

Older Adults and Food Insecurity

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**What does it
mean to be
food secure?**

Food security for a household means access by all members, at all times, to enough food for an active, healthy life.

Food security includes at a minimum:

- The ready availability of nutritionally adequate and safe foods.
- Assured ability to acquire acceptable foods in socially acceptable ways (that is, without resorting to emergency food supplies, scavenging, stealing, or other coping strategies).

Food Insecurity

Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.

USDA ERS

Feeding America: “having limited access to enough food due to lack of money”

Being food insecure means not having access to the necessary foods and nutrients needed to sustain a healthy lifestyle

- May have enough food to keep full, but may not be up to recommended nutritional and dietary standards

Components

- ✦ Quantitative – amount of food and energy able to be accessed and consumed
- ✦ Qualitative – quality of the diet
- ✦ Psychological – knowledge and perception of food situation and how they feel about it
- ✦ Social – socially acceptable ways; and normative patterns of eating

Measures of Food Security/ Insecurity

- ★ Worry that run out of food before money to buy
- ★ Food didn't last and no money for more
- ★ Not afford to eat balanced (complete) meals
- ★ Cut the size of meals or skipped meals because there wasn't enough food
- ★ Eat less because not enough money for food
- ★ Hungry but didn't eat because there wasn't enough food for everyone
- ★ Not eat for a whole day because there wasn't enough food for everyone

How are food security and food insecurity measured?

- ★ Household measure along a continuum
- ★ Food security
 - High food security: no problems, or anxiety about consistently accessing adequate food
 - Marginal food security: had problems at times, or anxiety about, accessing adequate food, but the quality, variety, and quantity of their food intake were not substantially reduced.

How are food security and food insecurity measured?

★ Food insecurity

- Low food security: reduced the quality, variety, and desirability of their diets, but the quantity of food intake and normal eating patterns were not substantially disrupted.
- Very low food security: at times during the year, eating patterns of one or more household members were disrupted and food intake reduced because the household lacked money and other resources for food.

However

- Generally accepted definition of food insecurity is not broad enough to include all aspects of food insecurity as experienced by older adults
 - Not capture the right foods for health
 - Not capture mobility and transportation
 - Not include inability to use/prepare food
- Time frame
- Severity
- Frequency
- Household measure

Older Adult Experiences

- Lack of money for food
- Not enough food due to transportation difficulties
- Not enough food due to health or mobility limitations
- Not the right foods for health
- Financial priorities (food vs. other expenses)
- Food compromises (quality vs. quantity)
- Strategies for accessing food
- Lack of motivation to cook or eat
- Perception of adequate food for health
- Worry or anxiety about food situation

**Complex
picture of food
insecurity**

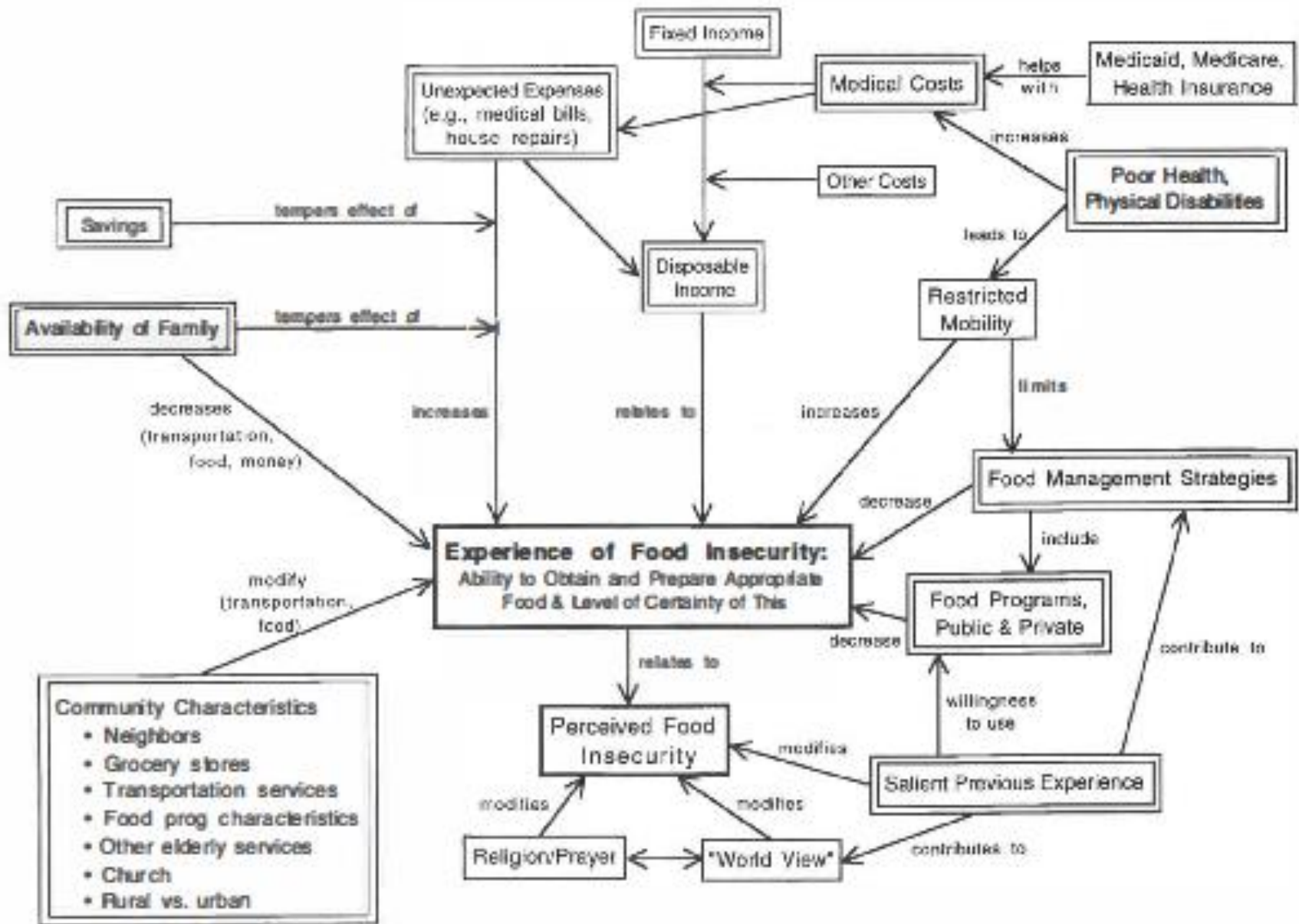


Figure 1. Food insecurity in the elderly: a conceptual framework (double boxes indicate key factors).

Resource Management Strategies

- ★ Reduced frequency of medical visits
- ★ Altered medication adherence
- ★ Postponed payment of bills
- ★ Borrowed money
- ★ Avoided purchasing certain foods
- ★ Pawned or sold items
- ★ Given up services, such as telephone or cable

Consequences

- ★ Nutritional health
 - Lower intakes of key nutrients
 - Increases the risk for health conditions and challenges diseases management
- ★ Physical health
 - Physical performance
 - IADL and ADL
- ★ Safety – increased risk of falls
- ★ Mental health – depression, stress, mental fatigue, sleeplessness, isolation, or anger
- ★ Compromised spending - health
- ★ Overall well-being

Extent of Food Insecurity

Caution on Data

- ✦ Referent period
- ✦ Numbers for older adults difficult to obtain
- ✦ Household level
- ✦ Subjective measures
- ✦ May understate, especially for most vulnerable

U.S. Data

2017

- ✦ 10.8% food insecure
- ✦ Rates higher in non-metro areas
- ✦ High rate among multigenerational households
- ✦ 1/3 of all older adults report (because they don't have enough money) – “food hardship”
 - Trimming the size of meals
 - Skipping meals completely
 - Buying less nutritious foods

WA Data – Food Insecurity

10.3% of 60+

County	Overall FI (%)	% 65+
Whitman	18.3	10.4
Ferry	18.0	27.2
Kittitas	14.9	16.0
Clallam	14.5	29.6
Grays Harbor	14.3	21.6
Pend Oreille	14.3	26.0
Pacific	14.1	30.7
Spokane	14.1	16.2
Stevens	14.1	23.3
Okanogan	14.1	21.6
Cowlitz	14.0	18.9

WA Data

WA aging population economically concentrated in lower income brackets

- ✦ 29% with incomes <\$25K
- ✦ 25% with incomes \$25K-\$50K

2016 – gap between poverty and economic security

- ✦ 22.9% of 60+ couples
- ✦ 47.6% of adults 60+ living alone

**Snapshot from
rural WA area**

Sequim Food Bank 2017

Self-administered survey (n=321)

- Age 50 and older – 62%
- Age 60 and older – 37.9%

Sections

- ✦ Sociodemographic characteristics
- ✦ Food Bank utilization
- ✦ Household
- ✦ Barriers to getting food
- ✦ Overall health

Sequim Food Bank Older Adults (60+)

★ Education

- Completed high school – 28.1%
- Some college – 35.5%
- College degree – 33.9%

★ Household composition

- Live alone – 43.2%
- Child in household – 9.9%

Sequim Food Bank Older Adults (60+)

- ★ Food programs
 - SNAP – 30.8%
- ★ Role of Food Bank
 - Emergency food source – 18.9%
 - Regular food source – 81.1%
- ★ Length of time
 - > 1 year – 68.9%
 - > 3 years – 35.3%
- ★ Role of food bank in food supply
 - $\geq 25\%$ – 71.8%
 - $\geq 50\%$ – 26.5%

Sequim Food Bank Older Adults (60+)

- ★ Affect ability to get needed food
 - Fuel cost – 40%
 - Food cost – 66.1%
 - Transportation – 20%
 - Availability – 10.4%
 - Rent – 27.0%
 - Medical costs – 24.4%

Sequim Food Bank Older Adults (60+)

- ★ Special diet
 - Diabetes – 27.8%
 - High blood pressure – 21.7%
 - Heart – 14%
 - Gluten-free – 14.2%

Sequim Food Bank Older Adults (60+)

- ★ Food security items (past 30 days)
 - Worry about food running out (41.1%)
 - Ran out of food (15%)
 - Unable to make complete meal (26.2%)
 - Cut size or skip meal (20.6%)
 - Hungry and not eat (7.5%)
 - Not eat for entire day (2.8%)

Sequim Food Bank Older Adults (60+)

★ Resource management

- Postpone paying bills (36.2%)
- Church or community events for food (27.9%)
- Borrowed money for food (17.3%)
- Cook with other people (18.1%)
- Avoid buying fresh produce or meat (45.7%)
- Pawn or sold items for food (17.1%)
- Stopped services (16.2%)

Sequim Food Bank Older Adults (60+)

- ★ Overall health
 - Good (31%)
 - Fair or poor (42.2%)
- ★ Physical health not good
 - 15-30 days in past 30 days (25%)
- ★ Mental health not good
 - 15-30 days in past 30 days (25.6%)
- ★ Physical or mental health keep from usual activities
 - 15-30 days in past 30 days (20.4%)

Nutrition Assistance Programs

- ★ Senior nutrition programs
 - ✓ Congregate meals
 - ✓ Home-delivered meals
- ★ Supplemental Nutrition Assistance Program (SNAP)
- ★ Commodity Supplement Food program
- ★ The Emergency Food Assistance Program
- ★ Senior Farmers' Market Nutrition Program

Charitable Food Assistance

- ★ Food banks/food pantries
- ★ Faith-based programs
- ★ Other community programs

Improvements

- ✦ Engage public policy, charitable food assistance, and healthcare
- ✦ Healthcare screening and referrals
- ✦ Innovative partnerships
- ✦ Need to increase foods with nutrients vital to senior health
- ✦ Outcomes vs. outputs
- ✦ Nutrition education and skill building
- ✦ Programs address older adult needs
- ✦ Older adult input

Feel like some meals
on wheels?



**Questions or
Comments**