

Food Insecurity Among Older Adults

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### Abstract

As the Baby Boomer population continues to age, so will the number of older adults that are food insecure. This paper examines the definition of food insecurity, the three main factors of food insecurity in relation to older adults, and preventive services for food insecurity. I will also use my experiences as geriatric Social Worker to better explain the causes of food insecurity with this population.

*Keywords:* food insecurity, older adults, mental health, physical health, socioeconomic status, race, and gender.

### Literature Review

During the next twenty-five years, the United States will experience a considerable amount of growth in its older adult population due to the high amount of baby boomers that are reaching their golden years. With the nation continuing to age, it is important that we begin to think about the risk factors of preventable mortality for not only the older generation but the younger as well. For older adults, the leading cause of death is heart disease which can be directly linked to lack of healthy diet and exercise. Lack of access to healthy foods is called food insecurity and is significantly impacting many older adults. As a geriatric Social Worker, I have experienced with many clients the causes and effects of food insecurity and I have a lot of passion about this topic. However, this topic should be important to anyone that will be working with this population understand the significance of food insecurity as well the comprehension on factors that explain why it is prevalent with seniors as this population continues to grow and age in the United States.

### **Factors of Food Insecurity with Older Adults**

In 2015, 8.3 percent of American households with a family member aged 65 or older are food insecure, and 9.2 percent of all older adults experienced food insecurity (American Geriatric Society, 2018). A few factors on why food insecurity is prevalent among older adults are physical and mental health, access to transportation, and social economic status. All of those factors and several more that are common with aging impact the likelihood that an older adult will face food insecurity.

### **Mental Health and Food Insecurity**

In general, there has been a great deal of research on the health status of seniors but surprisingly little work on food insecurity and health. However, the research that has been done

has found that food- insecure seniors report lower nutrient intakes, are more likely to be in poor or fair health and depressed, and are more likely to have limitations in activities of daily living, compared to their food-secure peers (Gundersen and Ziliak, 2015). Depression in older adults with significant health conditions is very common; however, diagnosing seniors for depression is often undertreated. Depression in older adults can often be overlooked because they can be disguised as feeling tired, and many tend to think that it is a normal part of aging. However, depression is not a part of aging and it is overlooked because most seniors show affective symptoms such as loss of interest in activities, cognitive changes, and somatic symptoms (Fiske, Wetherell, & Gatz, 2009). Older adults that are most likely at risk for being depressed are individual's that have health problems such as chronic diseases, limited mobility, little or no transportation, isolated adults, and those that are suffered a traumatic loss or bereavement.

Depression can also be onset due to medications that are prescribed to older adults with other health issues for example, some blood pressure medications have been linked to triggering depressive symptoms in seniors. Mental health is under-recognized in hypertension clinical practice, and the possible impact of antihypertensive drugs on mental health is an area that physicians should be aware of and consider if the treatment of high blood pressure is having a negative impact on their patient's mental health (Nichols, 2016). During my practice experience I have seen the impacts of medications and how they can affect a person's physical and mental health, which is why it is vital for physicians to use caution when prescribing medicines to patients.

### **Physical Health**

Many health issues that are age related often have the side effects of mobility issues which make walking or driving a challenging task. According to federal law, all public spaces in

the US must be handicap accessible; however, for many seniors having the energy and ability to reach and pick up items can be a daunting activity. Not having access to fresh foods has significant impacts on health and especially older adults that have limitations in activities of daily living (ADL). ADL's are routine activities people do every day without assistance. There are six basic ADLs: eating, bathing, getting dressed, toileting, transferring and continence. The performance of these ADLs is important in determining what type of long-term care and health coverage, such as Medicare, Medicaid or long-term care insurance, a person will need as he or she ages. Seniors that have low ADL's have a higher chance of being food insecure because they are the mostly dependent on others for preparing and buying grocery for meals. Along with being able to physically shop around a grocery store for many seniors that live in rural communities with little or no public transportation which makes food insecurity extremely prominent. In my practice experience with seniors, many of my clients live in food deserts, or rural and urban communities usually found in improvised areas that have difficulty accessing fresh fruits, vegetables, and other healthy whole foods. Individuals that live in food deserts are usually dependent on convenient stores for their grocery needs, the issue with this is most convenient stores do not have fresh fruits and vegetables but items that are loaded with sugar, salt, and other items that cause health issues when consumed in large quantities over long periods of time.

### **Socioeconomic Status**

Across all populations no matter age, food insecurity is most prominent in individuals that have a lower socioeconomic status. Although some older adults continue to be a part of the workforce even after they qualify for Social Security, most are retired. According to the Social Security Administration in 2017, 85 percent of people 65 and older get Social Security with a

monthly income of \$1,360. Many seniors are entirely financially dependent on their Social Security and possibly a pension if they acquired it through employment during their working years. The Social Security system is based off of how much individuals put into the system during their working years through payroll taxes for people of color and women specifically, their lifetime earnings are significantly lower compared to most white male seniors. One of the main reasons for the income inequality in Social Security and older people is due to people of color and women working jobs that were paid less, or paid underneath the table therefore little to no taxes were being distributed into their Social Security accounts. Because minorities have historically made less, they are more likely to rely heavily on Social Security due to a lack of other income in retirement. According to the National Committee to Preserve Social Security and Medicaid, few elderly minorities receive income from pensions and assets, 26 percent of African Americans received income from assets, compared with more than 55 percent of Whites. In 2014, the average monthly Social Security benefit of a retired man was \$1,425, while the average monthly benefit of a retired woman was \$1,096 (NCPSSM.org, 2014). Relying heavily on Social Security benefits can make buying healthy groceries an impossible task, especially for seniors that do not have other sources on income.

### **Preventative Services**

There are several government funded preventative programs in the United States to help seniors have access to food such as SNAP (Supplemental Nutrition Assistance Program). SNAP, most commonly known as Food Stamps help individuals and households that fall below the poverty line extra money every month for food. Another program that is specifically designed for seniors is the OAA (Older American Act) Nutrition Programs. The OAA Nutrition Programs include the Congregate Nutrition Program and the Home-Delivered Nutrition Program. The

Older Americans Act Title III grants authorize programs for State and Community Programs on Aging; and the Title VI Grants authorize programs for American Indians, Alaskan Natives and Native Hawaiians.

The purposes of these programs are to reduce hunger and food insecurity, promote socialization, promote health and well-being, and delay adverse health conditions. The intent is to make community-based nutrition services available to older adults who may be at risk of losing their independence and their ability to remain in the community (Nutrition.gov). Reducing isolation and aging in place are two of the main objectives for geriatric social workers, seniors that have the ability to meet for congregate meals helps promote health and well-being. Although for many senior's accessibility can be a barrier, the Home-Delivered Meals is still an opportunity for seniors to have a chance to connect with another person, even if it is briefly. Social workers that work with seniors that are home-bound understand the importance of making genuine connections with this population for assessment of needs for referral of services to better help older adults age in place.

### **Future Research and Considerations**

Although there are many preventive services for seniors that are both government-funded and non-profit there are still many seniors that food insecure. A consideration for future research is learning more about other minorities that face food insecurity beyond African-Americans and women. For example, the Hispanic populations and in specific undocumented older adults that do not receive benefits such as SNAP or Social Security due to their status as a non-United States Citizen. Another population that would be for researching are older adults that are homeless that are eligible for Social Security benefits; however, may not know how to get access to their benefits. For my personal research, I would like to do an assessment on the local Rock

Hill area to get a better projection in food insecurity with seniors to help link this population with resources within the community. In summary, although there is a lot of information on this subject I believe that more can be done so that Social Workers, and others that work with this population can better understand the needs of seniors to prevent food insecurity and to promote overall well-being with older adults.



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