

Nutrition, Health and Independence After 50

Response to Oklahoma House Interim Studies IS26-053, IS26-091 and IS26-092

Oklahoma Alliance on Aging (OAOA) submits this report to ensure that older Oklahomans are represented in the combined examination of SNAP participation, nutrition assistance, health and independent living.

America's Health Rankings analysis of Feeding America, *Food Insecurity Among Seniors and Older Adults Report Series* found 9.9% of Oklahoma adults age 60 and older—approximately one in ten—experienced food insecurity in 2023. In 2024 the USDA estimates about 84,500 Oklahomans 60+ were SNAP participants.

Federal USDA reports show that Oklahoma SNAP participation fell from 691,754 people in June 2025 to 547,574 in June 2026—a loss of 144,180 participants, or 20.8 percent. This is third highest decline for the same time period in the US, with the national average at 12.8 percent. At Oklahoma's FY2025 average benefit, that represents approximately \$326.1 million in annual grocery purchasing power, equivalent to an estimated 91.1 million meals.

Expanded federal work requirements placed new documentation demands on additional adults, but the actual participation decline was approximately 2.5 times the population identified in Oklahoma's potentially adverse categories. Federal data document the scale and timing of the decline, but Oklahoma does not publish the current administrative information needed to explain it. Public state reports do not identify how many affected participants were older adults, living with disabilities or eligible for exemptions, nor whether cases closed because of ineligibility, verification, recertification or other procedural problems.

Oklahoma Alliance on Aging's review leads to five principal findings:

1. Oklahoma's SNAP decline is substantially larger than the population identified in the state's potentially adverse work-requirement categories, and the available data do not explain the difference.
2. Public reporting does not identify who lost assistance, why cases closed or whether eligible older adults encountered administrative, geographic or verification barriers.
3. Food banks, aging programs, tribes and charities can reduce harm but do not show sufficient unused capacity to replace SNAP. Targeted state-funded measures could provide temporary relief but would not replace the lost benefits.
4. Food insecurity threatens health and independence after age 50. Research associates it with chronic illness, cognitive decline and greater healthcare use, while nutrition assistance is associated with lower medical and long-term-care utilization.
5. Oklahoma lacks the timely, recurring public reporting needed to evaluate participation, applications, processing performance, closures, exemptions and demographic effects. Comparable states demonstrate that substantially more information can be published without disclosing individual records.

Although nutrition assistance alone cannot prevent every emergency-room visit, hospitalization or institutional placement, research shows that reliable access to nutritious food is an essential, comparatively low-cost component of health, self-sufficiency and older Oklahomans' ability to remain at home.

October 2026



Oklahoma Alliance on Aging

1. What Changed in Oklahoma SNAP Participation?

USDA data show that SNAP participation fell from 691,754 Oklahomans in June 2025 to 547,574 in June 2026—a loss of 144,180 participants, or 20.8 percent.

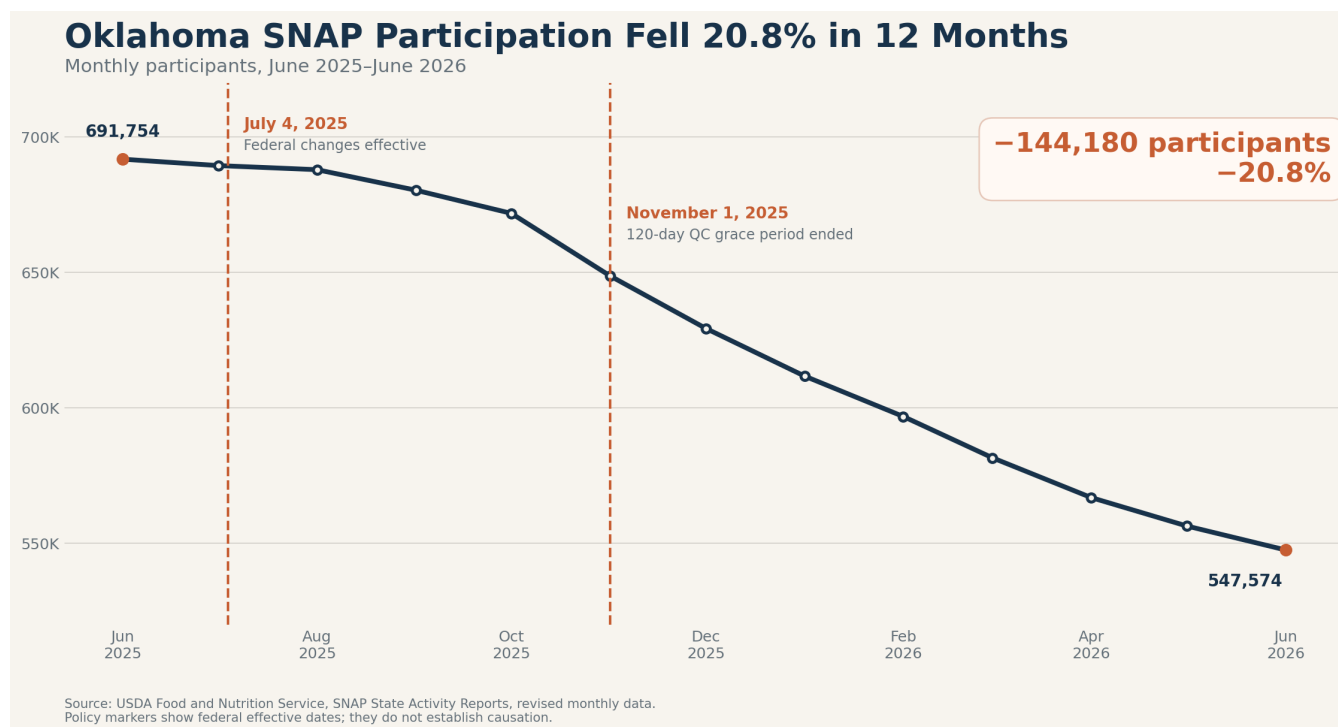
The decline was initially gradual. It accelerated after federal legislation was enacted in July 2025 and continued following implementation changes beginning in November. The largest monthly decline occurred in November, when participation fell by 23,082 people. Substantial monthly losses continued through June 2026.

At Oklahoma's FY2025 average benefit of \$188.50 per participant per month, 144,180 fewer participants represent approximately \$27.2 million less in monthly grocery purchasing power, or \$326.1 million annualized.

These totals show the scale and timing of the decline, but not its causes. Oklahoma does not publicly report whether participants became ineligible, failed a new requirement, experienced a procedural closure or voluntarily left the program.

The state also does not publish these losses by age or disability status. Consequently, we cannot determine how many affected Oklahomans were age 50–64, age 65 or older, eligible for an exemption, or experiencing application and recertification barriers.

Finding: From June 2025 through June 2026, Oklahoma SNAP participation declined by 144,180 people—20.8 percent. Public data identify neither who lost assistance nor why.



2. Who Is Losing Access?

Available public data do not show which Oklahomans account for the SNAP decline by age, disability status, geography, or reason for case closure. We therefore cannot determine how many of the 144,180 participants lost since June 2025 were age 50 or older.

Adults ages 50–64 face the clearest new eligibility risk. USDA’s FY2024 data estimate that approximately 87,400 Oklahoma SNAP participants were ages 50–64, providing a baseline measure of the population potentially exposed to expanded federal work requirements. Those unable to meet required hours or document an exemption may be particularly at risk, including people with health limitations who do not have a formal disability determination.

Adults ages 50–64 may also be affected by the narrowed caregiver exemption. Grandparents and other older relative caregivers who previously qualified because a minor child lived in the household may now be subject to the work requirement once the youngest child reaches age 14, unless they establish another exemption.

The close to 53,000 participants 65 and older are generally outside the SNAP work requirement. Their risks are primarily administrative: missed notices, recertification requirements, difficulty documenting medical expenses, limited internet access, transportation barriers, and insufficient application assistance.

Finding: Oklahoma’s public reporting is not detailed enough to determine who is losing assistance, whether it is due to ineligibility, eligible older adults are being removed for procedural reasons, or where assistance is most urgently needed.

DIFFERENT AGES, DIFFERENT RISKS

Older Oklahomans may lose SNAP for different reasons.

AGES 50–64

Eligibility risks

- Expanded work requirements
- Exemption documentation
- Unstable employment hours
- Health limitations without a formal disability determination

AGES 65+

Administrative risks

- Recertification requirements
- Missed notices or verification
- Technology and transportation
- Medical-expense documentation

THE DATA GAP

Oklahoma does not publicly report SNAP losses by age or reason for closure.

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3. What Other Oklahoma Resources Exist—and Can They Fill the Gap?

From February 2025 through June 2026, Oklahoma SNAP participation fell by 144,180 people—20.8%. At the average annual Oklahoma SNAP benefit of \$2,262, that decline represents approximately \$326.1 million in annual grocery purchasing power. Using Feed America’s meal cost estimate of \$3.58, replacing that assistance would require an estimated 91.9 million meals annually.

Food-bank capacity

Oklahoma’s food banks can respond to temporary emergencies, but current data do not demonstrate substantial unused capacity. The Regional Food Bank increased distribution from 56.8 million pounds in 2024 to 59.2 million in 2025—approximately 4.2%—but more than 86% of its 2025 inventory was donated, and USDA commodities accounted for approximately 20%–25% of distribution. Meanwhile, the Food Bank of Eastern Oklahoma reports 12% year-over-year growth in demand while its fuel costs have nearly doubled, adding more than \$100,000 annually. In response to rising operating costs, it has reduced delivery frequency to some rural partners, consolidated routes and postponed capital projects. Some local pantries also report declining donations, thinner inventories and smaller distributions per household. Together, these conditions indicate that food banks are already stretching existing resources to meet growing demand.

Hunger Free Oklahoma, citing Feeding America, reports that SNAP provides approximately nine meals for every meal supplied through the food-bank network—about 90% of the combined total.

Charitable and religious capacity

Churches and charities should not be counted as a separate statewide food supply. Religious groups, pantries and nonprofit meal programs already make up a substantial portion of the food banks’ approximately 2,000 partners.

If charitable and religious meal programs attempted to provide one additional meal each week to the 144,180 people no longer receiving SNAP, they would need to produce approximately 7.5 million additional meals annually. Two meals each week would require approximately 15 million additional meals. Even if they could sustain that expansion, it would replace only one or two meals per person per week—approximately 8% to 16% of the estimated 91.1-million-meal annual gap.

Tribal programs and FDPIR

FDPIR is the largest identifiable tribal nutrition resource. Oklahoma’s preliminary FY 2025 average of 20,867 monthly participants was up from 18,328 in FY 2024. It provides an important alternative for eligible tribal households, particularly where grocery stores or SNAP offices are difficult to reach.

Its reach remains limited by income, tribal-member and geographic eligibility. FDPIR provides a defined USDA food package rather than flexible benefits. Other tribal programs add meaningful local support, but no statewide inventory establishes their combined participation, funding, waiting lists or expansion capacity.

Can these resources fill the gap?

Food banks can purchase more food, add vehicles, extend distributions or conduct emergency drives when additional funding and donations are available. FDPIR and tribal programs can protect particular populations. Churches and local charities can address immediate crises.

But these programs:

- serve narrower populations;
- provide meals or food packages rather than flexible household benefits;
- depend on capped appropriations, commodities, donations and volunteers;
- already serve substantial and increasing demand; and
- overlap with one another, preventing their totals from simply being added together.

CAN OTHER PROGRAMS REPLACE LOST SNAP BENEFITS?

THE GAP TO REPLACE: AN ESTIMATED 91.1 MILLION MEALS EACH YEAR.

SNAP: \$2,262 average annual benefit per Oklahoma participant

Replacement requires additional food, funding, staff and delivery—not food already committed to current clients.

PROGRAM	DOCUMENTED CURRENT SERVICE	WHAT THE DATA SAY ABOUT CAPACITY
OAA senior meals Statewide • FFY 2025	2,235,178 meals 13,130 congregate • 7,512 home-delivered participants	NO UNUSED CAPACITY SHOWN Restricted population; fixed funding, routes and local capacity.
Meals on Wheels Tulsa / Oklahoma City	Tulsa: 382,777 meals • 2,477 people 66% age 65+ • 95% of operating revenue from donors OKC: 925 served • 150-person waiting list	LIMITED OR UNKNOWN Tulsa reports no waitlist or unused-capacity figure. OKC already has documented unmet demand.
Food banks and local charities	Approximately 72.6 million meals statewide Regional: 49.3M meals (2025) • Eastern: 28M pounds Eastern conversion: approximately 23.3M meals annually	CURRENT OUTPUT ≠ RESERVE No statewide surplus food, funding or volunteer measure.
Tribes / FDIPIR	Important resources for eligible tribal households and communities. FDPIR generally cannot be received simultaneously with SNAP.	TARGETED, NOT UNIVERSAL Eligibility and geography limit substitution.
WHAT THE NUMBERS SHOW: These programs reduce harm, but public data do not show enough unused capacity to replace SNAP benefits lost across Oklahoma.		

Senior-specific meal programs

Title III-C supports two principal services:

- Congregate meals: 1,085,489 meals for 13,130 participants in FY 2025.
- Home-delivered meals: 1,149,689 meals for 7,512 participants in FY 2025.
- Statewide infrastructure: 169 congregate meal sites and 11 designated planning and service areas.

Title III-C is a federally funded community-service program for participants age 60 or older. Home-delivered meals are targeted to people who are homebound and lack assistance with meal preparation. Funding is distributed through the state to local providers and must cover food, kitchens, staff, dietitian review, transportation and delivery. Oklahoma's State Plan on Aging states that current systems will not keep pace with growing demand and that providers are facing sharply rising supply and operating costs.

Meals on Wheels providers operate under different financial arrangements. Meals on Wheels Oklahoma City works through approximately 60 churches and partner organizations and serves about 925 seniors annually. It currently has a waiting list of approximately 150 seniors. Rising food, packaging, staffing and delivery costs are cited as the reason eligible seniors can no longer be accepted immediately. Meals on Wheels of Metro Tulsa serves 2477 individuals, approximately 1,635 people over 65. The program depends on public and private contributions .

Rural delivery is particularly expensive because fewer meals are delivered over longer routes. One Oklahoma provider reported that rising costs were forcing it to phase out home-delivered service outside city and town limits, affecting more than 300 clients.

CSFP provides a monthly USDA food package to income-eligible adults age 60 and older. Oklahoma has 4,541 monthly slots, equivalent to a maximum of 54,492 boxes annually. CSFP is limited by its federal caseload allocation. It does not expand automatically when more older adults need food, and

local agencies must use waiting lists when demand exceeds available slots. One monthly commodity box also does not replace flexible grocery benefits.

Older Americans Act Title VI grants support nutrition and related services for older Native Americans. Individual tribes also finance elder meal programs from tribal revenue and other grants. The Cherokee Nation, for example, announced an investment of up to \$2 million to expand elder nutrition sites and food access across its reservation. These programs are important but locally administered. Eligibility, meals, funding and service areas differ by tribe, and no statewide report provides their combined capacity or waiting lists. Title VI and tribally funded elder meals should therefore be treated as targeted services.

Senior meal programs are already serving defined populations with restricted funding. Their principal limitations are:

- age, disability, homebound or Medicaid eligibility requirements;
- fixed federal and state appropriations;
- capped CSFP enrollment;
- local fundraising requirements;
- rising food, staffing and fuel costs;
- limited kitchens, delivery routes and volunteers;
- rural transportation costs; and
- existing waiting lists.

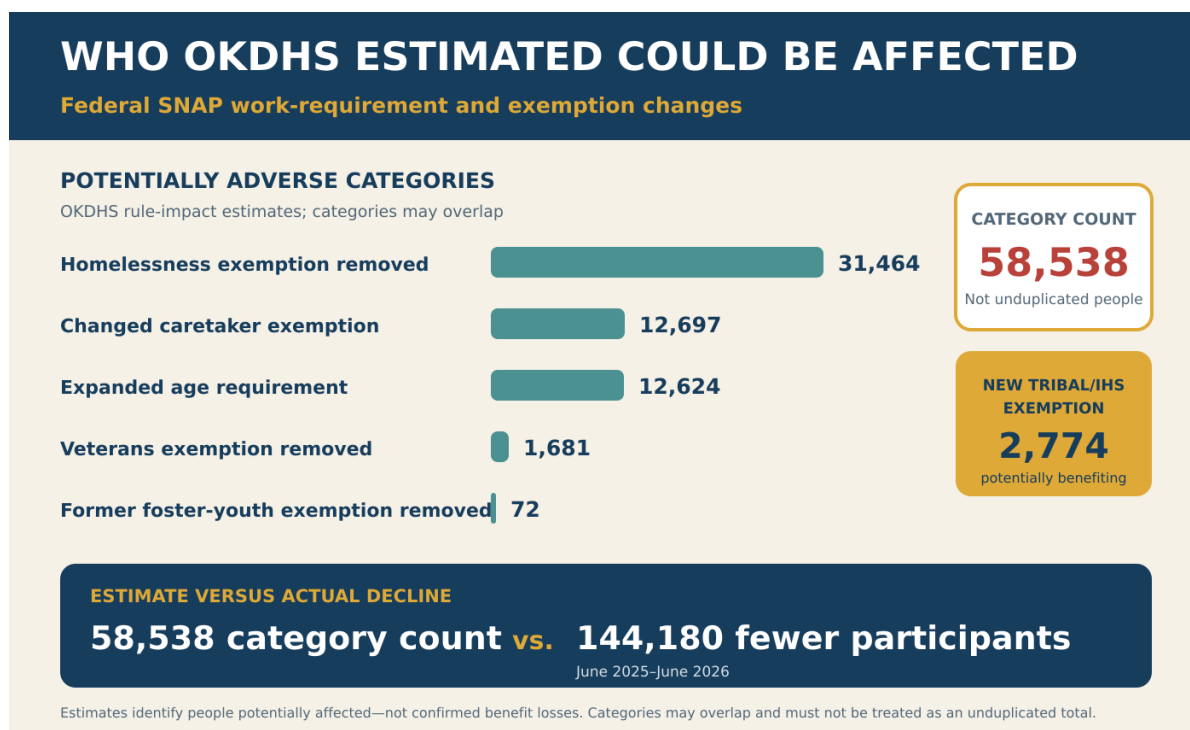
Other states demonstrate that state action does not have to be limited to increased food-bank funding. States have used temporary grocery cards, simplified application and verification procedures, Medicaid-funded nutrition services, direct purchasing partnerships between farmers and food banks, and utility assistance that preserves household income for groceries. Oklahoma could adapt these approaches to provide immediate relief, prevent avoidable SNAP closures and target additional support to older adults and other medically or financially vulnerable households. None would fully replace SNAP, but together they offer practical ways to reduce the likelihood that the loss of federal benefits becomes an immediate hunger, health or institutional-care crisis.

HOW OTHER STATES ARE RESPONDING TO SNAP LOSSES STATE OPTIONS OKLAHOMA COULD ADAPT				
CONNECTICUT	ARIZONA	MASSACHUSETTS	NEW YORK	NEW JERSEY
\$300 GROCERY BRIDGE One-time grocery card through Community Action Agencies.	PREVENT PROCEDURAL LOSSES More staff, electronic document submission and longer certification for qualifying elderly households.	MEDICAID NUTRITION SUPPORT Meals, groceries, food boxes, produce prescriptions and vouchers for qualifying MassHealth members.	PURCHASE ADDITIONAL FOOD State funds let food banks buy directly from New York farmers.	PROTECT THE GROCERY BUDGET Utility assistance helps eligible households preserve money for food.
THE LESSON FOR OKLAHOMA				
State funds, administrative changes, Medicaid and existing community networks can reduce immediate hunger and health risks.				
Examples: Connecticut DSS; Arizona DES; MassHealth; New York Agriculture & Markets; New Jersey BPU.				

Finding: Oklahoma’s food bank, aging, tribal, church and charity services are targeted, locally variable and constrained by eligibility, funding, donated resources, staffing, delivery capacity and existing unmet demand. The estimated 91.1-million-meal replacement requirement is nearly twice the Regional Food Bank’s documented 49.3 million meals, 3.9 times Eastern’s 23.3 million meals, and more than 41 times Oklahoma’s entire FFY 2025 OAA senior-nutrition output of 2.24 million meals. And these are comparisons with current program output that is already committed to existing clients and does not represent unused capacity to fill the gap. Other states provide examples of targeted state-funded stopgaps, but none constitutes a full replacement for SNAP.

4. How Has the SNAP Application and Verification Process Changed—and Are Eligible Applicants Facing Additional Barriers to Access?

Federal legislation enacted in July 2025 expanded SNAP work requirements and changed several exemptions. Oklahoma began implementing the changes after a federal quality-control grace period ended November 1, 2025. The changes extended the work requirement to additional older adults, narrowed the exemption for parents and removed exemptions previously available to veterans, people experiencing homelessness and former foster youth. A new exemption was created for certain tribal members and people eligible for Indian Health Service care.



Oklahoma’s actual SNAP participation declined by 144,180 people from June 2025 through June 2026—approximately 2.5 times the 58,538 people identified in the potentially adverse categories. The estimates therefore cannot, by themselves, explain the scale of the decline. In an attempt to understand why the actual decline was substantially larger, we reviewed the public instructions applicants must use to apply, renew benefits, verify compliance and establish an exemption. That review identified several points where incomplete, fragmented or inconsistent guidance could create barriers.

Our review of publicly available OKDHS materials found:

- Application, renewal, verification and ABAWD instructions are distributed across different webpages and documents.
- Public ABAWD guidance is conflicting or outdated and does not consistently reflect current age limits, exemptions and implementation dates.
- Exemption information is difficult to locate and may not clearly explain how an applicant proves disability, caregiving responsibilities or another qualifying circumstance.
- Verification instructions do not provide one complete, easily located checklist of required documents, acceptable alternatives and deadlines.
- Interview requirements and the consequences of missing an interview or document are not always clearly explained.
- The public materials do not consistently identify where applicants can obtain help completing an application, documenting an exemption or correcting a verification problem.

Oklahoma funds a community-based SNAP outreach network, but an older applicant cannot easily identify a nearby application-assistance partner from the state's main SNAP webpage. The state provides general telephone numbers and an assistance hotline, while information about local outreach providers is dispersed across separate documents and organizations rather than presented in one searchable county- or service-area directory.

Geography can compound these administrative barriers. Oklahoma directs applicants primarily to its online system. People unable to apply online are directed to public libraries or told they may mail an application or deliver it to a Human Services Center. That may require internet access, transportation, telephone service and proximity to a library or state office. Additional data is needed to determine whether rural applicants experience greater delays, verification difficulties or procedural closures.

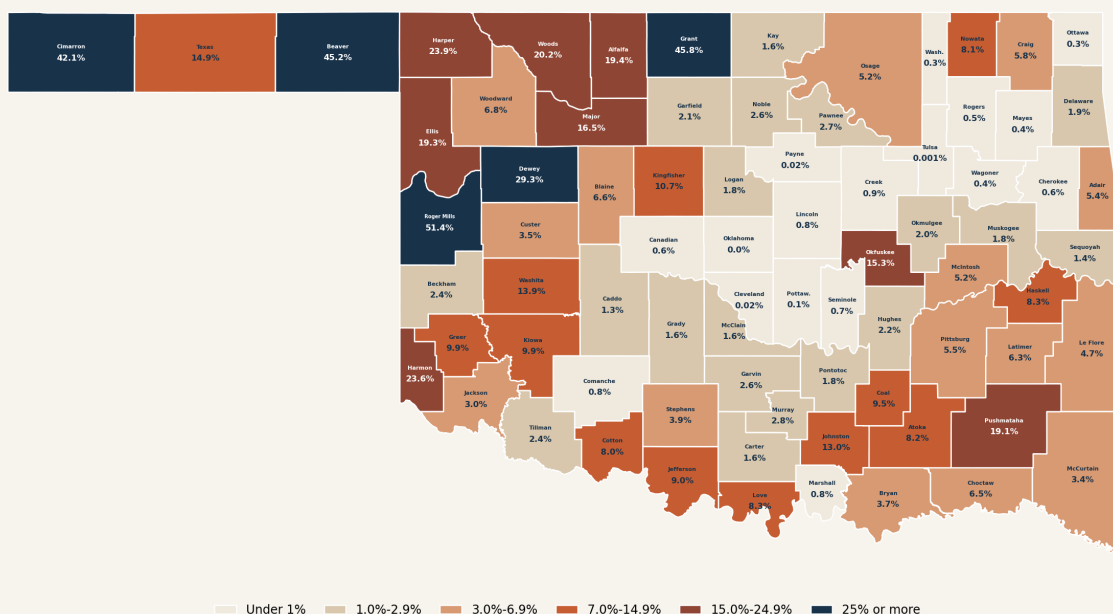
Approximately 13,300 Oklahomans age 65 or older live more than 10 miles from a SNAP retailer. This does not measure difficulty applying for SNAP, but it could represent that some older adults may drop off due to limited physical access to places where benefits can be used.

Oklahoma's FY2024 SNAP application-processing timeliness rate was 88.65%. FY2025 application and recertification timeliness data were not publicly available as of September 2026, preventing assessment of whether processing performance changed during the period of accelerated enrollment decline.

Finding: Federal changes increased the number of people required to document work activity or establish an exemption, while Oklahoma's public instructions remain fragmented and sometimes inconsistent. While not proof that procedural barriers caused the additional losses, it does show that the expanded work requirements alone do not adequately explain them. Without closure-reason, exemption and application-processing data, Oklahoma cannot publicly determine how many people became ineligible and how many lost assistance because they could not successfully complete the application, renewal or verification process.

Older Oklahomans Living More Than 10 Miles from a SNAP Retailer

Percentage of county residents age 65 and older, USDA 2025 SRAM/FARA



5. What Happens When Nutrition Assistance Is Lost—and How Does It Affect Health and Independent Living?

Losing SNAP means losing an average of \$188.50 per month—or \$2,262 annually—per Oklahoma participant based on FY2025 benefits. For older adults living on fixed incomes, that loss can affect food quality, chronic-disease management and the ability to remain safely at home.

Recent research connects food insecurity among older adults with measurable physical, cognitive and mental-health risks.

A 2021 *JAMA Network Open* study followed 14,394 Americans age 50 and older. Moderate food insecurity was associated with 5% higher allostatic load—a measure of cumulative physiological stress—while severe food insecurity was associated with an 11% increase. Severe food insecurity was also associated with inflammatory, kidney-function, blood-sugar, body-mass and cholesterol measures entering high-risk ranges. SNAP participation significantly moderated part of the association.

A 2020 University of Michigan study of a nationally representative sample of adults ages 50–80 found that food insecurity was associated with:

- 2.59 times the relative risk of having four to ten chronic conditions; and
- 5.13 times the relative risk of reporting fair or poor health rather than excellent or very good health.

The analysis adjusted for demographic and socioeconomic differences.

A 2020 *Journal of Nutrition* study examined older adults already participating in congregate- and home-delivered-meal programs. Within each program, researchers compared participants experiencing food insecurity with those who were food secure and linked their survey responses to Medicare claims. After adjustment for demographics, previous health events and geography, food-insecure participants were more likely to have an emergency-department visit—24% more likely in the congregate-meal group and 20% more likely in the home-delivered-meal group.

A 2023 cohort study of 7,012 Americans age 50 and older found that low food security was associated with 38% higher odds of dementia and very low food security with 37% higher odds. Both were also associated with poorer memory and faster memory decline.

A separate 2023 *Journal of Nutrition* study followed 4,578 adults age 65 and older through the National Health and Aging Trends Study. Food-insufficient participants experienced significantly faster decline in delayed recall and orientation between 2012 and 2020.

The 2021 *Annals of Internal Medicine* study *Supplemental Nutrition Assistance Program Participation and Health Care Use in Older Adults* examined 115,868 North Carolina residents age 65 and older who were enrolled in both Medicare and Medicaid. SNAP enrollment was associated with:

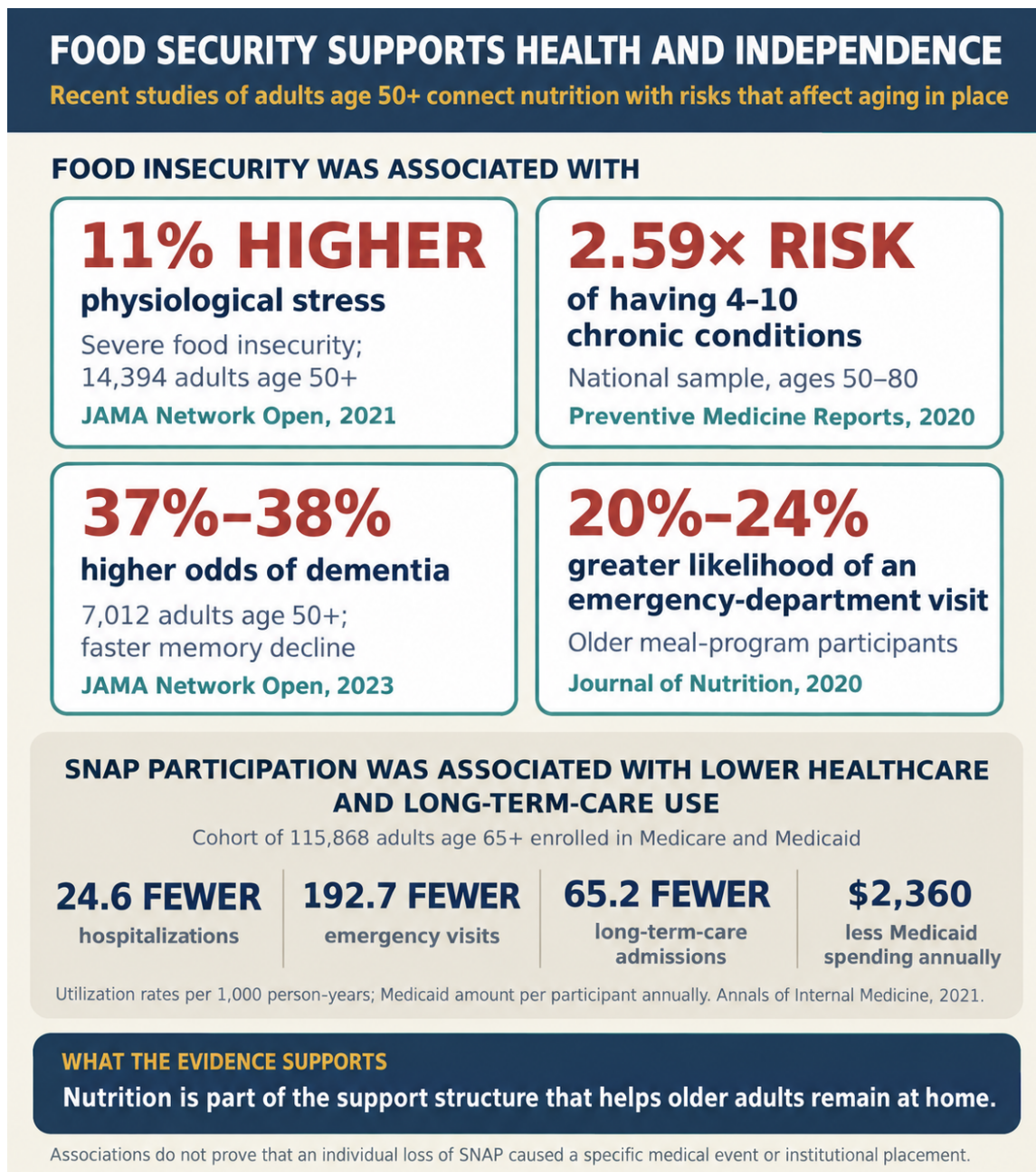
- 24.6 fewer hospitalizations;
- 192.7 fewer emergency-department visits; and
- 65.2 fewer long-term-care admissions per 1,000 person-years.

SNAP participation was also associated with \$2,360 less Medicaid spending per participant annually—approximately \$2,920 in 2026 dollars.

The Administration for Community Living commissioned Mathematica to evaluate Older Americans Act Title III-C nutrition services. The evaluation found a nursing-home admission rate of 3.7% among congregate-meal participants, compared with 6.0% among matched nonparticipants. Among lower-income older adults, the difference was 1.6% compared with 10.1%.

These outcomes directly affect aging in place. Multiple chronic conditions, cognitive decline and emergency medical use can increase an older adult's need for assistance and make remaining independently at home more difficult. Although the studies do not establish that nutrition assistance alone prevents institutional placement, they associate food security and nutrition-program participation with health outcomes, healthcare spending and continued independence.

Finding: Food insecurity is a health and independence risk, not simply a grocery-budget problem. Recent studies associate it with physiological stress, multiple chronic conditions, poorer health, greater emergency-department use, cognitive decline and dementia risk. Other studies associate SNAP and senior-nutrition participation with lower healthcare use, Medicaid spending and long-term-care admissions. These observational findings do not prove that an individual SNAP closure caused a specific medical event or institutional placement. Oklahoma does not publish linked SNAP, healthcare and long-term-care data needed to measure these consequences within the state.



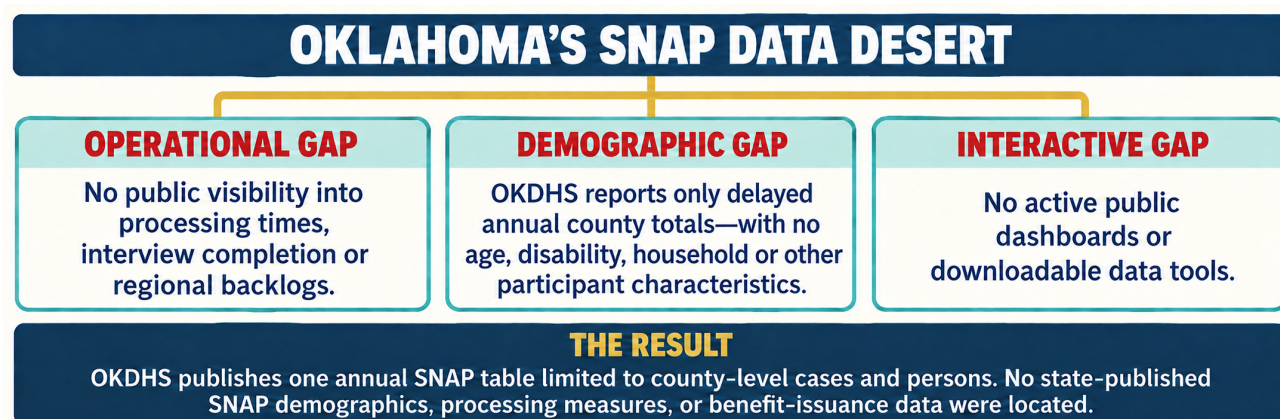
6. How Can Oklahoma Improve Transparency and Taxpayer Access to SNAP Data?

Oklahoma's public SNAP reporting provides little visibility into how the program is operating or whom current changes are affecting. OKDHS publishes one delayed annual table limited to county-level cases and persons, with no participant demographics, application-processing measures, interview-completion rates, regional backlogs or benefit-issuance data. Its data directories are difficult to navigate, loop you back to previous indexes and provide no public dashboards showing SNAP's local economic reach, retailer participation or state-supported nutrition initiatives. As a result, legislators, community organizations and taxpayers cannot use OKDHS data to monitor current conditions, evaluate administrative performance or target emergency resources where needs are changing.

Oklahoma border states demonstrate that substantially more information can be made publicly accessible without disclosing individual records:

- **Texas (The Demographic Model):** utilizes its live [Texas HHS SNAP Statistics Portal](#) to demonstrate that a state can safely publish up-to-date regional enrollment maps alongside granular demographic characteristics (age tiers, vulnerability indexes). Texas processes and publishes its demographic and geographic breakdowns directly from active monthly files. You are seeing who is on the program practically in real time, not what the caseload looked like years ago.
- **Colorado (The Operational Excellence Model):** the [Colorado CDHS Research Platform](#) serves as the standard for backend operational transparency by pulling their raw *performance metrics* (backlogs, intake) live from state databases every single month. Colorado proves you can publish open, downloadable Excel/CSV historical files documenting application volumes, active case trends, and local office backlogs directly to the public.
- **Missouri (The Agency Performance Focus):** the [Missouri Department of Social Services](#) uses its monthly transparency metrics to track concrete operational friction points like call center wait times and interview completion velocities. For instance, their recent operational audits explicitly outline real-time average payouts per person (\$202.26) and per household (\$409.86) based on active program files.
- **New Mexico (The Policy & Budget Integration Focus):** New Mexico chooses to map its SNAP data through its specialized [DFA Food Initiative Dashboard](#), actively illustrating how federal nutrition spending integrates directly alongside state nutrition programs, local agriculture distributions, and regional health indicators. The New Mexico dashboard allows researchers to filter information by fiscal year, budget type, and participating state agencies to see how policy decisions translate directly into state spending.

In a regional comparison of SNAP data transparency, Oklahoma operates as a structural "data desert." While neighboring states have transitioned to modern public-facing models, Oklahoma administrative operations are limited to static archive files and broken data directories. The primary deficit in Oklahoma is not a lack of internal tracking, but a lack of public access. By analyzing Oklahoma against Texas, Colorado, New Mexico, and Missouri, the state's data gap splits into three distinct systemic failures:



Oklahoma’s lack of accessible SNAP data is not an unavoidable limitation of state-administered programs. Travel across the border and you find states routinely publish current participation totals, county-level enrollment, application volume, processing performance, benefit issuance and downloadable historical data. The following comparison shows both what public reporting can provide and where Oklahoma’s state-published information falls short.

WHAT SNAP DATA CAN THE PUBLIC ACCESS?

PUBLICLY POSTED DATA — NO RECORDS REQUEST REQUIRED

Comparison of state-administered reporting located on official state websites

DATA AVAILABLE TO THE PUBLIC	TEXAS	COLORADO	NEW MEXICO	MISSOURI	OKLA.
Current participation totals	YES	YES	YES	YES	—
County-level SNAP participation	YES	YES	YES	YES	LIMITED
Applications by month / intake volume	—	YES	YES	YES	—
Application-processing timeliness	—	YES	YES	YES	—
Benefit issuance amounts / aggregate	YES	YES	YES	YES	—
Downloadable history / spreadsheets or archives	YES	YES	YES	YES	LIMITED
Case-closure reasons	—	—	—	—	—
Participant demographics	YES	—	—	YES	—

YES directly located on an official public site **LIMITED** partial, older or difficult to reach — not found

BOTTOM LINE: Current Oklahoma participation data were available only through federal reports; no current OKDHS data explaining who left SNAP or why were located.

Official state agency sources reviewed Sept. 2026: Texas, Colorado, New Mexico, Missouri and Oklahoma. “Not found” means not located in this review. Oklahoma county participation appears in an annual report.

Finding: Oklahoma’s SNAP data gap is not caused by an inability to collect or safely publish program information. Comparable states demonstrate that current enrollment, demographics, application activity, processing performance and program expenditures can be reported. Oklahoma’s reliance on a delayed annual table prevents the Legislature and public from determining who is affected, whether the program is operating efficiently and where emerging needs are greatest.