



Food Insecurity Among Older Adults



Food insecurity among older adults has increased over the past decade. Several reports indicate food insecurity is a growing trend, which has long-term impact on health outcomes and health care cost for older adults. Food insecurity disproportionately affects low-income older adults, persons of color and seniors who live in southern states. Low-income older adults are more than likely having to make choices between rent, transportation, healthcare cost and food.

United States Department of Agriculture Definitions

Low Food Security – reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake (food insecurity without hunger).

Very low food security – reports of multiple indications of disrupted eating patterns and reduced food intake (food insecurity with hunger).

Food insecurity for older adults is more prevalent for persons of color, persons who have incomes below the poverty level, the unemployed and people with disabilities. Older adults who live in southern states are more likely to experience food insecurity. There are various reasons why older adults experience food insecurity, including among them are where they live, lack of retirement savings, reliance on Social Security as their primary income source, increased health care costs and high housing costs.

A 2015 report by the AARP Foundation, [*Food Insecurity Among Older Adults*](#) highlights the need to direct efforts and policy to account for the unique needs of older adults and the consequences of food insecurity on this vulnerable segment of the population. These unique needs include limited access, reluctance to ask for assistance and long-term health consequences of poor diet and nutrition impact on health outcomes for older adults.

The report indicates that over 14 million adults age 40 and over were food insecure. For persons age 60 and above food insecurity rates varied from 9% for persons age 60-69 to 6% for persons age 70 and above.

The characteristics of older adults who are food insecure are more likely to be African American or Hispanic, divorced or separated, renters, unemployed, and disabled, less educated, live alone and live in the South. On the other hand, food secure older adults are more likely to have higher incomes, are married, employed, have more education and live outside southern states.

Food Insecurity explains that older adults who are food insecure are more likely to experience health related problems because of poor diets, lack of access to nutritious foods and increased healthcare cost. The report indicates that food insecurity among this segment of the population is a source of chronic illnesses. Food insecure older adults are more likely to have health problems such as diabetes, high blood pressure, heart disease, stroke, pulmonary disease and emotional distress.

The National Council on Aging (NCOA) [Fact Sheet](#) reports that the food insecurity rates for all senior households increased from 5.1% in 2001 to 8.9% in 2014. NCOA also reports that over four million low-income adults over the age of 60 are enrolled in the Supplemental Nutrition Assistance Program (SNAP) formerly known as food stamps. The average SNAP assistance amount for seniors is \$110 per month.

Only 3 out of 5 seniors were enrolled in the SNAP program due to a variety of reasons that includes confusion about eligibility requirements, stigma attached to asking/receiving government assistance and low benefit amounts. NCOA's online [BenefitsCheckUp](#) provides resources and assistance to individuals who are interested in applying for SNAP or other government benefits for which they may be eligible.

[Feeding America](#) a network of food banks across the United States has focused efforts on addressing [food insecurity among older adults](#). Feeding America reports that over 7 million persons age 60 and over received meals through their network in 2014. Older adults were provided meals either through the Meals on Wheels, Senior Brown Bag, and emergency Food Box or through Grocery store partnership programs.

Feeding America indicates that of older adults who received food from their network of food banks, 46% reported that a household member had diabetes and 77% reported having high blood pressure. In addition, seniors reported having unique needs in addressing hunger than other food bank participants. These needs included sometimes not having enough money to purchase specific foods, limited resources in accessing needed foods or resources to prepare foods due to transportation, functional limitations or health problems. Their study also examined the health and nutritional status of food insecure seniors and found that this age group did not receive vital nutrients in their diets and were more likely to report fair or poor health status and higher nutritional risk.

In [Health, hunger and older adults](#), Feeding America explains that two-thirds of households with seniors receiving assistance from their food banks indicate that they regularly have to make difficult choices among basic necessities. For example, if some purchase food, they may be unable to pay for their medication (for the amount not covered by Medicare). If they pay for household or transportation expenses, they may have to go without. Food Insecure older adults are more likely

to have a disability and a decreased resistance to infection that can result in longer hospital stays. Quite often medications are more effective when taken with food, yet food insecure older adults are more likely to have skipped a meal to stretch their food budgets. Feeding America has also developed the [My Plate for Older Adults](#) graphic to encourage older Americans to eat healthier meals and to increase physical activity.

Food-insecure seniors are more than twice as likely to report fair or poor health status. Hunger increases disability, decreases resistance to infection, and extends hospital stays. Often, medications must be taken with food in order to be effective; however, low-income seniors frequently skip meals to afford medication. The result is continued hunger and illness.

Supplemental Nutrition Assistance Program

The Food Research & Action Center's [Closing the Senior SNAP Gaps](#) notes that more than 1 in every Americans age 65 and over struggle with hunger, resulting in choices between basic needs – food, medicine, utilities, transportation, etc. It explained that while more than 3.6 million seniors participate in SNAP, even more did not receive the benefits to which they were entitled.

Some seniors who are eligible for SNAP may not know they can receive benefits. Others feel stigma about accepting government benefits, while others may have difficult with mobility and transportation. Seniors who have SNAP may not know that unreimbursed medical expenses can qualify them for additional SNAP benefits or may not be able to deal with paperwork requirements.

The Center has recommendations about policy options and waivers to remedy many of the challenges the seniors now face.

[Older Americans Benefit from Older Americans Act Nutrition Programs](#) (September 2015) from the U. S. Administration on Aging-Administration for Community Living explains that since it was passed in 1965, programs created through the Older Americans Act have helped older adults be more independent and remain in their homes.

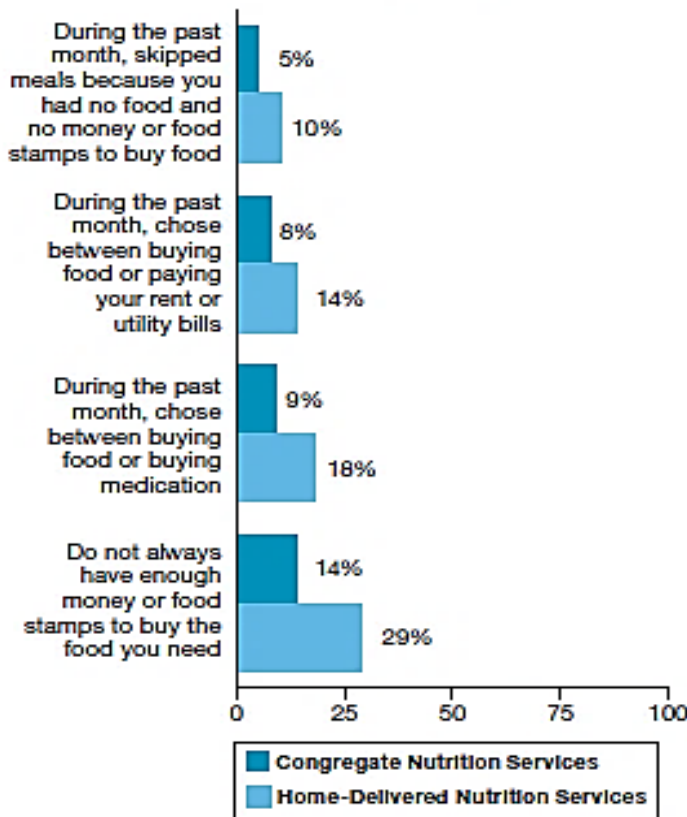
Federal Programs such as the U.S. Department of Agriculture's [SNAP](#) and [Commodities Food Programs](#), as well as the U.S. Department of Health and Human Services' Administration on Aging [Older Americans Act Nutrition Program](#), are designed to address food insecurity among older adults. The Older Americans Act (OAA) Nutrition Program provides both congregate and home-delivered meals for eligible older adults.

OAA requires that meals meet dietary guidelines for older adults and that food safety and sanitation requirements are maintained. OAA programs are designed to assist older adults remain in their

home and communities by providing services and supports which include nutritious meals. OAA Nutrition Programs positively contribute to

- Reducing food insecurity
- Promoting socialization
- Promoting health and well-being
- Delaying adverse health conditions

Purchasing Decisions of Congregate and Home-Delivered Nutrition Service Participants, 2013



In a 2013 National Survey of Older Americans Act participants (chart at left), persons surveyed indicated that during the past month they had to either skip meals, choose between paying rent, buying medication or buying food.

It shows that 14% of congregate meals participants and 29% of home-delivered meal recipients did not always have enough money to buy needed food for the month.

Source: National Survey of Older Americans Act Participants (2013).

The [National Foundation to End Senior Hunger's 2014 Annual Report](#) indicates that the threat of senior hunger continues to increase despite the end of the Great Recession in 2009. (The National Foundation to End Senior Hunger describes the threat of senior hunger as one in which seniors "face increasing challenges in meeting food needs.") In recent years, there has been a significant increase in the number of seniors who face the threat of hunger that coincides with the aging baby boomer generation. Between 2001 and 2014, the percentage of hunger for seniors experiencing the threat of hunger increased by 47%. Food insecurity is connected with a host of problems associated with the detrimental effect of poor nutrition on health outcomes for seniors.