so that the survey totals for these programs come close to totals from the administrative data.[10]

We use these data to suggest answers to the following questions:

- How many people are eligible for CSFP?
- How many people would be eligible if the program were available everywhere?
- What proportions of the eligible populations participate?
- Are people who are eligible for CSFP eligible for or participating in other food assistance programs?
- What demographic and policy variables affect participation?

Table 2-1 summarizes eligibility requirements for the two distinct populations that CSFP serves: mothers, infants, and children (MICs) and seniors. As described in the preceding chapter,

[10] More information on TRIM3 is available on the public use website for the model, http://trim3.urban.org.

Table 2–1. Eligibility for the Commodity Supplemental Food Program (CSFP)

All Participants

- Program is only available to low-income individual living in service areas of 32 states, the District of Columbia, and two Indian reservations.
- Individual cannot receive benefits from WIC and CSFP in the same month.
- Different members of the same family can receive WIC and CSFP in the same month.
- No restrictions on simultaneous receipt of FSP or other food assistance.

Mothers, Infants, and Children (MICs)

- Must meet requirements for Categorical Eligibility AND Income or Adjunctive Eligibility
- Categorical Eligibility:
  - Infants (<1)
  - Children (<6, i.e., become ineligible at sixth birthday)
  - Pregnant women
  - Postpartum women (up to one year after birth or termination of pregnancy)
- Income Eligibility
  - Gross income <= 185 percent of federal poverty guidelines.
    - For pregnant women, fetus is counted as member of household in determining unit size for poverty guidelines.
- Adjunctive Eligibility
  - Can be over 185 percent of poverty if individual is
    - certified as eligible for FSP, TANF, or Medicaid (even if not enrolled)
    - a member of family certified as eligible for TANF (even if individual is not eligible)
    - a member of a family that includes a pregnant woman or infant certified as eligible for Medicaid (even if individual is not eligible)

Seniors

- Must meet requirements for Categorical Eligibility AND Income Eligibility
- Categorical Eligibility:
  - Age >= 60.
- Income Eligibility
  - Gross income <= 130 percent of federal poverty guidelines.
- No Adjunctive Eligibility

Source: Code of Federal Regulations (7 CFR 247.9).

the program is available only in limited areas of 32 states plus the District of Columbia and two Indian reservations.[11] MICs who are eligible for both WIC and CSFP cannot participate in both in the same month; a single household, however, may include participants in each of these two programs. There are no restrictions on simultaneous participation in CSFP and FSP, or other food assistance.

To qualify for CSFP, MICs must meet categorical requirements by being pregnant or postpartum (for one year after delivery or termination of pregnancy) women, infants, or children age 1 through 5. MICs must also meet the requirements for either income or adjunctive eligibility. Income eligibility is based on family income at or below 185 percent of federal poverty guidelines. MICs with higher incomes may qualify for CSFP adjunctive eligibility, conferred on the basis of certified eligibility within the family for FSP, TANF, or Medicaid. Medicaid income limits are generally higher than those for FSP or TANF, so Medicaid is likely to make more people over 185 percent of poverty eligible for CSFP than the other two programs.

The eligibility requirements for CSFP are similar to those for WIC, except that WIC imposes three additional restrictions:

- Postpartum women are eligible for only six months unless they are breastfeeding.
- Children are eligible under age 5.
- Participants must meet nutritional risk criteria.

Requirements for CSFP eligibility as a senior are simpler than those for MICs, but more restrictive. Income eligibility ends above 130 percent of poverty, and there is no provision for adjunctive eligibility. People who meet the income requirements qualify if they are 60 or older.

MIC Eligibility and WIC

Because the MIC eligibility standards for CSFP are so close to those for WIC, the number of people who meet the CSFP requirements can be estimated by making adjustments to estimated WIC eligibility. Table 2-2 shows national estimates of CSFP eligibility, by category, for 2003. The starting points for the CSFP estimates are the estimates of WIC eligibility developed by Giannarelli and Nelson (2006), who applied a refined version of the methodology recommended by a National Research Council (NRC) panel (National Research Council 2003) to data from the 2004 ASEC. Giannarelli and Nelson estimated total WIC eligibility in 2003 at 13.8 million, including 1.3 million pregnant women, 1.5 million postpartum women, 2.5 million infants, and 8.4 million children age 1 through 4. The estimates in table 2-2 assume that one-quarter of the children age 1 through 4 are one-year-olds.

[11] The two Indian Tribal Organizations that run their own programs—the Red Lake program in Minnesota and the Oglala Sioux program in South Dakota—operate within states that also participate in CSFP.

Table 2-2. Estimates of Mothers, Infants, and Children Eligible for the Commodity Supplemental Food Program

	Pregnant	Postpartum	Infants	Children, Age 1	Children, Age 2+	Total
Total Eligible for WIC (Giannarelli and Nelson 2006)	1,301,004	1,547,587	2,524,986	2,107,599	6,322,796	13,803,971
Adjustment for 2005 Revision to WIC Nutrition Risk Criteria	+ 40,237	---	---	---	+ 63,867	+ 104,104
Subtotal	1,341,242	1,547,587	2,524,986	2,107,599	6,386,662	13,908,075
Remove Eligibles in Territories	- 43,098	- 49,729	- 81,136	- 67,724	- 205,224	-446,911
Subtotal	1,298,143	1,497,858	2,443,850	2,039,875	6,181,439	13,461,164
Add Income or Adjunctive Eligibles with No Nutrition Risk	---	---	+ 75,583	+ 20,605	---	+ 96,188
Subtotal	1,298,143	1,497,858	2,519,433	2,060,480	6,181,439	13,557,352
Add Postpartum Women, 6-12 Months, Not Breastfeeding	---	+ 937,683	---	---	---	+ 937,683
Subtotal	1,298,143	2,435,541	2,519,433	2,060,480	6,181,439	14,495,035
Add 5-Year Olds	---	---	---	---	+ 1,834,651	+ 1,834,651
Total Eligible for CSFP, All States	1,298,143	2,435,541	2,519,433	2,060,480	8,016,090	16,329,686
# Eligible for CSFP and Not Eligible for WIC	0	937,683	75,583	20,605	1,834,651	2,868,522
% CSFP Eligibles Not Eligible for WIC	0.0%	38.5%	3.0%	1.0%	22.9%	17.6%
CSFP MIC Enrollment, CY 2003	2,372	8,715	8,007	11,606	34,819	65,519
CSFP MIC Pseudo-Takeup Rate, CY 2003	0.2%	0.4%	0.3%	0.6%	0.4%	0.4%
Total Eligible for CSFP, CSFP States Only	983,733	1,845,653	1,909,226	1,561,431	6,074,593	12,374,636
# Eligible for CSFP and Not Eligible for WIC	0	710,576	57,277	15,614	1,390,299	2,173,766
% CSFP Eligibles Not Eligible for WIC	0.0%	38.5%	3.0%	1.0%	22.9%	17.6%
CSFP MIC Enrollment	2,372	8,715	8,007	11,606	34,819	65,519
CSFP MIC Pseudo-Takeup Rate	0.2%	0.5%	0.4%	0.7%	0.6%	0.5%
Total Eligible for CSFP, Waiting States Only	81,783	153,439	158,724	129,810	505,014	1,028,770
# Eligible for CSFP and Not Eligible for WIC	0	59,074	4,762	1,298	115,583	180,717
% CSFP Eligibles Not Eligible for WIC	0.0%	38.5%	3.0%	1.0%	22.9%	17.6%

Sources: 2003 CPS estimates from Linda Giannarelli and Sandi Nelson, "How Many Women, Infants, and Children are Eligible for WIC? Estimates from the CPS and SIPP," Report to U.S. Department of Agriculture, Food and Nutrition Service, March 2006; TRIM3 2003 Poverty baseline.

Information presented here is derived in part from the Transfer Income Model, Version 3 (TRIM3) and associated databases. TRIM3 requires users to input assumptions and/or interpretations about economic behavior and rules governing federal programs. Therefore, the conclusions presented here are attributable only to the authors of this report.

The numbers in table 2-2, like those of Giannarelli and Nelson (2006), apply the WIC nutritional risk criteria in effect in 2003, which the NRC study estimated would exclude three percent of otherwise-eligible pregnant women and infants, and one percent of otherwise-eligible children age 1 through 4. We also follow Giannarelli and Nelson (2006) in accepting the NRC estimate that all postpartum women who meet other WIC requirements meet the nutritional risk criteria as well.

In March 2005, FNS revised WIC Nutrition Risk Criteria to presume dietary risk for pregnant women, postpartum women, and children age 2 through 4 who met other eligibility criteria (Food and Nutrition Service 2005), as an Institute of Medicine panel had recommended (Institute of Medicine 2002). The revision did not apply to infants and one-year-olds because the dietary guidelines on which the new policy was based did not include recommendations for these children.

The first adjustment in table 2-2 applies the current policy of assuming nutritional risk to the 2003 data by dividing the estimate for pregnant women by 0.97, and the estimate for two- to four-year-olds by 0.99. This adjustment increases the estimated number of eligibles by 40,000 pregnant women and 64,000 children.

The next adjustment is to remove WIC eligibles in the territories, dividing across eligibility categories by the same factor that the authors applied to their estimates for the fifty states and the District of Columbia to account for the eligible populations in American Samoa, Guam, Puerto Rico, and the Virgin Islands. CSFP regulations define "state" as encompassing these territories, but none of them currently participate or have an approved state plan. This adjustment reduces the total eligible population by about 447,000.[12]

Next, we undo the adjustment that removed infants and one-year-olds who met WIC income limits or qualified for adjunctive eligibility, but could not demonstrate nutritional risk. Although CSFP rules allow states to restrict eligibility on the basis of nutritional risk, they are not required to do so. This adjustment adds about 76,000 infants, and 21,000 one-year-olds. Although this many children are theoretically ineligible for WIC, program staff suggest that in practice, WIC applicants who meet other criteria are rarely, if ever, turned away for absence of nutritional risk. As the NRC eligibility report (National Research Council 2003) noted, estimating the prevalence of nutritional risk among a population is different, and much easier, than individuals who do not have nutritional risk. The report suggested that the instruments most commonly used to assess one important category of nutritional risk, dietary risk, were too

[12] The Northern Marianas Islands are also defined as a state in WIC and CSFP but did not participate in either program in 2003. The Northern Marianas subsequently began participating in WIC, but with caseloads of 3 in FY 2006 and 124 in FY 2007, including them would have little impact on the estimates presented here. The CSFP regulations (7 CFR 247.1) also define the Trust Territory of the Pacific Islands as a state, but that entity was dissolved in 1994; its former components are now the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. The latter three are independent nations that have Compacts of Free Association with the United States.

imprecise to justify excluding anyone who met WIC income and categorical requirements from the program.

CSFP covers all women for a year after delivery or termination of pregnancy; WIC covers all women for six months, with an additional six months for women who are breastfeeding only. Giannarelli and Nelson (2006) assumed that half of postpartum women who meet the standards for income or adjunctive eligibility were in their first six months, and estimated that 23 percent of the women in their second six months were breastfeeding. Dividing the number of postpartum women eligible for WIC by 0.615 (0.500 for women in their first six months plus 0.115 for breastfeeding women in their second six months) adds 938,000 postpartum women to the estimated population eligible for CSFP.

The last adjustment we make is to include five-year-old children, who are eligible for CSFP but not for WIC. Estimates from the TRIM3 poverty module suggest that in 2003, the number of five-year-olds with family income less than or equal to 185 percent of poverty was 29.68 percent of the number of children age 2 through 4 with income at or below 185 percent.[13] Multiplying the estimated number of children age 2 through 4 who are eligible for CSFP by 1.2968 adds an estimated 1.8 million five-year-olds to the number of mothers, infants, and children eligible for CSFP. The nationwide total is 16.3 million, of whom 2.9 million (17.6 percent) would not be eligible for WIC.

In CY 2003, average monthly MIC enrollment in CSFP was 65,519. Dividing this number by the estimated 16.3 million mothers, infants, and children who are eligible for CSFP yields an overall pseudo-takeup rate of 0.4 percent. We use the term "pseudo-takeup rate" because participation in a nonentitlement program such as CSFP is a function of allocated caseloads as well as individual decisionmaking. CSFP is not available in all states, or in all parts of the states that have allocated caseloads. Even in the parts of those states where CSFP does operate, a limited number of slots is available, and local agencies may curtail outreach or establish waiting lists when enrollment threatens to exceed funded capacity. These pseudo-takeup rates nonetheless provide some indication of the proportion of those in need, according to statutory criteria, that CSFP is able to serve. Among the MIC eligibility groups, pseudo-takeup is lowest among pregnant women, and highest among children.

The WIC estimates were produced at the national level, not the state level, and some of the parameters Giannarelli and Nelson use (such as breastfeeding rates) might differ by state. We can make a rough estimate of the number of MICs in CSFP states by multiplying the national estimate by the TRIM3 estimate for the proportion of children five or younger, with family incomes at or below 185 percent of poverty, who live in CSFP states. An estimated 75.78 percent of these children lived in CSFP states in 2003, which yields an estimate of 12.4 million mothers, infants, and children eligible for CSFP, including 2.2 million who would not be eligible for WIC.

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[13] These estimates are based on CY 2003 income data from the 2004 ASEC. To correct for underreporting of income from means-tested transfer programs on the CPS, poverty levels are computed with imputed SSI and TANF included in family income.

Using this number, rather than the eligibility estimate for all states, as the denominator increases the overall pseudo-takeup rate for MICs to 0.5 percent.

An additional 6.30 percent of income-eligible children lived in the five waiting states—those that have approved state plans but no allocated caseload to date (Arkansas, Delaware, Oklahoma, New Jersey, and Utah). These states are home to an estimated 1.0 million MICs who would be eligible for CSFP, of whom 181,000 would not be eligible for WIC.

Of course, many of the mothers, infants, and children who appear to meet eligibility criteria for both WIC and CSFP are already participating in WIC. If we assume these participants would be in WIC whether or not CSFP was available as an alternative, they would be ineligible for CSFP due to the prohibition on participation in both programs at the same time. Table 2-3 adjusts the estimates of CSFP eligibility for WIC enrollment. In 2003, 7.5 million people were enrolled in WIC in all states, including 5.7 million in CSFP states and about 419,000 in the five waiting states. Applying takeup rates of 69.6 percent for pregnant women and 45.3 percent for children (from Food and Nutrition Service 2006b) to the simulated number of additional eligibles from the revision to WIC nutrition risk criteria increases simulated enrollment by 28,000 pregnant women and 29,000 children. Subtracting both actual and simulated WIC enrollees from the national estimates of CSFP eligibility leaves a total of 8.8 million MICs who are eligible for CSFP and not enrolled in WIC. Nearly one-third of this adjusted total would not be eligible for WIC, including 65.8 percent of CSFP-eligible postpartum women and 29.3 percent of CSFP-eligible children. Adjusting CSFP eligibility for WIC enrollment increases the overall pseudo-takeup rate to 0.7 percent.

CSFP states are home to an estimated 6.6 million MICs who are eligible for CSFP and not enrolled in WIC, 33.0 percent of whom would not be eligible for WIC. The WIC-adjusted pseudo-takeup rate for MICs in CSFP states is 1.0 percent overall, and 1.8 percent for infants. The five waiting states include an estimated 606,000 MICs who are eligible for CSFP and not enrolled in WIC; 29.8 percent would not be eligible for WIC.

In 2003, WIC enrollment was more than one hundred times the number of MICs in CSFP (table 2-3). The continued growth of WIC, and the continued reduction in CSFP MIC enrollment (figure 1-1) have since brought the ratio to more than two hundred. WIC is clearly the nation's predominant nutrition program for low-income pregnant women, postpartum women, infants, and children. A significant number of people in these categories, however, are eligible for CSFP but not for WIC.

A few CSFP states have particularly large numbers of MICs, both as a component of the CSFP caseload and in relation to WIC enrollment. Colorado relies heavily on CSFP to cover children after age two in Denver and Weld Counties. To avoid the complications of enrolling different family members in different programs, some families in these counties choose CSFP to cover all eligible family members, including those who would also qualify for WIC. In FY 2006, MICs made up 8.7 percent of national CSFP enrollment, but 37.5 percent in Colorado. MICs also accounted for an unusually high proportion of CSFP enrollment in New Hampshire, where they made up 21.5 percent of program participants, and the Oglala Sioux program in South Dakota, administered by the tribal government, where MICs accounted for 28.1 percent of CSFP enrollment.

Table 2-3. Estimates of Mothers, Infants, and Children Eligible for the Commodity Supplemental Food Program and Not Enrolled in WIC

	Pregnant	Postpartum	Infants	Children, Age 1-5	Total
Total Eligible for CSFP, All States (from Table 2-2)	1,298,143	2,435,541	2,519,433	10,076,569	16,329,686
Enrolled in WIC, All States	817,696	1,010,614	1,910,259	3,719,039	7,457,608
Adjustment for 2005 Revision to WIC Nutrition Risk Criteria	28,005	---	---	28,932	56,937
Total Eligible for CSFP and Not Enrolled in WIC, All States	452,442	1,424,927	609,174	6,328,599	8,815,142
# Eligible for CSFP and Not Eligible for WIC (from Table 2-2)	0	937,683	75,583	1,855,256	2,868,522
% CSFP Eligibles Not Enrolled in WIC Who are Not Eligible for WIC	0.0%	65.8%	12.4%	29.3%	32.5%
CSFP MIC Enrollment	2,372	8,715	8,007	46,425	65,519
CSFP MIC Pseudo-Takeup Rate (All States, Adjusted for WIC Enrollment)	0.5%	0.6%	1.3%	0.7%	0.7%
Total Eligible for CSFP, CSFP States (from Table 2-2)	983,733	1,845,653	1,909,226	7,636,024	12,374,636
Enrolled in WIC, CSFP States	624,862	772,986	1,456,796	2,885,157	5,739,802
Adjustment for 2005 Revision to WIC Nutrition Risk Criteria	21,222	---	---	21,924	43,147
Total Eligible for CSFP and Not Enrolled in WIC, CSFP States	337,648	1,072,667	452,430	4,728,942	6,591,688
# Eligible for CSFP and Not Eligible for WIC (from Table 2-2)	0	710,576	57,277	1,405,913	2,173,766
% CSFP Eligibles Not Enrolled in WIC Who are Not Eligible for WIC	0.0%	66.2%	12.7%	29.7%	33.0%
CSFP MIC Enrollment	2,372	8,715	8,007	46,425	65,519
CSFP MIC Pseudo-Takeup Rate (CSFP States, Adjusted for WIC Enrollment)	0.7%	0.8%	1.8%	1.0%	1.0%
Total Eligible for CSFP, Waiting States (from Table 2-2)	81,783	153,439	158,724	634,824	1,028,770
Enrolled in WIC, Waiting States	47,978	59,351	111,477	199,965	418,770
Adjustment for 2005 Revision to WIC Nutrition Risk Criteria	1,764	---	---	1,823	3,587
Total Eligible for CSFP and Not Enrolled in WIC, Waiting States	32,041	94,088	47,248	433,037	606,413
# Eligible for CSFP and Not Eligible for WIC (from Table 2-2)	0	59,074	4,762	116,881	180,717
% CSFP Eligibles Not Enrolled in WIC Who are Not Eligible for WIC	0.0%	62.8%	10.1%	27.0%	29.8%

Sources: 2003 CPS estimates from Linda Giannarelli and Sandi Nelson, "How Many Women, Infants, and Children are Eligible for WIC? Estimates from the CPS and SIPP," Report to U.S. Department of Agriculture, Food and Nutrition Service, March 2006; TRIM3 2003 Poverty baseline.

Information presented here is derived in part from the Transfer Income Model, Version 3 (TRIM3) and associated databases. TRIM3 requires users to input assumptions and/or interpretations about economic behavior and rules governing federal programs. Therefore, the conclusions presented here are attributable only to the authors of this report.

Senior Eligibility and Food Stamps

Seniors, who were not eligible for CSFP anywhere before FY 1982, made up over 93 percent of program enrollment in FY 2007. Senior eligibility, as noted earlier, is based on age (60 or older) and gross income (at or below 130 percent of federal poverty guidelines). The FSP participation rate among eligible seniors has been about 30 percent in recent years (Wolkwitz 2007). CSFP, therefore, can potentially make a significant contribution to food security, and food and nutrient intake, among eligible seniors.

Table 2-4 shows three-year averages for the estimated population in each state that met the age and income standards for CSFP senior eligibility in CY 2003-2005. A limit of 125 percent of poverty is used because the percentage at or under 130 percent is not available from the CPS-ASEC public use data. The population totals are therefore somewhat low, and the pseudo-takeup rates will thus be too high. These estimates, moreover are based on annual income; because of month-to-month income fluctuations the number of seniors who would be eligible at some time in the year is somewhat higher, and this too means the calculated pseudo-takeup rates are too high. Income, however, is generally less volatile for seniors, who are more likely than younger people to receive stable Social Security and pension benefits, and less likely to depend on earnings, which can fluctuate with changes in employment status or wage rates.

Subject to these caveats, table 2-4 suggests that nationally, 7.5 million seniors met CSFP eligibility criteria in the peak enrollment year of 2004; 5.4 million lived in states where the program was available. Average monthly senior enrollment in that year was about 462,000, yielding pseudo-takeup rates of 6.1 for the nation, and 8.5 percent for CSFP states.

Estimated pseudo-takeup rates are much higher, however, where access to the program is statewide, or nearly so. In the District of Columbia, where seniors who meet income and age criteria can participate in CSFP regardless of where in the District they live, 42.5 percent of seniors who appear eligible were enrolled. The senior pseudo-takeup rate was even higher, 50.1 percent, in Louisiana. In 2004, the period for these estimates, the Louisiana program covered all parishes except those in the northwest corner of the state; it has since been extended to those parishes as well. The estimate also exceeds 30 percent for Michigan, where the program was available everywhere except in four counties in the western part of the state, and comes close to that level in Nebraska, New Hampshire, New Mexico, and Vermont. Applying the Louisiana rate to other CSFP states suggests that if the program was available in all parts of the currently participating states, it might attract as many as 2.7 million seniors. Applying the Louisiana rate nationally suggests that if CSFP was available everywhere, it might attract up to 3.8 million.

Senior participation in CSFP is particularly impressive in comparison with senior participation in FSP. Whereas access to CSFP is limited by caseload allocations and geographic restrictions, FSP benefits are an entitlement, available throughout the nation to anyone who meets statutory requirements. Yet table 2-5, which compares three years of CSFP administrative data with estimates from FSP QC data for the same years, suggests that senior enrollment in

Table 2-4. Seniors with Annual Income At or Below 125 Percent of Federal Poverty Thresholds and Commodity Supplemental Food Program Senior Enrollment, by State, CY 2004

State	Number of Seniors with Annual Income At or Below 125 Percent of Poverty (CY 2003-2005 average)	CSFP Senior Enrollment (CY 2004)	Pseudo-Takeup Rate
Alabama	143,446	--	--
Alaska	7,474	1,760	23.5%
Arizona	124,407	14,370	11.6%
Arkansas	107,352	--	--
California	768,405	47,049	6.1%
Colorado	88,382	11,381	12.9%
Connecticut	74,302	--	--
Delaware	13,387	--	--
District of Columbia	18,318	7,786	42.5%
Florida	583,142	--	--
Georgia	158,080	--	--
Hawaii	27,405	--	--
Idaho	20,046	--	--
Illinois	304,505	14,224	4.7%
Indiana	145,711	4,035	2.8%
Iowa	73,933	3,738	5.1%
Kansas	57,802	5,683	9.8%
Kentucky	135,319	16,931	12.5%
Louisiana	160,863	80,586	50.1%
Maine	46,885	--	--
Maryland	130,991	--	--
Massachusetts	177,696	--	--
Michigan	224,616	72,152	32.1%
Minnesota	87,395	12,803	14.6%
Mississippi	110,470	7,095	6.4%
Missouri	141,185	9,949	7.0%
Montana	28,008	6,601	23.6%
Nebraska	43,117	12,620	29.3%
Nevada	43,164	4,782	11.1%
New Hampshire	22,998	6,014	26.2%
New Jersey	191,483	--	--
New Mexico	58,037	17,317	29.8%
New York	599,542	27,198	4.5%
North Carolina	285,918	1,436	0.5%
North Dakota	16,900	3,002	17.8%
Ohio	242,005	13,428	5.5%
Oklahoma	102,085	--	--
Oregon	79,275	952	1.2%
Pennsylvania	341,035	14,756	4.3%
Rhode Island	31,200	--	--
South Carolina	139,715	3,620	2.6%
South Dakota	24,921	3,640	14.6%
Tennessee	205,505	13,982	6.8%
Texas	607,780	11,993	2.0%
Utah	23,372	--	--
Vermont	15,644	4,476	28.6%
Virginia	164,584	--	--
Washington	123,798	2,059	1.7%
West Virginia	78,436	--	--
Wisconsin	111,659	4,787	4.3%
Wyoming	11,044	--	--
Total	7,522,742	462,207	6.1%
CSFP States	5,437,806	462,207	8.5%
Waiting States	437,679	--	--
Non-CSFP States	1,647,257	--	--

Waiting States (approved CSFP state plans but no allocated caseload) in *italics*.

Sources: Current Population Survey, Annual Social and Economic Supplement, 2004-2006; FNS National Databank, monthly CSFP enrollment data, FY 2004-2005

Table 2-5. Senior Enrollment in the Commodity Supplemental Food Program and the Food Stamp Program, FY 2004-2006

State	CSFP	FSP	Ratio
Alabama	**--**	31,708	--
Alaska	1,946	2,282	0.85
Arizona	14,306	26,628	0.54
Arkansas	**--**	23,842	--
California	**47,866**	**33,091**	**1.45**
Colorado	11,505	16,943	0.68
Connecticut	**--**	20,883	--
Delaware	**--**	3,785	--
District of Columbia	**7,393**	**6,034**	**1.23**
Florida	**--**	191,177	--
Georgia	**--**	59,986	--
Hawaii	**--**	14,641	--
Idaho	**--**	5,013	--
Illinois	13,757	88,113	0.16
Indiana	4,206	36,021	0.12
Iowa	3,651	12,954	0.28
Kansas	5,543	13,121	0.42
Kentucky	16,464	48,320	0.34
Louisiana	**69,127**	**35,951**	**1.92**
Maine	**--**	16,381	--
Maryland	**--**	24,042	--
Massachusetts	**--**	38,960	--
Michigan	**72,018**	**71,761**	**1.00**
Minnesota	12,937	20,024	0.65
Mississippi	6,975	26,764	0.26
Missouri	9,959	47,858	0.21
Montana	**6,731**	**4,882**	**1.38**
Nebraska	**12,402**	**8,501**	**1.46**
Nevada	4,926	12,999	0.38
New Hampshire	**5,834**	**4,859**	**1.20**
New Jersey	**--**	44,589	--
New Mexico	**16,550**	**13,440**	**1.23**
New York	27,139	272,450	0.10
North Carolina	1,353	71,793	0.02
North Dakota	2,965	3,696	0.80
Ohio	13,091	75,831	0.17
Oklahoma	**--**	30,128	--
Oregon	1,182	39,091	0.03
Pennsylvania	14,896	91,399	0.16
Rhode Island	**--**	6,492	--
South Carolina	3,668	36,787	0.10
South Dakota	3,506	3,749	0.94
Tennessee	13,622	74,381	0.18
Texas	12,471	191,706	0.07
Utah	**--**	6,243	--
Vermont	4,402	5,817	0.76
Virginia	**--**	49,155	--
Washington	2,057	40,479	0.05
West Virginia	**--**	21,667	--
Wisconsin	4,937	22,175	0.22
Wyoming	**--**	1,676	--
All States	449,386	2,050,270	0.22
CSFP States	449,386	1,353,642	0.33
Waiting States	N/A	102,816	--
Non-CSFP States	N/A	451,173	--

Waiting States (approved CSFP state plans but no allocated caseload) in*italics*.

States where CSFP Senior Enrollment exceeds Senior FSP enrollment in**bold**.

Sources: FNS National Databank, monthly CSFP enrollment, FY 2004-2006; Urban Institute analysis of Food Stamp Program Quality Control data, FY 2004-2006.

CSFP exceeds senior enrollment in FSP in eight states, including the District of Columbia, Louisiana, and Michigan, where CSFP is widely available, and California, where SSI recipients are ineligible for FSP, but may still participate in CSFP.[14] The number of seniors participating in CSFP exceeded the number participating in FSP in New Hampshire, even though a relatively high proportion of CSFP enrollees in that state are MICs rather than seniors.

Not all seniors who appear eligible for CSFP would be eligible for food stamps. Households in which everyone is receiving cash assistance from SSI or TANF are categorically eligible for FSP, which means they do not have to meet either the gross or the net income tests.[15] Other seniors must live in households that have net incomes at or below 100 percent of federal poverty guidelines, with net income equal to gross income minus a standard deduction and deductions for work expenses, medical expenses, child care, child support paid, and shelter costs.

CSFP does not restrict eligibility on the basis of assets (resources) or citizenship status. Food stamp households, however, must meet an asset test. Households with an elderly or disabled member are limited to $3,000 in countable resources, while other households are limited to $2,000. Undocumented or temporary immigrants are always ineligible for FSP. Legal noncitizens may also be ineligible, or subject to "deeming" rules that push them over income limits by counting the income of designated sponsors.[16]

Table 2-6 looks at average monthly FSP eligibility and participation (as estimated by the TRIM3 Food Stamps module) among CSFP-eligible seniors (age>=60 and annual income at or below 130 percent of poverty).[17] Overall, an estimated 28.7 percent of CSFP-eligible seniors in all states, and 30.1 percent in CSFP states, are estimated to be ineligible for food stamps under the FSP rules in effect in 2003.

To understand the impact of the various FSP eligibility provisions discussed above on the rest of the seniors, we used TRIM3 to simulate eligibility in all states under a series of alternative policy scenarios in which asset tests, income tests, citizenship restrictions, and California's provision for cashout of food stamps for SSI recipients each removed. Asset limits appear to have the biggest impact, accounting for 45.5 percent of FSP ineligibility among CSFP-eligible

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[14] In 1974, when the federal SSI program began, states were allowed to raise their State Supplementary Payments (SSP) by $10 rather than provide food stamps to SSI participants, and California took this option. The state has been able to continue the policy on the condition that it pass through federal cost-of-living increases to SSI and SSP. The policy makes many elderly and disabled people who would otherwise qualify for FSP ineligible, but some families gain from the policy because the SSI/SSP income of ineligible family members is not counted in determining eligibility and benefits for the rest of the family. See Arnold and Marinacci (2003).

[15] People receiving TANF services, rather than cash assistance, and people receiving General Assistance are also categorically eligible for FSP in some states.

[16] Legal noncitizens who meet other program requirements, but have less than five years in the U.S., are eligible if they meet other program requirements and are under 18, disabled, or refugees. They may also be eligible on the basis of work history or veteran status.

[17] The TRIM3 estimates for seniors living in multigenerational or multifamily households are sensitive to assumptions about how the household is divided into FSP units.

Table 2-6. Average Monthly Food Stamp Eligibility and Enrollment Among CSFP-Eligible Seniors, CY 2003

	All States		CSFP States Only	
Ineligible	2,303,756	28.7%	1,737,422	30.1%
Eligible and Unenrolled	3,882,103	48.4%	2,735,620	47.5%
Enrolled	1,828,581	22.8%	1,291,741	22.4%
Total	8,014,440	100.0%	5,764,783	100.0%
Ineligible, by Reason for Ineligibility				
Asset Limits	1,047,705	45.5%	760,503	43.8%
Income Limits	419,161	18.2%	305,174	17.6%
SSI Cashout (California only)	262,683	11.4%	262,683	15.1%
Citizenship	58,744	2.5%	41,481	2.4%
Multiple/Other	515,464	22.4%	367,582	21.2%
Total	2,303,757	100.0%	1,737,423	100.0%
Eligible, by Benefit Level				
$10 or Less Per Person	2,038,493	35.7%	1,446,954	35.9%
More than $10 Per Person	3,672,191	64.3%	2,580,407	64.1%
Total	5,710,684	100.0%	4,027,361	100.0%
Enrolled, by Benefit Level (QC)				
$10 or Less Per Person	395,054	22.2%	281,468	22.4%
More than $10 Per Person	1,382,305	77.8%	974,930	77.6%
Total	1,777,359	100.0%	1,256,398	100.0%

Sources: TRIM3 2003 Food Stamp Program baseline; Urban Institute analysis of Food Stamp Program Quality Control data, FY 2003-2005.

Information presented here is derived in part from the Transfer Income Model, Version 3 (TRIM3) and associated databases. TRIM3 requires users to input assumptions and/or interpretations about economic behavior and rules governing federal programs. Therefore, the conclusions presented here are attributable only to the authors of this report.

seniors.[18] An estimated 18.2 percent do not meet the net income test and an estimated 11.4 percent are ineligible due to the California cashout policy. The citizenship restrictions in themselves make relatively few seniors ineligible. Over one-fifth of the ineligible population are affected by combinations of the asset, income, cashout, and citizenship restrictions, or by other FSP rules that may apply to other members of the household rather than to the seniors themselves, but have the effect of making the entire household ineligible. The relative contributions of each set of rules to ineligibility among seniors in CSFP states only are similar to those at the national level except that the impact of the California cashout rises to 15.1 percent. Within California itself, 51.4 percent of seniors who appear eligible for CSFP but ineligible for FSP are simulated as eligible with the cashout removed (data not shown).

Some of the senior CSFP participants in our focus groups reported that they did not participate in FSP because they believed that their income from Social Security or SSI would make them eligible for only the minimum benefit of $10. The TRIM3 simulation estimates in table 2-6 suggest that 35.7 percent of the CSFP-eligible seniors who are simulated as eligible for FSP would receive benefits of $10 per person or less. The Food Stamp Quality Control (QC) data shown in table 2-6 suggests that 22.2 percent of FSP enrollees who meet the same age and income criteria (age 60 and above, gross income above 130 percent of federal poverty guidelines) receive $10 or less per person.[19]

If CSFP were available nationally, a significant number (2.3 million) of seniors who appear eligible for CSFP would not be eligible for food stamps, and a significant number (2.0 million) would be eligible for only the $10 minimum. An estimated 2.4 million CSFP-eligible seniors, however, would receive more than $10 per person per month if they enrolled in FSP, including an estimated 715,000 who would receive $50 to $100 per person each month, and an estimated 568,000 who would receive more than $100 in benefits each month (data not shown). This 2.4 million that could receive food stamp benefits of more than $10 per person per month compares with the 7.5 million seniors nationally who would be eligible for CSFP and the 3.8 million that we estimated might participate, using our assumptions from actual participation levels in Louisiana.

[18] The ASEC data that TRIM3 uses as input does not provide direct information about asset ownership. Resource levels are instead imputed from reported asset-related income, including interest, dividends, estates, trusts, rents, and royalties. The figure given here may be an underestimate, since TRIM3 does not model FSP rules for counting the value of vehicles against asset limits. Many states, however, now exclude all vehicles from resource tests.

[19] The FSP minimum benefit of $10 applies to one- and two-person households. The measure of "$10 or less per person" used here includes members of these households as well as members of two-person households with benefits of $10.01 to $20.00 and members of larger households where the total benefit divided by the number of eligible individuals is less than or equal to $10.

3. PROGRAM OPERATIONS

Methodology

Our field work produced a detailed picture of program design and implementation across the country and throughout the states visited. Telephone interviews in an additional nine states helped us understand where CSFP fit in states' food assistance policy and why some states had chosen to participate in CSFP and others had not.

Field-Based Research

The five jurisdictions identified for in-depth field analysis included California, Louisiana, and Michigan, the three states with the highest current participation in CSFP; the District of Columbia, a long-standing urban program with high participation in proportion to population; and the program administered on the rural Pine Ridge Reservation in South Dakota by the Oglala Sioux Tribe, an Indian Tribal Organization (ITO). The District of Columbia and Oglala Sioux programs operate as states, filing their state plans directly with FNS just as all the other state agencies do. Contract providers and other study sites within the five programs were selected to provide geographic diversity, including urban/rural variation; demographic diversity, including elderly and nonelderly participation; and variation in program administration models.

Site visits, generally four-day visits, took place between March and October 2006. In each of the five programs, we interviewed the officials responsible for administering CSFP at the state level, and other principal informants on state food assistance policy, such as state directors of WIC, officials in state offices on aging, and representatives of governors' initiatives on food assistance. To understand the variety of distribution systems in each of the five programs, we visited the headquarters of a selection of local providers who were contracted to administer CSFP for the county or other local jurisdiction; interviewed staff who oversaw client, warehouse, and other program operations; and observed warehouse, certification, distribution and nutrition education practices. For those programs that used a variety of distribution strategies, we visited a selection of local distribution sites in order to observe multiple delivery modes and variation in the services that each might afford. These included permanent sites, other sites in which distribution was hosted by another organization, and still others set up to reach the homebound. In addition to the warehousing and administrative offices at state and local levels, we visited 24 sites in which CSFP services were delivered.

The 24 sites illustrated a full range of distribution modes in each of the programs under study. In the District of Columbia, we visited two of four permanent sites operating at the time, three homebound distributions in senior housing complexes, the central warehouse, and offices of the program administrators. The site visit to Louisiana took place in April 2006, seven months after Hurricane Katrina. Prior to the storm, Louisiana's CSFP, based in New Orleans, was the largest program in the country. Katrina decimated much of the distribution system. In order to understand how the program had functioned prior to the storm, and to observe how the program was coming back on line, we toured all of the distribution sites and the warehousing facilities in the city with the state manager. We then visited other sites in the metropolitan area and in rural Louisiana that were entirely operational. In Michigan, we visited three distribution sites in

Detroit, including the warehouse, and one in Inkster, a suburb of Detroit. These four sites were administered by Focus: HOPE. We also visited three sites administered by community action agencies (CAAs) in more rural areas. In California, we visited the program administered by the Community Action Partnership of Orange County (CAPOC) and two distribution sites; the Los Angeles Regional Food Bank (LARFB) and one open air distribution; the Modesto Love Center Ministries and its warehouse; the Redwood Empire Food Bank (REFB) and its warehouse; and the Fort Bragg Food Bank, a subsidiary of REFB. Finally, on the Pine Ridge Reservation, we visited the administrative offices and main warehouse, a satellite warehouse on a different part of the reservation, and an open-air tailgate distribution.

In each of the locations we used semi-structured interview guides, tailored to categories of respondents. The guides addressed common topics across sites but allowed for flexibility to adapt the interview to capture variations in program details and respondent perspectives. In the majority of the sites, we were able to schedule visits to coincide with scheduled food distributions so that we could observe the process directly. We supplemented the data we obtained in the interviews by reviewing state plans and written program materials that described current operations, such as intake forms and nutritional education materials provided to participants.

In addition to interviewing program officials, we conducted focus groups with participants in each of the five programs. The main topics of focus group discussion were when and how participants became aware of and chose to participate in CSFP, what other food assistance they received, what services they received through this or other programs that addressed food and nutrition needs, and how well CSFP served their needs.

In total, we conducted 11 focus groups. Five were in urban areas and six were in rural sites; seven were with seniors and four were with mothers. Seniors were often eager to come to the discussions and share their views, while mothers were more difficult to recruit, in part because we could not help with childcare. While the focus groups cannot be used to generalize to the particular site, the provider, or the program overall, they provide important ethnographic snapshots of participant experiences. Many participants' observations are consistent with our own observations at the sites and with information reported in the Commodity Acceptability Report, a recipient survey that until 2006 FNS required distributing agencies to submit biennially.[20] But the discussions added depth to what we heard from program officials, and in some cases revealed issues important to consider for future programming.

Focus group protocols and recruitment strategies were reviewed and approved by the Urban Institute Institutional Review Board for Research on Human Subjects. The protocol included a $25 reimbursement for attendance. To eliminate any element of economic coercion, we announced that the stipend would be given to anyone who showed up for the discussion, including those who chose to leave after hearing the formal introduction. Sessions were arranged at times and locations to accommodate the participants and to create a comfortable and friendly

[20] The requirement has been suspended and therefore the most recent information is the 2004 survey.

setting to encourage frank and open discussions. Typically, recreation or common rooms, or other private areas in the CSFP facility, were used. Drinks and light snacks were always served. CSFP paid staff were never present during the discussion.

The study employed two basic strategies to identify and recruit participants. For six groups, the UI team used CSFP staff to help recruit. Using the caseload numbers as the prospective distribution, we constructed a decision rule that would ensure a sufficient number of potential recruits to have about nine participants in the group. We then requested that the program send invitations (prepared and enclosed in pre-stamped envelopes) to those identified, generally two or three times as many as would be needed. In some cases, the program followed up with reminder phone calls. For the other five groups, participants were recruited by the Urban Institute team. Generally, we approached each person waiting to pick up their food, briefly introduced ourselves, asked if he or she would be willing to wait until the appointed hour (or in one case to return the next day), and issued a number to each person who expressed interest. Often, about four times the number needed were approached in order to reach the desired number of participants. Recruitment in many sites was challenging. We did not offer child care for mothers. Participants were often difficult to contact by telephone or mail. Many needed to be reminded following the initial invitation.

Although we aimed to have about nine participants in each group, we generally admitted all those who showed up. In a few instances we expanded the group when more appeared than anticipated and we could accommodate the oversubscription. The exigencies of recruitment meant that focus groups ranged from two in one group to 14 in another. More typically they ranged from five to ten participants**.**

Telephone Interviews

In addition to visiting the five sites chosen for in-depth field work, we conducted telephone interviews with state officials responsible for food assistance programs in nine additional states to explore the basis for recent state decisions to participate in CSFP, and reasons that states with presumably substantial eligible populations had chosen not to participate.

Telephone interviews were conducted with CSFP officials in three states that came into the program in FY 2000 or later and experienced substantial growth in participation (Missouri, Pennsylvania, and Texas). We also conducted interviews with officials from two of the states that have filed state plans but are currently unfunded (New Jersey and Utah) to explore why interest in CSFP has increased in recent years, how that interest is associated with state choices to focus on different population groups within CSFP, and what the relationship is between CSFP and other food assistance programs. In addition, we conducted telephone interviews with officials in three states that have not sought to participate in CSFP: Massachusetts, which has a highly developed social service system; Florida, which offers extensive services for the elderly; and Georgia, which is an active participant in other commodity distribution programs. Finally, we conducted a telephone interview with the CSFP director in Colorado, the state with the largest proportion of mothers, infants, and children enrolled in the program. Like the face-to-face interviews described above, the telephone interviews used semi-structured interview guides.

State Administration

At the state level, CSFP can be administered by a variety of state agencies, depending on either historical circumstance or deliberate connections to other commodity programs, health services, or nutrition education. The program may be housed with other commodity programs, such as The Emergency Food Assistance Program (TEFAP), NSLP, the School Breakfast Program (SBP), Child and Adult Care Food Program (CACFP), and the Summer Food Service Program (SFSP). It may be administered alongside the Farmers' Market Nutrition Program (FMNP) and the Senior Farmers' Market Nutrition Program (SFMNP). Or it may be housed under the same administrative structure as WIC or other programs that deliver nutrition education. Generally, food stamps are administered through the income maintenance system that administers TANF. Although CSFP now serves mostly seniors, in no state visited was it organizationally linked to programs for the elderly.

Table 3-1 illustrates the many configurations within which states administer CSFP, and how this relates to other food assistance programs. In the District of Columbia, CSFP is housed in the Department of Health/Maternal and Child Health Administration—the same bureau that administers WIC, the farmers' market and senior farmer's market voucher programs, and food stamp nutrition education programs. TEFAP is administered by the Department of Education. In Louisiana, CSFP is also within the health services, in the Department of Health and Hospitals/Office of Public Health, which also administers WIC. But administration of other commodity programs is split, with TEFAP and the farmers' market programs in the Department of Agriculture, and NSLP, CACFP, and SFSP in the Department of Education.

In Michigan and California, CSFP is administered by departments of education, where the school-based food distributions and nutrition education programs are also housed. The Michigan Department of Education also runs TEFAP and officials in that state point to the logic and efficiency of administering the commodity distribution programs together. In California, in contrast, TEFAP is in the Department of Social Services. WIC is administered by departments of health in both these states.

The administrator of CSFP for the Oglala Sioux tribal authority also administers food assistance through the Food Distribution Program on Indian Reservations (FDPIR).[21] Food stamps are available on the Pine Ridge Reservation, as are clinic sites for the WIC program, but both of these programs are administered by the state of South Dakota.

Wherever CSFP is located within the state or tribal government, federal regulations require that the state agency monitor program administration, including certification procedures,

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[21] FDPIR, like CSFP, provides a monthly food package. Residents of any race who live on participating reservations, and households in nearby areas that include at least one American Indian or Alaska Native may enroll in FDPIR instead of FSP, but cannot receive benefits from both FDPIR and FSP in the same month. The rules governing FDPIR eligibility are similar, but not identical, to the rules for FSP. Participants in either FSP or FDPIR may participate in CSFP without any loss of eligibility or benefits. The other tribal CSFP agency, at Red Lake, Minnesota, also operates both CSFP and FDPIR.

Table 3-1. State Administration of CSFP

Site	Agency	Other Food Assistance		Local Distribution	Coverage FY 2005	Staffing
		Same Agency	Elsewhere			
DC	*Dept. of Health*/ Maternal and Family Health Administration/ Nutrition and Physical Fitness Bureau	WIC, farmers' market and food stamp nutrition education programs, same Bureau	Other commodities programs, incl. TEFAP, in Dept of Education	Direct distribution (6 permanent sites plus 15 homebound distributions)	Citywide, 7400 caseload (500 MICs)	25 FTE
LA	*Dept. of Health and Hospitals*/ Office of Public Health/ Nutrition Section	WIC, same section	NSLP, CACFP, in Dept. of Education; TEFAP, Farmers Market in Dept. of Agric.	1 contractor for all food distribution (274 sites)	58 of 64 parishes, 274 sites, 84,816 caseload[1] (400 MICs)	3 FTE
MI	*Dept. of Education/* Office of Grants Coordination and School Support	School-based commodities programs, fresh fruit and vegetables, TEFAP; farm to school (joint effort of Depts. of Education and Agriculture, coordinated by Michigan State University)	WIC, Farmers Market in Dept. of Community Health	17 Community Action Agencies (CAAs), plus Focus: HOPE (Detroit, surrounding counties)	79 of 83 counties, 80,000 caseload	0.5 FTE[2]
CA	*Dept. of Education*/ Nutrition Services Division	School-based commodities programs	TEFAP in Dept. of Social Services, WIC in Dept. of Health Services	6 contractors (5 are food banks, 4 food banks are also CAAs)	13 of 58 counties (54% total state pop.)	.5[?] FTE, plus 2 retired annuitants
Oglala Sioux	*Tribal Council*	Food Distribution Program on Indian Reservations (FDPIR)	WIC in South Dakota Dept. of Health, FSP in South Dakota Dept. of Social Services	Direct distribution	Reservation-wide ~700 (170 MICs)	3 FTE, plus 30 additional for all food programs

[1] Pre-Katrina status; program was rebuilding to near pre-storm status at time of site visit.

[2] Consultant supervises CSFP half time and TEFAP and charter schools vending contracts for other half of her hours.

nutrition education, and civil rights compliance. As a practical matter, state administration mostly involves supervising the implementation of caseload allocations, food ordering, and inventory management.[22] States must submit the local agencies' food orders to the USDA monthly or quarterly, depending on the size of the distribution. Orders are processed using the Electronic Commodity Ordering System (ECOS). State staff also conduct biannual audits of local providers, which state officials characterized as largely focused on inventory and caseload management.

States are generally limited by regulation to a maximum $30,000 of the federal allocation for program administration, with the rest passed on to local agencies. States may request that FNS permit them to retain more than the $30,000 maximum. In one of the states we visited, California, the perceived constraints on funding for state administration contributed to the current administering agency's lack of interest in retaining the program under its jurisdiction. In FY 2008, after our field work was completed, the state agency requested and received permission to retain more than $30,000 in administrative funds.

Program Structure

Table 3-1 illustrates the broad outlines of each of the state systems studied, including the size of the programs as indicated by caseload and geographic coverage, and the distribution system, which is either direct or through local contract providers. Michigan, Louisiana, and California operate the three largest programs in the country. In these states, CSFP is widely available and food distribution is contracted out to one or more provider organizations. Despite the constraints on funding for administration, reflected in the small state staff in the three states in which program administration is devolved to local providers, the commitment by those who administer CSFP at the state level is often high.

Michigan operated the largest program in the country at the time of the study with an average of 80,147 participants per month in FY 2006; 11 percent of the FY 2006 participants were MICs. Average monthly participation in FY 2007 was 77,258.[23] Focus: HOPE, a social service and civil rights organization based in Detroit and born in reaction to the 1968 riots in that city, has administered the program since 1971. Eleanor Josaitis, co-founder of Focus: HOPE, has been a central figure in the evolution of the program nationally, in the creation of the National CSFP Association, and in pressing for expansion to seniors. CSFP operates in all of Michigan's 83 counties except for four western counties in which administrative and warehousing capacity is lacking. Focus: HOPE administers CSFP in Detroit and surrounding areas, and CAAs administer CSFP in the other counties in which the program is available.

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[22] States are allocated caseload slots, and they in turn distribute that caseload to local providers. The actual number of participants reflects individuals who pick up food packages in any given month or cumulatively over the course of the year.

[23] FY 2007 CSFP enrollment totals by state are from Food and Nutrition Service, "Commodity Supplemental Food Program: Total Participation" (http://www.fns.usda.gov/pd/20csfp.htm), showing data as of January 30, 2008. The MIC share of participants in each state is calculated from FNS National Databank extracts.

State administrators see CSFP as an important nutrition program for those who do not qualify for other assistance, and an appropriate fit with the school-based food assistance programs administered with it in the Michigan Department of Education (MDE), noting a philosophical logic to assisting low income individuals inter-generationally that improves the lives of children, and administrative efficiencies resulting from shared staff and computer systems across CSFP and the other commodity programs under its administration. Michigan officials, like those in other sites, view the program as less stigmatized than other food assistance programs, particularly food stamps.

Despite the state's commitment, and although CSFP also represents an important portion of the MDE budget for food assistance, CSFP is monitored by one consultant in the MDE/Office of Grants Coordination and School Support, who devotes half time to CSFP and the other half to TEFAP and all of the school- and institutionally-based commodity programs that the Office administers. Michigan has made special requests to USDA to exceed the administrative cap, and they have reportedly always been granted. In FY 2006, the state received $127,000 for CSFP administration. Michigan also makes a small contribution to meet the matching requirements of TEFAP and other federal food assistance; state officials noted that some of it may also accrue to CSFP, which does not require a state match.

The Louisiana program, begun in 1970 in New Orleans, grew to the largest program in the country prior to Hurricane Katrina, when it served 85,000 participants per month. It is now the second largest program, serving 48,387 in FY 2006 and 64,327 in FY 2007. As of May 2007, CSFP operated in all of the state's parishes (counties) except for two. Seniors made up ninety-nine percent of the FY 2006 participants. At the time of our site visit, the program had 400 MIC participants, all of whom were served at a single distribution site in the New Orleans area; other sites served seniors only. The contractor responsible for warehousing and distribution for the entire state is Food for Families/Food for Seniors, originally a part of the Social Apostolate of the Archdiocese and, with the Apostolate's merger with Catholic Charities five years ago, now within Catholic Charities. The state contracts separately for nutrition education with the City of New Orleans, a remnant in part of the program's origins when most activity was limited to New Orleans.

The program had made several attempts over time to expand coverage to reach all parishes, principally using a largely truck-based operation, requiring no inventory on site and perhaps no more than a parking spot and space for participants to assemble. In these so-called tailgate distributions, commodities are brought in by truck and individual packages are assembled by program staff and volunteers on site. It also changed its warehousing system to create more efficient storage arrangements and to accommodate long-haul trucking. Further, it began using more stationary sites in remote locations, pre-packing food boxes in the warehouse for group distributions and relying on community organizations to provide a facility and help Food for Families staff at each distribution. Nonetheless, its main warehouse prior to Katrina was in New Orleans, which was destroyed in the hurricane, forcing the program to shut down entirely in September 2005. Only 5,564 participants were served the following month. The program has been aggressively rebuilding since then, bringing participation up to about 62,000 by September 2006.

The program has a long history and stable administrative structure, with core distribution functions administered by a single entity of the New Orleans Archdiocese. At the state level, CSFP was managed at the time of the visit by one full time manager and two office assistants who processed inventory requests and monitored the contractor responsible for warehousing and distribution as well as those responsible for nutrition education.

In the District of Columbia, nutrition is the largest funding block in the Maternal and Family Health Administration's budget. CSFP, operating since 1969 and administered in the Nutrition and Physical Fitness Bureau, is viewed as a vital component of nutrition assistance and an important augmentation to WIC and food stamps. CSFP is available throughout the District.

The District government delivers a wide array of nutrition services through CSFP and operates the program directly; its staff of 25 FTE is larger than that of states which operate larger programs but contract out administration. According to FNS data, in FY 2006, the District received just under $440,000 from USDA for administrative expenses and contributed $1.6 million, a small decrease from FY 2005. Monthly participation was 7,121 in FY 2006 (4 percent MICs) and 6,765 in FY 2007.

The Oglala Sioux Tribe has administered CSFP since 1992, when it took the program over from the state of South Dakota. The change reflected both the tribe's general preference for tribal administration and specific complaints about equipment and services under state administration. Administration of CSFP is integrated in part with other food assistance administered through FDPIR, sharing warehouse and tailgate sites. In FY 2006, the tribal program served an average of 627 participants per month, including 176 MIC participants; average monthly enrollment in FY 2007 was 617, with 162 MICs.[24] CSFP has a staff of three, but CSFP and FDPIR operations together employ 30 FTE staff. Some members of the staff are TANF recipients meeting work requirements.

California's program is the third largest in the nation, serving 54,687 in FY 2006 (9 percent MICs) and 53,098 in FY 2007. The Nutrition Services Division in the California Department of Education (CDE) is less enthusiastic about CSFP than the other state agencies we visited. Reportedly, the state was reluctant to agree when Orange County asked to join in 1991, arguing that the federal government was not looking to expand the program, and was persuaded only by the persistent advocacy of the Community Action Program (CAP) agency in Orange County. More recently, CDE agreed to allow the LARFB to create a program only on the condition that LARFB be assisted by Orange County.

CDE has been actively attempting to divest itself of CSFP, hoping that either the state Department on Aging, with a natural interest in addressing nutritional needs of the elderly, or the Department of Social Services, which administers TEFAP, would assume responsibility. CDE manages the program with one half-time staff person who is new to the program, assisted by two retired annuitants who formerly oversaw CSFP and now conduct the annual and biannual audits.

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[24] The source for these figures is an extract from the FNS National Data Bank.

CSFP's Role in Food Assistance Policy

In part because of its small size, CSFP's role in the larger universe of food assistance policy can be problematic. WIC is the dominant program for mothers, infants, and children. Public officials and local providers perceive WIC as providing a broader services than CSFP, including health screening and monitoring, and therefore generally prefer it to CSFP for mothers, infants, and children eligible for either program. CSFP is not well-funded, caseload allocations are far below estimated need, it is not well connected at the state level to services for the elderly, and it generally does not have a strong voice in state policy. One individual we interviewed suggested that the presence of a federal program targeted on nutrition for the elderly might elevate concern for nutritional assistance for low-income seniors and heighten state interest.

CSFP is generally dwarfed by other food assistance programs administered in the same agency and can have little visibility in overall food assistance policy. In Michigan, the governor has established the Michigan Food Policy Council to link all aspects of food supply, distribution, access, and consumption, and to generate recommendations across six departments. CSFP has reportedly not come up much in discussions within the Council, nor in its hearings around the state. CAAs, which might give visibility and voice to CSFP, have not participated in the work of the Council.

At the time of the site visit, the District of Columbia had a Mayor's Commission on Food and Nutrition. The Commission began in July 2005 under a three-year charter to develop recommendations for improving food and nutrition across agencies and programs, including strategies for serving the elderly. The first report to the Commission was released in July 2006.[25] The discussion and rating of federal nutrition programs includes FSP, WIC, CACFP, the school lunch and breakfast programs, summer meal program, and supplemental food delivered through the Capital Area Food Bank, soup kitchens, and food pantries, but only mentions CSFP in the context of the Farmers' Market Nutrition Program.

In Louisiana, efforts had begun before Hurricane Katrina to increase coordination among programs providing nutritional assistance to the elderly, including coordinating case management and using common forms. There was also an effort at the USDA regional level to coordinate nutrition programs for seniors**.** As in other states, CSFP is not a large program in the overall profile of nutrition assistance. As one official noted, CSFP is the least well-known program in the Office of Public Health. Elderly nutrition has a low profile relative to maternal and child nutrition, with $4.6 million allocated to CSFP compared to $101 million for WIC. There is little coordination of CSFP with other agencies in the Office or with other state or local entities engaged in nutrition assistance. As another official explained, the Governor's Office on Elderly Affairs is a pass-through agency for federally funded congregate and home meals programs, not a policymaking entity, and while local councils on aging may work closely with CSFP, there is less coordination at the state level.

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[25] *Healthy Food, Healthy Communities: An Assessment and Scorecard of Community Food Security in the District of Columbia.* DC Hunger Solutions. Washington DC: July 2006.

California presents a different picture from the other states visited. The disinterest at the state level in administering the program in its current location, combined with a legacy of contention around dual participation that required the state to bring in outside mediation to resolve differences between WIC and CSFP local providers, reinforces the sense that the considerable enthusiasm for the program is among local providers. As in other states, local providers see CSFP as playing a very important role in their access to quality food and in their ability to reach many who have limited access to other food assistance.

The Oglala Sioux Tribe does not operate food assistance programs other than CSFP and FDPIR, which are closely integrated. WIC and food stamps, which are administered by the state of South Dakota, are available on the reservation. Unlike many of the other sites we visited, the Oglala Sioux reservation has no regular food pantries; an occasional food van from a church-based program is the only source of emergency food assistance besides CSFP.

Commodity programs can also play an important role in disaster relief, as was evident in Hurricane Katrina. Food for Families had historically provided emergency food, including ready-to-feed infant formula, which does not require clean drinking water to dissolve or dilute it, or clean areas to prepare it. It had delivered food to the Superdome in past storms. During Katrina, responses to the need for emergency food included providing food stamps on a non-means-tested basis for three months, dispensing nonperishable food and some hot meals by the Red Cross, and providing military rations to storm victims. The use of vouchers, including food stamps, can be problematic when the infrastructure for purchasing food has collapsed, whereas ready-to-use commodities can be especially useful.

But Katrina also exposed the vulnerability of a centralized distribution system, when 90 percent of the food was destroyed or rendered unusable by USDA standards. As detailed below, the Louisiana program has now decentralized operations into four warehouse systems and largely eliminated tailgate distributions in favor of more permanent hosted sites.

Local Distribution

CSFP food is distributed by a variety of local providers and can be given out in a variety of local venues. Program philosophy, space and time constraints, and relationships with local hosts can all affect how the food package is created and delivered, and what additional food or other services come with it.

Distribution sites may be in permanent facilities, owned or operated by the CSFP local agency. Food packages may also be distributed at sites that are hosted by a local organization or public agency, in the facility's common room or parking lot, or even in a public park. CSFP may share space with another program operated by a public agency or contractor—such as a food pantry, church, or Head Start program, and space and scheduling options may be considerably more limited. Programs may also provide group distributions, such as those to residents of senior housing complexes. In the group distributions, food is delivered directly to the participants or to registered proxies, who are used extensively in some sites. Some homebound individuals receive delivery to their doors.

At the time of our site visit, Louisiana had 274 distribution sites in the state, all under the direction of a single contractor, Food for Families. Eight were permanent, with the others hosted by local organizations such as churches and community centers on the day of delivery. In small towns volunteers might pick up food for the whole town and distribute packages individually.[26] Michigan contracted with Focus: HOPE for commodity distribution in four Detroit-area counties, and with seventeen CAAs across the rest of the state. The characteristics of the Focus: Hope sites varied, as did the characteristics of the CAA sites. California contracted with five food banks, four of which are also CAAs, and with the Modesto Love Center Ministries, a church that administers a food pantry as well as other social services. The District of Columbia delivered CSFP in six permanent sites. Three were in health clinics; one was connected to a school; one, open only three days a month, was in a large public housing project; and one had its own small building within a complex housing a variety of other public services.[27] Another 15 District sites were in senior housing complexes, and volunteers also conducted bulk distributions directly from the warehouse. The Oglala Sioux operated CSFP in two warehouses, held additional tailgate distributions, and provided homebound deliveries on request.

Delivery Modes

The characteristics of the service provider, the variety of distribution venues, and variation in local resources—additional food, dependable volunteers, available space for food distribution or other services—all create variation in the modes of delivery. Further, the mode of delivery can vary from one site to another within the same provider operation, as well as from program to program within a state.

We observed open air distributions in Orange County and Los Angeles that took place rain or shine, where participants mostly came by foot or by public transportation, and some lined up in long queues to be checked in and receive food. We observed tailgate operations in Michigan and in Pine Ridge that also took place outdoors, where participants drove up and food was loaded from the delivery truck into their cars' open trunks. We observed distributions at food bank warehouses and CAAs where participants meandered through the facility, picking up their food and receiving many other services, and at health clinics that offered no crossover for additional services. And we observed distributions in housing complexes and public spaces (in one instance a prison recreation hall adjacent to the correctional facility), in which the food was trucked in but off-loaded, while participants took a number and awaited their turn to pick up their allotment, and the waiting process itself became the opportunity for an important social event for both participants and staff.

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[26] Before Hurricane Katrina, there were ten permanent sites in New Orleans alone, serving 15,000 per month. When we visited, Louisiana CSFP was rapidly rebuilding: the program had one permanent site and two other sites in the New Orleans metropolitan area, and was serving 500 per month in Orleans Parish.

[27] Two of the sites operated in the same health clinic after one site, serving mostly Spanish-speaking participants, lost its own building. The two sites had different offices (in the same basement) and different phone numbers, and continued to serve different populations.

Variations in delivery modes may determine the level of choice in the monthly package, the degree of access to other foods along with the CSFP allotment, and distribution schedules over the course of the month. And the venues for delivery and delivery modes determine what services routinely accompany or can be made available as an adjunct to participation in CSFP, both as part of the program explicitly or because participants connect to other services and other programs that are administered in the same facility.

Monthly packages may be assembled at the warehouse, where they were also sometimes distributed, or transported to other sites for participant pickup. Distribution sites, whether permanent or hosted, could have CSFP staff who work there regularly, or who appear only on the day of distribution. Distributions might be true tailgate operations, in which the program sends a truck, driver, and crew out, perhaps augmented on-site by CSFP staff or volunteers, and the food is delivered directly off the truck, into waiting cars or shopping wagons. In some tailgate operations, trucks arrive with wholesale packaging intact (for example, manufacturers' cases of juice or cereal), and the individual packages are assembled on site. This mode of delivery may, but does not always, leave some room for choice or substitution within the prescribed allotment.

Distribution schedules are often complex. Permanent sites might allow for more frequent distribution within the day or for ongoing distribution throughout the month. Many programs had only limited hours or days for pickup at any one site, but some, particularly those with online access to the eligible caseload, accommodated pickup at any site if a participant missed his or her usual distribution. The local agency in Howell, Michigan and several other programs visited called participants who had not picked up to remind them of their distribution day or of alternative sites that they could use to pick up their monthly allotment. In large and/or permanent sites, CSFP might be available many days or every day of the month, and for many hours of the day, granting participants substantial leeway in when they choose to pick up their monthly package. In the District of Columbia, most sites were open every week day from 8:30 AM to 4:00 PM. Distributions are made to groups in senior housing complexes once a month. The program offered individual door-to-door delivery, to about 250 clients who may not be able to attend group distributions and could obtain a doctor's note attesting to mobility impairment, as required by District policy. As a practical matter, CSFP in the District, like programs elsewhere, permitted the use of certified proxies, so that many more than these 250 homebound participants received food packages delivered to them by friends or fellow participants, either regularly or from time to time.

Most programs visited packed the monthly allotment in cartons or paper bags. Some programs, particularly food banks, can be quite sophisticated in their food handling methods, for example, shrink wrapping multiple individual distributions on pallets so that the monthly distribution remains intact during transit. Cartons are expensive, but many local agencies have access to donated cartons. For example, REFB uses donated wine boxes from local winemakers to package individual food bundles. Some local agencies have invested in balers, to compact and bale cartons for resale to recyclers. The LARFB, the newest of the California CSFP contractors, put each individual's monthly allotment into two plastic grocery bags and stabilized the bags by loading them into reusable plastic bins. Multiple bins are placed on shipping pallets, shrinkwrapped for transport to the local delivery site, and then returned to the warehouse for repacking. The bins were a substantial upfront investment, which the staff reported had not been fully recouped at the time of the visit.

The permutations in delivery modes and their effects were complex: whether the site was permanent or hosted, within a warehouse or other facility, used pre-packed or in supermarket layout, did not necessarily correlate with accessibility (hours or days for distribution over the course of the month), choice (variations in the food package, or augmentation with additional food), as detailed below.

Choice

CSFP's monthly food package includes a combination of foods designed to be a balanced supplement to participants' monthly intake. State or local agencies pick from alternative foods within two groups: The food package includes dry beans; canned vegetables, juices, fruits, and meats; cheese, which is required; other dairy products (evaporated or dry milk); grains (rice, farina, grits, pasta, boxed or other cereals); and peanut butter (Food and Nutrition Service 2008). Packages are further prescribed to serve the different needs of pregnant women, postpartum women, infants age zero to three months, infants age four to twelve months, children age 1 through 5, and seniors. Programs may attempt to increase variety from month to month when they place their orders with the state. How much variety and choice programs can offer participants is largely a function of distribution modes and of warehousing space and caseload size, which determine the amount and variety of food on hand to distribute.

Most of the sites observed used pre-packed distributions, limiting choice at the point of delivery. But some programs value choice within the CSFP package highly, and find unique ways of achieving it. In sites that had considerable warehouse space on site, even a small program could maintain a varied selection of foods and rotate choices for distribution simply by restocking on the spot, so that choices are varied within the month or participants can choose among food groups when they pick up their allotment. For example, at the Oakland Livingston Human Service Agency in Howell, Michigan, the CSFP caseload was small (450), but distribution at the warehouse allowed the program to offer some choice among commodities: the administrator deliberately put out whatever was available in the warehouse for participants to take, within established guide rates. Participants in a few other warehouse distributions could ask for specific items, in effect assembling their own package within specified parameters.

Some sites used a supermarket model, in which food choices were laid out—perhaps in the wholesale cartons or in bins—and participants were given a grocery list to select from among items within each food group prescribed for the monthly allotment (for example, flavor of juice, type of cereal, or cereal vs. pasta). Participants pushed a grocery cart along the course, list in hand, checked off their choices, picked up the food, and presented the list and cart or carton full of food, supermarket style, for checkout. Focus: HOPE, the originator of the Michigan program, remains deeply committed to a supermarket model, believing it contributes to a sense of dignity for program participants. Three of the five CAA sites we visited in Michigan also used a supermarket model. The two other Michigan sites did not have sufficient space or a sufficiently sustained distribution schedule to accommodate it.

Many sites routinely supplemented the CSFP package by distributing additional foods, or other items, which had been provided by other government programs, donated, or purchased with funds from public or private sources. TEFAP commodities are often available in the same venue as the CSFP distribution. One of the small CAA sites had agreements with several local grocers

to receive donated foods, which created many bonus items each month. In many sites, particularly those operated by food banks, many other foods, including fresh produce, donated baked goods, and even household goods, might be available along with CSFP foods; the total take could be a quite substantial and varied mix of food and necessities. In the REFB and the Fort Bragg Food Bank, one of its subsidiaries, fresh produce was plentiful, the byproduct of REFB's proximity to California's Central Valley and proactive attempts to establish relationships with local growers. The Fort Bragg Food Bank created a variety of specialty packages for different clients: veggie bags, turkey jerky, peanut butter bars, dog and cat food, campground vouchers and soup kitchen referrals for homeless clients; "frail" bags with Ensure, TV dinners, instant oatmeal for elderly or malnourished clients; and "kids'" bags with macaroni and cheese, popcorn, and hotdogs. The non-CSFP items in these packages were paid for in part with a United Way grant and money from California's Tobacco Settlement.

Whatever the delivery mode, the extent of participant choice is largely a function of caseload size and storage space. Larger inventory may lend itself to increased variety in food. In some smaller sites, even ones that used a supermarket model, choice among CSFP commodities or the availability of additional foods might still be limited.

Nutrition Education

In accordance with federal regulations, local agencies are required to deliver, along with the food distribution, some form of nutritional education that is "…easily understood…and…related to [participants'] nutritional needs and household situations." Information must include the nutritional value of the foods provided, nutritious ways to use the food, nutritional needs of participants and how to meet them, the importance of health care and the role of nutrition in health care, the importance of using the foods by the participant enrolled, and, as appropriate, the benefits of breastfeeding (7 CFR 247.18). The state agency is responsible for establishing an overall nutrition education plan and a procedure for evaluating it.

How this information is delivered may vary considerably. Some programs have the time, space and staff to use a variety of dissemination strategies, including handouts, cooking demonstrations, or sample foods made with CSFP commodities. The written materials that were available at the sites visited were themselves quite varied and dealt with food issues, broader health issues, and information about other services, such as resources to address domestic violence.

The programs that we visited typically provided recipes, commonly ones that used CSFP foods, or some other sort of flyer with guidance on nutrition or related health issues. For example, one Michigan site distributed a monthly newsletter with recipes, nutritional information, and community services. Some programs had the staff to develop their own materials, while others used printouts from the Internet or from other sources. Many programs used materials from the USDA website, including recipes, the Five-A-Day regimen, and the food pyramid. Louisiana CSFP developed a "Dear Friends" letter covering 36 issues identified as important to seniors (for example, how to avoid fat, salt, cholesterol, and sugar in the diet; how to maintain dietary fiber; guidelines on arthritis pain management). Several other providers used their local university-based Extension Service to develop such information. An Indian Health Service nutritionist provided nutritional assistance on the Pine Ridge reservation.

Some of the materials we collected were provided in Spanish and Arabic. A woman of Middle Eastern origin at one site said she found the information very helpful, although it was provided only in English and she relied on a relative to translate it into Arabic.

Most of the programs we visited put the nutritional information in the boxes distributed each month. A few used program display racks that recipients could access, one citing excessive paper and reproduction costs to routine individual distribution. Programs using the supermarket models distributed the materials at checkout. Participants in one focus group, which was predominantly Hispanic, complained not about translation problems but that the handouts were simply offered on a display rack and they felt pressure to move in and out quickly, limiting the time or attention they might pay to the materials.

Some programs used their own staff or other resources to provide more interactive assistance. Two Michigan sites reported that they had used the Michigan State University Extension Service for cooking classes, food demonstrations, and home visits. That program, supported with state funds, had been eliminated two years earlier and only recently brought back. It was now available only every few months. Prior to Katrina, the Louisiana program also provided cooking demonstrations, recipe tastings, brief lectures, and other handouts. The District of Columbia, with nutritionists on staff, offered food tastings and demonstrations at its permanent sites. At one site visited, a food tasting was laid out; at another in a senior citizen housing complex, a graduate student in nutrition supervised a “food bingo” game demonstrating particular food groups, and conducted an exercise session designed for elderly, and more sedentary, individuals.

Many programs attempted to use the materials to illustrate useful and appealing preparations of CSFP foods and to make them culturally relevant. The Oglala Sioux program distributed a colorful calendar and an attractive, professionally bound cookbook containing tribal recipes and nutritional information produced by a conglomerate of regional tribes. Both were produced by the FDPIR Mountain Plains Region Nutrition Advisory Committee. The calendar was reportedly popular, but according to focus group participants the recipe book was inauthentic with regard to Oglala Sioux culinary traditions, or unrealistic with respect to contemporary cooking habits and available foods, and largely unusable. Many seniors in the focus group had left the reservation for many years and returned in retirement and perceived the traditional recipes with some cynicism because they did not reflect contemporary cooking.

In some sites access to information beyond handouts might be problematic. In a large distribution, for example, where participants queued up in a long line or stayed in their car, information would be limited to what was dropped in the package. Similarly, for a truly homebound participant, or one that received the food by proxy, information would be limited to what was distributed in the package unless the program made special arrangements.

In general, focus group participants found the recipes and nutritional information, such as descriptions of different food groups, useful. Some found the nutritional education in WIC and CSFP comparable. Some reported learning about fat substitutions and ways to control dietary salt (for example, rinsing canned vegetables). One participant noted that although materials were not put in the bag at her site, she went out of the way to pick them up. Others reported, consistent with our observations, that food demonstrations or other counseling around nutritional issues

might be available only at a central location, and those who used satellite distributions might be less able to access them. In several sites participants reported that they did not receive materials each month, and did not receive demonstrations.

Other Services

CSFP food delivery may be an important door to other services. CSFP commodity distribution within a food bank in many cases created access to larger varieties and amounts of food and nutritional assistance as well as donated household goods. Many sites are housed within broader social service operations, and they offer a variety of other social services that CSFP participants access through their participation in CSFP. Access to such services in the sites visited, however, depended on the mission of the administering agency, the philosophy of the program manager, and the capabilities, including available space and distribution schedule, of the facility.

All of the programs visited that were administered through social service or CAAs provided additional social services, but these services were not available at all their sites. In the big programs, such as Focus: HOPE and the Community Action Partnership of Orange County (CAPOC), the programs might offer in larger sites tax preparation assistance, voter registration, literacy training, energy assistance, health screening, assistance with utilities or fuel and weatherization, and referrals to other services including emergency services and food stamps. One warehouse distribution we visited in Detroit had a library. The enrollment form for another CAA in Michigan asked about other service needs and promoted other programs, such as protective services for domestic violence. That agency reportedly referred about half its clients to other providers in the community for other services. It also had a large clothing swap, and participants routinely found clothing for their children and brought it back as the children aged, swapping for the next size up. Another, which was both a food bank and social service agency, also reported making routine referrals to other county services. It maintained active relationships with public agencies in the county, including the Office on Aging, which set up blood pressure screenings and other services several times a year in the food warehouse.

Some local agencies offered a broad range of services in conjunction with CSFP. This might occur even in small facilities, if the staff considered their mission broadly. For example, one CAA distributed CSFP out of a small building shared with a Head Start program and it had little room for other activities. But the staff was strongly focused on case management, and their service arm stretched well beyond the physical space, conducting home visits, and working aggressively around the county with homeless clientele, sometimes reportedly meeting clients in parking lots or in the woods to attend to their needs. As one local manager noted, “food programs are the draw,” thus the combination of food and the commitment of the agency can result in a broad and active approach to service delivery.

For other local agencies, provision of additional services was more difficult. In one very large open-air distribution run by the local CAA, the printed directory of county social services was available at the distribution, but the length of the line and the press of time made more active exchange between staff and participant problematic. In the District of Columbia, CSFP used to operate in all public health clinics, but due to lack of funding now operates in only two. The health clinics have been recently privatized, and administrators report that while there used to be

some connection between health services and nutrition services, the proximity between the two now has little effect on CSFP participants' access to other services. The CSFP presence at one such site consists of the site manager's desk and a table for distribution of literature. Even in some food banks, access to bonus foods and service referrals might depend on serendipity.

Administrative Simplicity

One of CSFP's hallmarks is its administrative simplicity at the delivery level. Applying for CSFP benefits is easy, particularly when compared to food stamps. CSFP eligibility is generally determined on the basis of age and income.[28] The states we visited typically required one month's documentation of income (for example, a Social Security or retirement check, a bank statement, or a letter indicating eligibility for FSP or public assistance). Unlike FSP, CSFP has no asset test. In some of the sites we visited (for example, Focus: HOPE in Detroit), trained volunteers were able to certify new applicants, and training itself was relatively simple. Senior certification periods are generally six months in length, but can be extended for additional six-month periods with verification of minimal information. Most MICs are recertified every six months, but pregnant women may be certified to participate for the duration of their pregnancy and for up to six weeks post-partum. Eligibility errors were thought to be rare, in part because seniors' income does not fluctuate much from month to month. Also, participants' personal circumstances are often known to the program; one program official observed that participants would not be living where they do, in the conditions that they do, if they had greater income. Another program audited all of its caseload in order to downsize in response to mandated cuts. It found only a handful of errors at the margins (for example, participants a few dollars over the income threshold) and removed those participants from the rolls. A program that operated in a largely rural area chose not to use volunteers for certification because it wanted to eliminate any temptation for volunteers who knew the participants well to interpret rules too liberally.

Several programs used portable computers with caseload lists uploaded. Other local agencies used pre-printed caseload lists, making certification and food pickup on distribution days fairly seamless. All permanent sites in the District of Columbia have online access, giving staff the ability to collect, monitor and analyze caseload and inventory from the central administrative databank. Participants in many sites received paper eligibility cards, which they presented at each monthly distribution before signing for their packages. In some sites staff issued numbers for participants to queue up for the food package. A distribution at a senior housing complex in the District of Columbia might take over an hour to process a hundred participants. Large sites in other programs we observed processed 5,000 at one site in a day.

The attraction of the program's administrative simplicity was borne out in focus group participants' observations that the simplicity of enrollment, along with the nutritional content of the commodities, was what they most liked about the program. Some participants identified the

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[28] Regulations permit states to consider both current income and average monthly household income for the previous 12 months, and to require that an individual be at nutritional risk and reside within a specified service area. These conditions were not typical in the programs we visited.

complexity of other programs, such as FSP or WIC, as a reason for not participating in them. Program officials noted the dignity and respect afforded CSFP participants, perhaps amplified by the social atmosphere at distributions, familiarity of staff, and the presence of volunteers who may also be acquaintances.

CSFP officials frequently cited the stigma attached to use of food stamps. Using food stamps at the grocery store requires individuals to publicly reveal their eligibility for and participation in FSP to other shoppers. Participation in CSFP (for example, waiting in line for a tailgate distribution) is also visible, but typically only to program staff and other CSFP participants.

Focus group participants did not cite stigma as a reason for resisting FSP or embracing CSFP, but they did cite the inconvenience of applying for food stamps. FSP participation requires them to submit more documentation than needed for CSFP and to deal with a larger bureaucracy.

Many program managers, as well as participants with whom we spoke, believed most CSFP participants are eligible for only the $10 minimum benefit from FSP. Several managers and many in the focus groups noted that seniors were daunted by the challenges of applying for food stamps. Trips to the public assistance office could be complicated and costly, particularly in rural areas, and many were particularly dissuaded if they believed the effort would yield only the minimum $10 benefit. At least one program official had aggressively tried to convince participants of the value of the $10 per month over time and used a chart published by the Michigan State University (MSU) Extension Service that outlined the purchasing power of $10 for food.

Immigrants who participate in CSFP may be more reluctant to apply for food stamps. In the one focus group composed primarily of Hispanics, food stamp usage was notably lower than in other groups. This is consistent with research that found sharp declines among noncitizen adults after the 1996 welfare reform legislation restricted noncitizen eligibility for food stamps. Participation also declined among refugees and among the native-born citizen children of noncitizen parents, even though the eligibility of these two groups was not affected by the new restrictions. One factor that may have reduced the takeup rates for these two groups was fear that applying for food stamps would lead to the exposure of undocumented family members (Food and Nutrition Service 2001; Fix, Zimmerman, and Passel 2001; Cunnyngham 2003).

As easy as it is to enroll in CSFP, a few focus group participants, in different locations, mistakenly believed that they would be dropped from the program if they missed their monthly pickup. Some programs do drop participants after a certain number of consecutive no-shows at distributions, but none of the sites at which these focus groups took place did so.

Administrative Challenges

Staffing

Despite the ease of administration, CSFP can be very labor-intensive, particularly around warehousing, managing inventory, transporting, unloading, and distributing food. Administrative dollars in local programs are thinly stretched. In many places, individual packages are assembled

on site from the back of the truck, using the truck crew and others, often volunteers, from the site. In some sites, such as one visited in rural Louisiana, the programs use "trustees" (prisoners) from the local prison who are under the supervision of the sheriff. Louisiana routinely made arrangements with local sheriffs' offices to assist in distribution. Other programs that had used prisoner help on occasion had found that using local prisoners was often too cumbersome to arrange.

The use of volunteers is a distinguishing feature of CSFP, because of the extent to which they are used, their importance to program operations, and their apparent effect on the character of the program and the services delivered. Volunteers were a core component of staffing in almost all of the programs visited. Large programs, such as those administered by Louisiana's Food for Families or Michigan's Focus: HOPE, had paid staff whose sole responsibility was coordinating volunteer operations. Certain administrative tasks, including caseload management, outreach (which can be complex), and interprogram coordination, are typically the responsibilities of the program manager. But program operations, from warehouse operations, packing, transport, and delivery, to participant enrollment, are often delegated to volunteers. In one rural program, CSFP had 13 volunteers and only one staff person; the volunteers "essentially run" the program, even though it was a challenge to maintain the necessary core of volunteers.

In many programs, including some in each of the states we visited, veteran volunteers stayed with the program for years. Some of these individuals were participants themselves. Some programs reported that they had volunteers who staffed only one distribution, for one day a month, but had been doing that for twenty years. Distributions themselves were often social events, and venues for important social connections. As one administrator put it, "the social aspect was at least as important as the food." In such an atmosphere, participants and staff, whether volunteer or paid, develop strong bonds and trust, and gain access to home telephone numbers and other contact information, reinforcing their ability to offer broader support. Volunteers developed a familiarity with participants, their individual and family circumstances, and their needs, and became critical resources for counseling and referral to other programs and benefits. One program manager routinely volunteered to deliver food to the homebound and reported that in the course of doing so, he spent long periods with participants, talking about health problems, doctor's appointments, what to do with CSFP food, and other personal issues. We also observed a distribution, in a Los Angeles park, in which individual volunteers appeared on their own to help with language translation or escort participants and their heavy food bags to a public bus to return home. While the program had not organized their participation, the service they offered was apparently offered consistently and recognized as important to the operation of the program.

In some programs, the relationship between volunteers and program is less intimate. In the LARFB, for example, volunteers accounted for almost the entire warehouse staff, but were typically court-ordered placements fulfilling community service hours, TANF recipients fulfilling work requirements, or part of a corporate sponsorship. While the institutional connections that provided this volunteer workforce might be longstanding, relationships with individual volunteers were not. The volunteers' contributions to the labor needs of the program were critical, but their interaction with clients was minimal or nonexistent.

Managing Caseload

The principal challenge is managing caseload. Programs, and local contractors, are monitored on their performance with respect to meeting caseload allocations precisely, managing inventory, meeting food handling standards, and distributing allotted food inventory according to plan. In most of the programs visited, local operations were managed by organizations or staff with professional expertise in food handling. But managing caseload can be a demanding art, requiring aggressive outreach to meet allotted caseload slots lest allocations be reduced, while ensuring that the program does not exceed its caseload allocation.

Local providers viewed caseload allocations as small, inadequate to meet perceived need, and subject to change over the course of the year. Programs are required to maintain waiting lists when applicants exceed caseload levels (7 CFR 247.11) and must balance that requirement with their desire to avoid raising expectations of potential participants when there is little probability of enrollment.

Managing outreach amid changing allocations requires a challenging juggling act for local programs. Many programs use public service announcements and news stories and advertisements in local newspapers to call attention to the start of a new program or distribution site. Most periodically approach senior housing complexes, local offices on aging, and other places where seniors might be recruited or where relationships might be established between CSFP and other programs. But program staff typically reported that word of mouth was the most effective means of recruitment, that seniors were easy to recruit, and that the program sold itself.

Despite its low administrative cost, kept low largely by the use of volunteers, CSFP can present other administrative challenges. Although federal regulations would allow for advanced disbursement of funds, this may not be done routinely. One local program, a small nonprofit familiar with receiving Community Development Block Grant funds upfront, complained that it was reimbursed for costs only post hoc and had to borrow funds against a credit line in order to meet administrative expenses for CSFP. Interest on the borrowed funds cost the program $700 per month.

MIC Challenges

Serving mothers presents a special set of challenges. As noted earlier, public officials and local providers generally consider WIC the preferred program for mothers and children, both for the nutritional content and the breadth of health services. As WIC was fully funded, staff at local agencies assumed that WIC should have a natural preeminence, and low-income seniors, with few other options, could be served by CSFP. Staff members with whom we spoke reported that the shift to seniors had occurred naturally.

But CSFP ensures food assistance for mothers, infants, and children who do not have geographic access to WIC or find CSFP easier to use than WIC. Although WIC and CSFP may operate in the same county, and therefore appear to be equally accessible, as a practical matter a local WIC clinic may be markedly less accessible than CSFP distribution points, making CSFP more attractive to some mothers. Mothers with more than one child in the eligible age range may

find splitting participation between the two programs for different children in the family particularly challenging.

CSFP's coverage of five-year olds who age out of WIC and are not yet covered by school- or other institutionally-based food assistance programs makes the program an important source of food assistance for that group. Participation rates in WIC diminishes with age: the number of four-year-olds in the program is less than one-third the number of infants (Bartlett, Bobronnikov, and Mendelson 2007). That still leaves more than 700,000 children who age out of WIC each year. Besides CSFP, food assistance that is specifically targeted to children and available to five-year-olds is provided through subsidized breakfast, lunch, or snacks, in day care centers or homes, schools, and summer feeding programs, and therefore would be dependent on attendance in these settings.

Regulations require that CSFP and WIC state agencies develop a plan to prevent and detect dual participation. Other aspects of the relationship between the two programs can be problematic. Although many sites reported good relationships with their local WIC programs, program officials characterized referrals to CSFP for children who age out of WIC as uncertain. Few sites reported a seamless transition ensuring that those who age out of WIC are automatically enrolled in CSFP, and many reported that they did not routinely receive referrals from WIC. One local CSFP provider, who kept careful watch of population cohorts and enrollment numbers in both programs, reported that the numbers of referrals of WIC graduates should have been considerably higher than their records indicated. The same respondent complained that state and regional officials were excessively concerned with dual participation, and that this had harmed interprogram relations.

Relationships between CSFP and WIC are competitive in some places. A local staffer told us that WIC did not usually tell recipients about CSFP, and suggested that each program was heavily committed to its own philosophy and culture. In this staffer's view, CSFP offered a more holistic, humanistic approach to serving needs of the whole family, while WIC was often delivered in a more bureaucratic setting by an overworked staff that could become hardened and complacent.

The manager of another program reported not picking up the numbers expected from Head Start, even though relationships between the two programs were good. Because this organization was a CAA, providing services such as energy assistance and job training to many WIC participants, it routinely informed those individuals about CSFP and made sure they signed up if they needed it. This manager always asks her clients about WIC and explains that it is their choice, encouraging them to enroll in WIC, particularly if they do not have health care. She did not push WIC over CSFP, however, because she perceived CSFP to offer more food and more choice. The program did pick up five-year-olds, but the manager noted that as mothers became employed it became more difficult for them to pick up CSFP food packages.

Relationships between CSFP and WIC are not always contentious. In Louisiana and the District of Columbia, CSFP was administered in the department of health along with WIC. In New Orleans, CSFP has worked with both Head Start and WIC to ensure that CSFP captures mothers and children who are aging out of WIC. CSFP staff reported working hand-in-hand with WIC, particularly after Hurricane Katrina.

Mothers, in general, are reportedly harder to recruit and harder to maintain in the program than seniors. Unlike the seniors in our focus groups, the mothers did not typically use the program to socialize and did not typically know other participants. Recruiting mothers requires periodic contacts with housing projects, day care centers, and other likely sources to reach potential recipients, in order to remind both potential participants and program managers of the availability of CSFP. One program reported that once mothers are employed it is difficult to reach them. Another reported that it was difficult to find mothers who were not participating in WIC, but also required extra effort to ensure that those mothers who did enroll in CSFP came to the distributions at the scheduled time.

Comments by mothers who participated in our focus groups suggest that knowledge of CSFP is often intergenerational. In more than one state mothers, now grandmothers, had used CSFP when their children were young, and these children, now grown, had returned to the program to assist their own children. One mother volunteered that if she knew someone who had fallen on hard times, she would mention CSFP's availability.

Mothers' reasons for using CSFP, as expressed in the focus groups, included the loss of food assistance as their children aged out of WIC. One mother volunteered that it would be particularly helpful if participants received some case management in WIC or CSFP to ensure that children did not lose coverage between programs. Mothers' major complaint expressed in the focus groups was that CSFP ended when children reached six.

The Importance of CSFP to Food Distribution

In contrast to its minor role in food assistance policy at the state level, CSFP may make a critical contribution to a local provider's available food and administrative funding, and to its ability to serve low-income constituencies. In all of the local agencies visited, a combination of food banks and social service organizations, CSFP was held in high regard for both the food and the services it offered. Program administrators pointed to the dearth of alternatives for low-income seniors, the high quality and nutritional integrity of the CSFP food package, and the unpredictable profile of donated foods from other sources, including surplus commodities from TEFAP.

One administrator of a food bank explained that there have been major shifts in food production and distribution, resulting in a marked scarcity of donated goods. "Just-in-time" retailers, such as Wal-Mart, receive inventory produced by the manufacturers exclusively for them and distributed immediately by them, leaving little for donation as surplus. In addition, the proliferation of discount retailers has removed surplus canned goods that would otherwise have been donated. Finally, as this administrator described it, the global economy has resulted in "quality protein" being shipped overseas, so that a program such as CSFP, which does distribute high quality foods, is looked upon as a rare and valuable resource.[29]

[29] Etter (2007) also discusses the decline in food donations.

Food banks have responded to the reduction in donated foods by becoming aggressive and innovative in finding alternative sources of food. REFB, for example, was pursuing arrangements with local growers in California's Central Valley to tailor surplus fresh produce for longer-term use. Methods included dehydrating surplus fruits and vegetables to produce a nutritious soup or stew and canning donated frozen corn in order to stabilize it for later use.

In the context of these larger changes, CSFP represented a guaranteed source of quality food and a predictable and intentionally balanced profile of food. CSFP might also account for a substantial portion of local operations and program budget. In Orange County, for example, CSFP administrative dollars paid for all the operating costs that CAPOC's Community Services Block Grant (CSBG) funds did not.

The Importance of CSFP to Participants

CSFP can play an important role in participants' monthly food consumption: the value of the allotment is substantial in relation to monthly food expenditures, and CSFP may be the only food assistance participants receive. The value of the monthly package varies with local food costs; the National CSFP Association suggests the retail equivalent of the monthly CSFP allotment would cost an average of $50.[30] Urban Institute estimates, using data from the December 2006 Food Security Supplement of the Current Population Survey, indicate that in non-CSFP states, the median monthly per person expenditure on food for individuals 60 or over with incomes under 130 percent of poverty was $152. The data also indicate that in the month surveyed, relatively few received meals delivered to their home (5.4 percent); received meals at a community center (7.2 percent); received emergency food from a church, pantry or food bank (4.6 percent); or used a soup kitchen (0.5 percent).[31] These findings are consistent with discussions in the focus groups in which, as described below, participants reported infrequent use of other assistance.

Focus group participants seemed to represent a wide array of circumstances. At one site the group included a retired registered nurse, a widowed farmer with no way to reap income from the farm, and a couple living in government housing, who were also long-time regular volunteer staff. None of these four had pensions.

Seniors in the focus groups ascribed their need for CSFP to the loss of a spouse, lack of pensions, and the large contribution that CSFP represented in their monthly food budget. Reports from focus group participants were consistent with the low rates of FSP participation among seniors, discussed earlier in the report. Most of those who did use food stamps said they were eligible for only the $10 minimum benefit. Others said this amount was not worth the cost of transportation and time it would take to receive it, particularly in rural areas.

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[30] See note 1 for source.

[31] Urban Institute analysis of December 2006 CPS Food Security Supplement data. The food assistance estimates are for seniors in all states with income under 130 percent of poverty.

More seniors in the focus groups used sources of food assistance other than FSP, including local food pantries and free or reduced-price meals in their housing complexes. Such use, however, was not typical or consistent across sites. In one urban site and one rural site about half the group used local food pantries (other than the one distributing CSFP) about once a month. In distributions housed in food banks, CSFP participants make use of other foods distributed along with CSFP, and they can often combine CSFP with TEFAP distributions. In a couple of instances participants expressed the belief that if they did not pick up their allotment each month they would be dropped from the program, but fellow participants disagreed. Some programs do drop consecutive no-shows, though, as noted earlier, some call no-shows and remind them of the distribution or of alternative sites to pick up their allotment.

To help us understand how much of their month's food consumption CSFP represented, we asked focus group participants how much they spent on food each month, and how many people they routinely fed. Food expenditures are affected by local food costs, the number of people in the household, and access to free or reduced meals, which was common for those in senior housing complexes. Estimated monthly household food expenditures ranged from $30 to $500 for one very large family. Per person expenditures ranged from $30 to about $100, and were more frequently $60 to $80. The responses suggest that the CSFP package, worth about $50 according to the estimate of the National CSFP Association, represented an important component of the monthly food budget. As one rural participant said, she would not be able to make her food last the month without CSFP, and another noted that CSFP leaves room to buy other household necessities. Another participant, describing how she integrated CSFP commodities with the rest of her pantry said, "It's my emergency kit. I leave it there till the end of the month…If I start on it in the beginning, I'd mix it with my food, and I'd still get too low at the end."

CSFP mothers are more likely than the seniors to use FSP, with CSFP helping to stretch out food resources that remain limited. "If you get your food stamps on the first of the month," one mother said, "then as you go on during the month the food gets low, so this commodity food helps make up the amount until you get your next food stamps." Unlike some seniors, who found the quantities difficult to use up in the course of a month, some mothers were disappointed in the amount of food distributed. One mother reported that when her whole family was on the program they received a dozen cans of vegetables, ten cans of fruit, four boxes of cereal, and ten cans of juice every month. Another married mother of three described the worsening unemployment in the economically depressed rural area in which she lived. She had applied for many jobs but had not received a single interview and worried that she would not be able to afford child care if she were to take an $8 per hour job at a local fast food establishment.

Focus group participants, on balance, lauded CSFP for the important supplement it provided to meet their food needs, for the ease with which they could enroll and be served by the program and its staff (including the social aspect in several sites). They also noted the high quality of the food.

Name branding was important to some recipients because it seemed to increase manufacturer accountability and result in a higher quality product. "It's nice to see the Del Monte brand, I know that it's a name brand…I know that I'm taking home a dollar can." Some local administrators also suggested the name brand products were of higher quality. Focus group

participants were more concerned with the perceived higher quality of name brand foods than with avoiding the stigma of having USDA labels in kitchen cupboards.

Some issues related to food preferences, health concerns, and food quality surfaced during discussions. For example, while many were pleased with the low sugar content in the canned fruit, one or more focus group participants in each of the sites were diabetic and cautious about the use of canned fruit, fruit juices, and starches. A participant at one site noted that she knew of several individuals who did not enroll because they were diabetic. Salt and fat content, particularly in some of the canned meats, was also a concern.[32] Participants noted the utility of rinsing canned vegetables to remove the salt, and some told us that it also made the vegetables taste more like fresh produce.

Some CSFP participants told us they did not always take or use everything in their food packages. A few seniors found it difficult to use up some of the large quantity packages, such as those for potatoes, rice, and spaghetti. Some seniors and a few mothers did not use the powdered milk. In one site several participants complained about broken bags and dirty rice. Many simply did not take food that they would not consume themselves. Food not taken is returned to inventory, as required by FNS regulations.

Mothers may choose CSFP for a number of reasons. One is to avoid the required health services in WIC. Officials noted the reluctance of some mothers to have their infants repeatedly blood tested, although clinics in fact use nonintrusive finger pricks for routine monitoring. One mother of a premature infant was skittish about subjecting the baby, who was on a monitor, to what was invariably an all-day affair at the WIC office. Another mother, in a different state, reinforced this, saying, "You could be there for a day waiting to receive your coupons…you have to make plans for nothing else but WIC that day. You have to bring your children with you." CSFP distributions, in contrast, were efficient: "…it's more convenient coming in and out of here" and "you could come in any day of the week." On the ease of application to CSFP, one mother said, "…you are sitting directly…in front of somebody filling out the paperwork, and if you have a question you can ask." In FSP, "they give you a big thick booklet, and they double-talk so it's hard to understand what they say." "When you go through Food Stamps you are just a number."

The mothers knew that the income thresholds for WIC and CSFP were similar. But one mother noted that other criteria for WIC were stricter. She failed to qualify for FSP because her husband's overtime pay had put them over the income threshold, but then they lost their house. To mothers in the focus groups, neither Food Stamps nor CSFP was viewed as stigmatizing, though one mother noted that it was embarrassing to have to fill out WIC paperwork in the grocery store in front of the cashier.

[32] FNS reports new efforts to further reduce sodium, fat, and sugar content of commodities that are distributed. The status or nutritional effect of those efforts is beyond the scope of this study.

Some mothers said that WIC centers were less accessible to them than CSFP distributions, which is striking because three of the four focus groups with mothers were conducted in urban areas, where one expects easier access to retailers than in rural areas. Mothers can split participation between CSFP and WIC for different children, but accessing more than one location to receive each set of benefits could be challenging. Several mothers reported starting on WIC and then switching the whole family to CSFP when one child aged out of WIC. There may also be confusion about how to access both programs, perhaps exacerbated by officials' concerns with dual participation. As evidence of this misconception, one mother of several children said that she was told that she "…had to stay on only one program" for the whole household; many others in the focus group agreed.

Mothers also cited the services that they received from local providers, in addition to what they received from CSFP, when they came to pick up their food packages. One mother received clothing and toys after she had missed the Toys for Tots drive at holiday time. "People [in CSFP] are so generous and giving, they even fixed our car for us. You won't get that from WIC, which is a great program, but this is more personal." Respondents in one group noted that they were aware of but did not use other food assistance, such as through Second Harvest food banks, local churches, or the Salvation Army. The Salvation Army, they told us, required other documentation and packed the food in a back room out of sight of the clients.

Several mothers cited infant formula issues that influenced their choice of CSFP. The brand of formula available from CSFP is determined by USDA purchasing contracts; the formula brands for which WIC vouchers can be used are determined by the rebate contracts that each WIC state agency negotiates with manufacturers. The two programs can thus offer different kinds of formula in a particular state, influencing mothers who prefer the formula offered by CSFP to enroll in that program rather than WIC. Almost all the mothers in one focus group reported that formula and cereal were the most important items in their monthly allotment. One mother who wanted to feed her infant on the same formula as before complained that WIC had changed the formula. We also heard mothers say that the formula available through CSFP was preferable to that available through WIC for addressing babies' allergies.[33]

Some mothers said they liked the food better in CSFP than in WIC, referring particularly to the greater variety available from CSFP. Although CSFP itself does not provide fresh produce, food banks and other local agencies that distribute the CSFP package may provide additional food, from sources other than CSFP, and these other foods may include fresh produce. CSFP participants can thus combine their monthly pickup with receipt of a larger variety of food gratis, which becomes part of the experience of participation. Mothers also said that CSFP, unlike WIC, could be used to feed the whole family. Several mothers lived with extended families and the CSFP food fed many members across generations. Two used WIC for the first year or two of

[33] A CSFP policy change in December 2007 (McCullough 2007), after our site visits, ended the former practice of providing soy-based formula to infants when recommended by a physician or other medical professional. State WIC agencies may provide soy-based formula with medical documentation, though they are not required to do so. This difference between the programs may steer some mothers who would otherwise prefer CSFP to WIC.

their child's life, but moved to CSFP for the preferred variety and for foods that last longer than the fresh dairy and eggs emphasized in WIC. One mother, speaking through a translator, noted that CSFP provides "all of the needs required by the baby."

Although several program officials (and some senior focus group participants) expressed the view that young mothers do not want to or know how to cook anymore, mothers in our focus groups had come up with innovative ways of preparing CSFP foods. Mothers reported mixing corn with farina or grits to make it creamier, more palatable, and healthier for the children; using canned meats to make tuna or chicken salad, or Sloppy Joes; and mixing powdered milk with two percent fresh milk to mask the flavor of the powdered milk. Some used the powdered eggs, although we had heard from officials that these were not preferred. Another reported that the canned meats were distasteful, but used them to make gravy or mashed potato topping. One mother said she used the powdered milk for baths, to heal skin that was drying from chemotherapy treatments.

New State Interest in CSFP

There has been a marked increase in state participation in CSFP since 1999. Between FY 2000 and FY 2003, fifteen new states joined CSFP. Another five states are waiting, with FNS-approved plans but no caseload allocations to date due to insufficient resources. States report help from the National CSFP Association and America's Second Harvest in designing new programs and applying for funds, and food banks may be the principal venue for distribution (as in Missouri). Telephone interviews with officials in three of the five states that have launched new programs (Missouri, Pennsylvania, and Texas) and two of those that have approved plans to do so (Utah and New Jersey) suggest some common themes.

The states coming in see CSFP as filling two gaps in food assistance. One is for participants graduating from WIC: postpartum, nonbreastfeeding women and five-year-olds. The other gap is among seniors, for whom CSFP offers more resources, direct services (including food delivered to the door, for the homebound), and less perceived hassle than FSP.

Although the new programs have expanded rapidly, they are not available in all parts of their states. Pennsylvania CSFP served 14 of 67 counties at the time of our interview; it now reaches 30 counties that are home to 74.0 percent of the people in the state who are below 100 percent of the federal poverty threshold. In Missouri 72.3 percent of the poor live in the 32 counties (of 115) with CSFP, which include St. Louis City and the four counties with parts of Kansas City. At the time of our interview, Texas CSFP served three of the state's 254 counties, with 11.7 percent of the state's poor. It now serves eight counties with 12.5 percent of the state's poor. CSFP operates in the Rio Grande Valley, across the river from Mexico, and in Dallas

County, but the program is not available in Houston or San Antonio, the nation's fourth and seventh largest cities.[34]

Nearly all CSFP participants in the three new states are seniors, whom officials see as having few alternatives. One official pointed to the aging of the baby boom generation as reason for concern about limited services for low-income seniors. The demand for services in Missouri is suggested by the immediate takeup of CSFP at housing sites and other logical points of contact for eligible populations, without any outreach other than the initial program announcements. Because of caseload limitations, Texas does not do much outreach, and discontinues participants who miss two consecutive distributions.

As with many of the established programs we visited, CSFP officials in the new states reported good relationships with WIC, and suggested that WIC was the better program for mothers and children. In Missouri and Texas, CSFP is housed in the same department as WIC. A formal inter-program agreement in Missouri stipulates that WIC provide outreach materials about CSFP. Texas also reports a good relationship between WIC and CSFP. In the areas of that state where CSFP is available, the food banks that provide CSFP work with WIC to catch five-year olds graduating out of WIC eligibility, and succeed in enrolling about half of them.

Utah, as yet unfunded, has proposed a two-phased program beginning with a focus on pregnant women, infants, and children in order to fill a perceived gap in WIC coverage. Only in the second phase does the state anticipate expanding to seniors. Utah's program is proposed for Salt Lake City only. The largest WIC clinic in that city is overburdened, and CSFP offers an alternative source of food assistance. The plan, built on staff's prior experience with WIC in another state, aims at creating a seamless transition to CSFP for five-year-olds graduating from WIC.

New Jersey, which also has an approved state plan but remains unfunded, would house CSFP within the Department of Health and Human Services, alongside WIC. New Jersey has proposed a pilot for Trenton, for both MICs and seniors, growing out of concern with hunger, obesity, anemia and other nutritional deficiencies in both populations, and in particular with five-year-olds graduating from WIC who would not be receiving meals in day care, and are not in attendance at Head Start or other pre-K programs that might offer meals.

The officials that we interviewed from states that are not participating in CSFP (Florida, Georgia, and Massachusetts) were either less familiar with the program or dissuaded by the lack of funding for recent joiners and the Administration's repeated proposals to end the program. Georgia, for example, reported a large underserved seniors population in TEFAP, and felt that CSFP would fit well with that program and with its State Nutrition Assistance Program (SNAP). The Georgia SNAP program is similar in function to TEFAP, and like that program is run by

[34] Data on county poverty levels is for 2005 and from the Census Bureau Small Area Income and Poverty Estimates (SAIPE) program. Shares of the population under 130 percent of poverty would be more meaningful in the context of CSFP, but these estimates are not available from SAIPE.

food banks, but it is funded with state TANF dollars, and serves TANF-eligible families (whether or not they are actually on TANF).

Florida had had informal discussions about CSFP within the last few years because of the need for assistance among the elderly, but these discussions have not moved forward because of the limited funding and the belief that USDA was not funding new programs. Compared to other commodity programs run by the state's Department of Agriculture, CSFP was also viewed as very labor intensive, involving additional record-keeping, hearings, and appeals processes. Officials noted that it would require at least one full staff position within the limited funding for administration. Were the state to participate, the program would only be offered in a few counties. Comments from other states suggest that it can be difficult to justify this kind of selective implementation to residents living outside these areas.

4. CONCLUSIONS

CSFP has so far survived the administration's attempts to discontinue the program. Congressional appropriations in recent years, however, have been insufficient to cover the CY 2004 caseload in the states currently participating in the program, let alone fund allocations in the five waiting states. Our telephone interviews suggest that some of the thirteen states that remain outside the program would be interested in participating in CSFP, but are reluctant to apply because of the uncertain commitment at the federal level.

The range of policy discussion suggests four possible trajectories for the future of CSFP. Policymakers will have to choose which of these very different paths to follow.

- Discontinue the program and rely on WIC, FSP, and other nutrition assistance programs to serve the CSFP's MIC and senior populations. The administration proposal assumes this outcome.

- Continue to serve both MICs and seniors, but with resources that do not keep up with costs, resulting in ever-lower caseload allocations. This is what has been happening.

- Expand the program to serve the two eligible populations in every state and county.

- Codify the shift to seniors, with extension of WIC eligibility to five-year-olds who do not have access to other programs (principally school-based) and/or mothers beyond six months postpartum who are not breastfeeding. Though it did not make any changes in eligibility for either WIC or CSFP, the 2008 Farm Bill pushed CSFP further away from its original service population by eliminating the former requirement that MICs receive priority over seniors when allotted caseloads are inadequate to enroll all eligible applicants.

The findings from our eligibility estimates, field research, and telephone interviews can inform policymakers' choices among these alternatives.

Serving Mothers, Infants, and Children

The eligibility estimates presented in table 2-2 suggest that there are substantial numbers of mothers, infants, and children with nutrition assistance needs that are not being met by WIC under current law. We estimate that the population meeting the standards for income or adjunctive eligibility in WIC or CSFP includes about 96,000 infants and one-year-olds who do not meet WIC criteria for nutritional risk, 940,000 women in their second six months postpartum who are not breastfeeding, and 1.8 million five-year-olds. These groups are not eligible for WIC, but would be eligible for CSFP if available where they live. As we noted earlier, few children are actually turned away or dropped from WIC for lack of nutritional risk. WIC does terminate benefits for nonbreastfeeding women at six months postpartum. CSFP covers these women, who may still have nutritional risks.

How well children who age out of WIC are served by other food assistance programs is an important question, and the answer is not clearly evident from our estimates and case studies,

or those of other researchers. After age five, food assistance outside CSFP and FSP is largely tied to various weekday or school-based programs, including CACFP, school breakfast and lunch, after-school snacks, and summer feeding programs. This food assistance is generally tied to specific days and times, and to attendance in these settings. CACFP, for example, is available to children in Head Start or day care.

Children, moreover, start school at different ages, according to the laws where they live and the timing of their birthdays relative to the beginning of the school year in August or September. The result is that many five-year-olds are not in school, and therefore do not have access to NSLP or the School Breakfast Program. Newman and Ralston (2006) report that children age five to seven make up 21.2 percent of NSLP participants. This is a smaller share than children age eight to ten (25.9 percent). Multiplying the difference between the two estimates (25.9 percent minus 21.2 percent equals 4.7 percent) by the total number of NSLP lunches served each day (about 29 million) suggests that more than one million five-year-olds are who would qualify for NSLP and participate in it do not have access to that program because they are not yet in school.[35]

Many CSFP local agencies make an effort to coordinate with WIC to pick up children aging out of WIC, but few sites reported a seamless transition. Anecdotal evidence and enrollment figures suggest that only a small proportion of WIC graduates get the extra year of benefits. Although WIC enrollment decreases as children age, over 700,000 four-year-olds participated in that program in April 2006 (Bartlett, Bobronnikov, and Mendelson 2007); in the same year, CSFP served an average of 29,000 children age 1 through 5 each month. The number of slots in CSFP could never be expected to serve all five-year olds who age out of WIC, and the energy with which program officials in both WIC and CSFP pursue the transition may, in recognition of that, be muted. But in one local program, the director had engaged in aggressive door-to-door campaigns to pick up WIC graduates; others described many difficulties recruiting WIC graduates. Mothers in the focus groups did choose CSFP to cover their children who aged out of WIC, and argued for more deliberate case management in WIC and CSFP to ensure that children did not lose coverage between programs.

Focus group discussions with CSFP mothers suggest that they may use the program as a fallback when WIC or other food assistance targeted to young children is difficult to access or less desirable for other reasons. Mothers may also choose CSFP rather than WIC for the convenience of using only one program for multiple children. In some communities, WIC clinics may be less accessible than CSFP. Some mothers prefer the foods available from CSFP over those available from WIC. But some mothers may choose CSFP to avoid the health monitoring or the hassle of what some alleged was inevitably an all-day visit to a clinic. For these women, as for the seniors, participating in CSFP was easy and nonbureaucratic, and visiting a local social

[35] Urban Institute calculations from Survey of Income and Program Participation (SIPP) data in Newman and Ralston (2006). Estimates from the National Health and Nutrition Examination Survey (NHANES), presented by the same authors, show an even larger shortfall, with five- to seven-year-olds making up 20.6 percent of NSLP participants and eight- to ten-year-olds 26.4 percent.

service agency to pick up their CSFP package might also give them access to food from other sources, clothing, toys, and other goods and services.

As discussed earlier, state and local administrators generally consider WIC the superior program for MICs, in part for the health monitoring that WIC mandates. Because CSFP providers also perceive WIC to be fully funded, many CSFP staff in the field saw seniors as their principal concern. If WIC is to be seen as a replacement for CSFP, issues of geographic accessibility and ease of participation need to be considered. In addition, some of the mothers who now choose CSFP over WIC to avoid WIC's health monitoring might not participate in any food assistance unless steps were taken to address their concerns.

Serving Seniors

Many seniors who meet the income requirements for CSFP would not be eligible, according to our estimates, for food stamps (2.3 million, 28.7 percent), and most who are eligible for FSP (3.9 million, 68.0 percent) do not participate. (See table 2-6.) The low level of benefits some seniors would be eligible to receive from FSP appears to one factor depressing their takeup. Some CSFP participants, however, may underestimate what they would receive in food stamp benefits once all the available deductions are applied to their income. Changes to FSP in the 2008 Farm Bill, including removing retirement savings from countable resources, indexing minimum benefits and asset limits for inflation, and renaming the program as the Supplemental Nutrition Assistance Program (SNAP) will increase FSP eligibility, benefits, and perhaps enrollment among seniors.

The findings from our site visits and focus groups suggest that CSFP can be a significant source of nutritional assistance for low-income seniors and provide a substantial portion of the food they need each month. For many, CSFP represented their only source of food assistance. According to agency staff and focus group participants, many do not use food stamps or food pantries, or receive congregate meals or other sources of prepared food. For those who qualified for only the $10 minimum food stamp benefit, CSFP's commodity package, worth $50 (according to the National CSFP Association's estimate), was far more valuable. Many focus group participants told us that applying for food stamps could cost them more in time and transportation than they would receive in benefits. Food stamps, moreover, are not a good tool for those who cannot easily access retail food markets with affordable prices. This was especially true for seniors who lived in rural areas or in low-income urban neighborhoods that are poorly served by food retailers. It was also true for those who depended on others for rides or were totally homebound.

In our focus groups and in conversations relayed to us by staff members, participants expressed their appreciation of the quality of the food and their ability to use it by preparing it in ways that it gets eaten. There may still be room for improvements that make the package more appropriate for seniors. Large quantity distributions, for example, may be challenging for single elderly people to use; canned goods may be salty or fatty; and sugar and starch content may be challenging to diabetics. FNS is reportedly continuing to make adjustments to address these challenges.

Besides providing food, participation in CSFP can provide seniors with access to other services they would not be seeking, or even know about, if they did not participate in the program. Case workers in CAAs, for example, were able to gain access through their monthly delivery of food to homeless individuals who would otherwise shun assistance for other problems. Seniors who are new to receiving any form of public assistance may be unlikely to seek help with weatherization, consumer problems, or legal issues, but are queried about their need for these and the many other services offered in social service agencies when they come in for CSFP.

The link between food assistance and these other programs should not be overlooked. As one official said, "food programs are the draw"; it is explicit delivery of food that facilitates receptivity to other services. However, more seniors might be connected with services if coordination between CSFP and other programs for the elderly was better.

CSFP also often performed an important social function for seniors. For those with compromised mobility and less contact with faces beyond their immediate surroundings, meeting once a month with others in the program and with familiar staff was often an important social event. CSFP staff, who may themselves participate in the program, become familiar with the intricacies of participants' lives and can look for problems and ways to solve them outside of a traditional social service function.

Lessons for Human Service Programs

CSFP has charms worth considering in designing human service programs. The administrative simplicity and familiar and comfortable atmosphere of the program are clearly attractions to a population that needs assistance but may be reluctant to seek help in settings it perceives as bureaucratic, stigmatized, or unsympathetic. The fact that the foods distributed are highly valued is clearly another. These attributes are achieved in several ways, and each provides lessons for other service delivery applications.

In many places volunteers create the intimacy that makes CSFP familiar and accessible. Sometimes volunteers commit to the program for many years, become familiar with participants, their problems, and their needs, and can provide the continuity from one month to the next that facilitates productive intervention and access to other services. Local CSFP agencies put enormous effort into managing volunteer help. CSFP provides valuable instruction in what volunteers can offer and how they can be effectively integrated into a public program. Although competent professional staff are the backbone of any effective program, human service programs can borrow from CSFP experiences both to make effective use of volunteers and to train other staff to engage clients more effectively.

Strategies that enhance the ability of the regular CSFP staff to engage and maintain clients who need continuing assistance are worth understanding. Programs may achieve intimacy through limited scale and consistency in local operations. In many of the sites visited, paid staff, like volunteers, tended to remain with the program for many years, becoming familiar with participants and their needs, and making participants feel more connected to the program and what it could offer. These connections can be reinforced as the program increasingly serves seniors, who may be less mobile than mothers and eligible for longer periods of time.

CSFP is often delivered in a site that provides access to a variety of other services. Small scale, perceived accessibility through physical proximity and visibility, and staff commitment to a broader mission could all play important roles in connecting clients to services. But multipurpose sites did not guarantee receipt of needed services. In a food bank or food pantry, the line for monthly pickup of CSFP could take a recipient through the whole array of food being distributed at the site, but depending on client volume and time, receipt of other services was variable. In a small CAP agency, a CSFP participant might take advantage of the array of goods and services that were available in addition to CSFP, but perhaps also only if time allowed or if staff perceived that their mission required them to be proactive in assessing need and connecting participants with assistance. On this last point, the array of services was nearly invisible in some programs, yet staff saw their role as caseworkers within a broad social service mission, sought to deliver CSFP as part of a broad intervention for needy clients, and engaged in proactive case management to deliver needed services. Receipt of services at other sites seemed to derive from familiarity between staff and client; the role of the overall agency mission or physical site was less clear.

Whatever the services that might be available along with CSFP, the program's trademarks were its simplicity and accessibility. CSFP was easy to enroll in and easy to administer. Participants told us how much they valued the monthly food package, as well as the fact that it is often delivered by people with friendly and familiar faces. Participants perceived CSFP providers as community resources tightly connected to the people they served, rather than as purveyors of useful services wrapped in bureaucratic trappings that had to be negotiated in order to access needed assistance.

Coordination with Other Programs

As we observed in our site visits, participation in CSFP can provide benefits beyond the monthly CSFP allotment of relatively healthy foods, including nutrition education, and access to the non-CSFP foods and services available from local organizations such as CAAs and food banks. The added value of CSFP participation could be increased by more coordination with other programs. As required by FNS, in counties where both CSFP and WIC are available, the CSFP and WIC local agencies cooperated to prevent dual enrollment, but such cooperation did not result in a seamless transfer of five-year-olds from WIC to CSFP.

Integration of CSFP with other food assistance is equally important. With respect to food stamps, FNS and state nutrition officials might do more to ensure that both CSFP participants and local agency staff understand that many seniors may be eligible for more than the minimum food stamp benefit, and that longer enrollment periods, reduced reporting requirements, and electronic benefits may make it less onerous to sign up for and use food stamp benefits than was true in the past. When CSFP is not operated within the context of a readily available supply of additional foods, it may be important to make the effort to connect monthly CSFP pickup to other food sources. Integration with the Senior Farmers' Market Nutrition Program for seasonal produce has been popular in the District of Columbia, for example, where CSFP seniors (and only CSFP seniors) receive vouchers to buy the fresh fruits and vegetables that CSFP itself does not provide.

Perhaps the closest coordination between CSFP and another program that we observed was the relationship between the Oglala Sioux CSFP and FDPIR programs on the Pine Ridge reservation in South Dakota. The same tribal official directs both programs, and many staff members have worked for each of them at different times. Inventories are carefully separated, but the main warehouse and the satellite warehouse each provide storage space for each of the two programs. Participants can pick up commodities from both programs in a single trip to either warehouse or a tailgate site. FDPIR can offer fresh fruits and vegetables, and, when congressional appropriations or tribal funding permit, traditional foods such as bison, which are not available from CSFP.

Although CSFP participants receive a standard package in accord with program requirements, when CSFP was delivered by local food banks, participants often gained access to additional varieties and amounts of food from other sources. The additional foods from the food bank, together with the CSFP commodities, created a very substantial food basket for the month. As local food bank administrators observe, however, the supply of low cost or donated foods for food pantries, food banks, and local service agencies to give to low-income populations is shrinking. In that context the federal food distribution programs can be an important component of local food assistance programs, and CSFP in particular represents a guaranteed source of high quality food, delivered in a balanced package.

CSFP and Nutrition

CSFP and other commodity distribution programs have been part of the FNS arsenal in the struggles against hunger, malnutrition, and food insecurity. They may also serve as distinctive weapons in the emerging battle against obesity and related health conditions, most notably diabetes. FNS has rejected proposals to restrict the use of food stamp benefits as a means to address obesity, such as Minnesota's request for a waiver to prohibit use of food stamps to purchase candy or soft drinks, arguing that it can be difficult to draw the lines that distinguish candy or soft drinks from other foods, that administering such restrictions could add to the costs of program administration and increase the stigma of program participation, and that nutrition education, rather than new restrictions, should be used to encourage healthy eating among FSP participants (Holden 2004; Food and Nutrition Service 2007). WIC has always limited the use of its vouchers to targeted foods, but its direct impact is limited to women before and after pregnancy and children in their first five years.

CSFP can encourage healthy eating among seniors and among MICs beyond the reach of WIC eligibility. It can do so, moreover, without having to establish regulatory definitions of concepts such as "candy," "soft drinks," or "junk food," which manufacturers might be able to game by making small changes in ingredients. The package is designed to balance food groups, and marginal foods that could be hard to distinguish from candy or soda would never make it onto the list of available commodities.

In addressing nutritional needs, FNS must work within the constraints of availability, cost, and acceptability to participants. Adjustments to the food packages may be necessary to meet the needs of a service population that has shifted from mothers, infants, and children to seniors. Compared with MICs, seniors face different nutritional risks and are more likely to have difficulties preparing and consuming food due to limited mobility, cognitive impairments, and

other conditions that are correlated with aging. In February 2005, the Elderly Food Package was revised after review by a team including representatives from the National CSFP Association, CSFP state and local agencies, and the Administration on Aging. Mixed vegetables replaced creamed corn, mixed fruit replaced fruit cocktail, chili without beans replaced canned pork, and bran flakes cereal replaced corn squares cereal (Food and Nutrition Service 2006a). FNS has subsequently made additional improvements. Nonetheless, we observed that some of the foods distributed, notably some of the canned meats, were high in fat and salt. The likelihood that CSFP will continue to operate, and that its future service population will be predominantly or exclusively composed of people age 60 and above, may make further review worthwhile.

CSFP's nutritional impact comes from the unique opportunities it offers for nutrition education, as well as from the contents of its food packages. The nature of CSFP distribution puts participants in repeated face-to-face contact with program staff or volunteers, often in settings where other benefits or services are available. FSP electronic benefits or WIC vouchers, in contrast, are used in supermarkets and do not involve the same kind of interaction. Stigma does not appear to be a problem, perhaps because CSFP participants receive their commodities at distribution sites away from the scrutiny of others who are not receiving public subsidies. People waiting for food, moreover, provide a ready audience for nutrition education.

In some of the sites we visited, creative staff members were able to draw upon their professional training, personal relationships with participants, and collaborations with WIC or Cooperative Extension to develop nutritional materials and approaches targeted to the two very different populations that CSFP serves. But CSFP nutrition education efforts receive very limited program funding, which is clearly a constraint: in some sites the effort was reduced to passive distribution of recipes downloaded from the Internet.

CSFP is a program that distributes commodities to the needy, but it can also be a basis for gentle nutritional intervention. Because CSFP can provide participants with a significant portion of their monthly food intake, and can expose them to nutrition education while they wait, this relatively small, easily overlooked program has the potential to improve the eating habits of mothers, infants, children, and especially seniors, in those states and localities where it is available.

References

Arnold, Autumn, and Amy Marinacci. 2003. *Cash-Out in California: A History of Help and Harm, An Analysis of California's Food Stamp "Cash-Out" Policy for Recipients of SSI/SSP*. San Francisco: California Food Policy Advocates. August.

Bartlett, Susan, Ellen Bobronnikov, Michele Mendelson, et al. 2007. *WIC Participant and Program Characteristics 2006*. Alexandria, VA: Food and Nutrition Service.

Center on Budget and Policy Priorities. 1985. *The Commodity Supplemental Food Program: A Successful Program Held in Check*. Washington, DC.

Cody, Scott, and James Ohls. 2005. *Evaluation of the USDA Elderly Nutrition Demonstrations*: *Volume I, Evaluation Findings*. Washington, DC: U.S. Department of Agriculture, Economic Research Service.

Cunnyngham, Karen. 2003. *Trends in Food Stamp Program Participation Rates: 1999 to 2001, Final Report*. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service. July.

DC Hunger Solutions. 2006. *Healthy Food, Healthy Communities: An Assessment and Scorecard of Community Food Security in the District of Columbia*. Washington, DC. July.

Etter, Lauren. 2007. "Food Banks Go Hungry: As Manufacturers, Retailers Reduce Waste, Overstocks, Charitable Pantries Suffer." *Wall Street Journal*. May 22.

Fix, Michael, Wendy Zimmerman, and Jeffrey S. Passel. 2001. *The Integration of Immigrant Families in the United States*. Washington, DC: The Urban Institute.

Food Security Institute. 2003. *Hunger and Food Insecurity Among the Elderly*. Waltham, MA: Center on Hunger and Poverty.

Fox, Mary K., William Hamilton, and Bing-Hwan Lin. 2004. *Effects of Food Assistance and Nutrition Programs on Nutrition and Health: Volume III, Literature Review*. Washington, DC: U.S. Department of Agriculture, Economic Research Service. Food Assistance and Nutrition Research Report No. 19-3.

Giannarelli, Linda, and Sandi Nelson. 2006. *How Many Women, Infants, and Children Are Eligible for WIC? Estimates from the CPS and SIPP*. Washington, DC: U.S. Department of Agriculture, Food and Nutrition Service. March.

Guthrie, Joanne F., and Bing-Hwan Lin. 2002a. "Older Americans Need to Make Every Calorie Count." *Food Review* 25(2): 8–13.

———. 2002b. "Overview of the Diets of Lower- and Higher-Income Elderly and Their Food Assistance Options." *Journal of Nutrition Education and Behavior* 34:S31–41.

Holben, David H., Melissa A. Barnett, and John P. Holcomb. 2006. "Food Insecurity is Associated with Health Status of Older Adults Participating in the Commodity Supplemental Food Program in a Rural Appalachian Community." *Journal of Hunger and Environmental Nutrition* 1(2): 89–99.

Holden, Ollie C. *Waiver Response Outline*. 2004. Alexandria, VA: Food and Nutrition Service. May 4. http://www.fns.usda.gov/fsp/rules/Memo/04/050404.htm.

Institute of Medicine. 2002. *Dietary Risk Assessment in the WIC Program*. Washington, DC: National Academy Press.

Jones, Jean Yavis, and Ilene Shapiro. 1990. *The Commodity Supplemental Food Program: Program Description and Background Information*. Washington, DC: Congressional Research Service. February 20.

Koughan, N., and C. Atkinson. 1993. "Nutrition Screening Initiative and the Louisiana Food for Seniors Experience." *Journal of the Louisiana State Medical Society* 145(10): 447–49.

Mahony Monrad, Diane, Sol H. Pelavin, Robert F. Baker, A. Jackson Stenner, and Benjamin S.H. Harris, III. 1982. *Evaluation of the Commodity Supplemental Food Program Final Report: Health and Nutrition Impacts of Three Local Projects*. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis and Evaluation.

McCullough, Cathie. 2007. *Commodity Supplemental Food Program (CSFP): Discontinuing Soy-Based Infant Formula*. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service. December 20. http://www.fns.usda.gov/fdd/programs/csfp/CSFP_DiscontinuedSoyFormula.pdf.

———. 2008. *Implementation of the Food, Conservation, and Energy Act of 2008 (Public Law 110-246)—Commodity Supplemental Food Program (CSFP)*. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service. July 16. http://www.fns.usda.gov/fdd/programs/csfp/CSFPImplementationMemo_FarmBill2008.pdf.

National Research Council. 2003. *Estimating Eligibility and Participation in the WIC Program: Final Report*. Washington, DC: National Academy Press.

Newman, Constance, and Katherine Ralston. 2006. *Profiles of Participants in the National School Lunch Program: Data From Two National Surveys*. Washington, DC: U.S. Department of Agriculture, Economic Research Service. August.

Nord, Mark, Margaret Andrews, and Steven Carlson. 2007. *Household Food Security in the United States, 2006*. Washington, DC: U.S. Department of Agriculture, Economic Research Service. Food Assistance and Nutrition Research Report No. 49.

Nord, Mark. 2002. "Food Security Rates are High for Elderly Households." *Food Review* 25(2):19–24.

Rogers, Carolyn C. 2002. "America's Older Population." *Food Review* 25(2): 2–7.

U.S. Department of Agriculture, Food and Nutrition Service. 2001. *The Decline in Food Stamp Participation: A Report to Congress*. Alexandria, VA. July.

———. 2005. WIC Policy Memorandum 98-9, Revision 8, Nutrition Risk Criteria. Alexandria, VA. March 24.

———. 2006a. *FDP Accomplishments*. Alexandria, VA. Revised, May 26. http://www.fns.usda.gov/FDD/aboutfd/fd_accomplishments.htm.

———. 2006b. *WIC Program Coverage: How Many Eligible Individuals Participated in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): 1994 to 2003?* Alexandria, VA.

———. 2007. *Implications of Restricting the Use of Food Stamp Benefits*. Alexandria, VA. March 1. http://www.fns.usda.gov/oane/MENU/Published/FSP/FILES/ProgramOperations/FSPFoodRestrictions.pdf.

———. 2008. *USDA Foods Available for 2008: Commodity Supplemental Food Program.* Alexandria, VA. http://www.fns.usda.gov/fdd/foods/fy08-csfpfoods.pdf.

U.S. Office of Management and Budget. 2005. *Department of Agriculture PART Assessments*.

U.S. Senate, Committee on Agriculture, Nutrition, and Forestry. 1983. *Child Nutrition Programs: Description, History, Issues, and Options*. Washington, DC: U.S. Government Printing Office.

Wilde, Parke, and Elizabeth Dagata. 2002. "Food Stamp Participation by Eligible Older Americans Remains Low." *Food Review* 25(2): 25–29.

Wolfe, Wendy S., Edward A. Frongillo, and Pascale Valois. 2003. "Understanding the Experience of Food Insecurity by Elders Suggests Ways to Improve Its Measurement." *Journal of Nutrition*. 133(9):2762-9.

Wolkwitz, Kari. 2007. *Trends in Food Stamp Program Participation Rates: 1999 to 2005*. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service.