

# Food Insecurity Among Older Adults

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NATIONAL CENTER  
FOR EQUITABLE CARE FOR ELDERNS

## Executive Summary

Food insecurity refers to the interruption of food consumption and/or eating patterns due to lack of financial resources, income, employment, race/ethnicity, and/or disability.<sup>1</sup> Food insecurity has been increasing in the U.S. since 1995 when it was first measured,<sup>2</sup> reaching nearly fifty million (14%) Americans in 2013<sup>3</sup>. The State of Senior Hunger in America report found that in 2017, 5.5 million seniors (7.7%) were food insecure.<sup>4</sup> Food insecurity is a significant public health issue that is highly associated with adverse health and nutrition outcomes. Individuals can be food insecure with or without hunger, as the degree of severity depends on many demographic factors.<sup>5,6</sup> Hunger is the painful sensation caused by the lack of food,<sup>7</sup> and it is a serious threat that affects a great proportion of seniors in the U.S., especially those from disadvantaged groups.<sup>8</sup>



There is limited data on how food insecurity affects seniors, as well as the negative outcomes associated with nutrition, health, and food spending.<sup>8</sup> Negative health outcomes are more significant among older adults due to age-related health decline and presence of chronic, non-communicable health conditions such as type 2 diabetes and hypertension.<sup>6</sup> Food insecurity has also been linked to adverse mental health outcomes, as it influences overall mental well-being.<sup>9,10,11</sup> Because of this, it is essential for providers to fully understand an older adult's physical and social environment, which are often related to the quality, accessibility, and affordability of available foods. Health centers can address the nutritional needs of older adults by developing strategies to reduce hunger, food insecurity, and negative health outcomes.<sup>5,8,12</sup>

With a deeper understanding and awareness of specific associations between food insecurity and older adults, you will develop the ability to identify strategies that can assist older Americans in averting food insecurity and its negative health outcomes.

### Key Messages

- Hunger is the most serious and damaging form of food insecurity<sup>5,7</sup> Addressing food insecurity among older adults requires a multifaceted approach to assure availability, access, and use of food.<sup>11</sup>
- Food insecurity is an often unseen public health challenge that is correlated with negative health outcomes; increased risk of developing chronic diseases, obesity and disabilities; lower cognitive performance; increased risk of depression; diminished or poor quality of life.
- Key determinants on individual eating behaviors include food environment and structural factors.<sup>7</sup>
- For many older adults, lack of proper nutrition can be due to factors related to aging, such as frailty, chronic diseases, poor dentition, inability to prepare meals and struggles with financial resources, depression and social isolation.<sup>10</sup>
- Food insecurity affects 1 out of 8 people (~12% of the population or 42 million people)<sup>11</sup>, 8.9% of households with an adult aged 65 or older, and 9.2% of older adults living alone.<sup>8</sup>
- On average, 33% of calorie consumption is from low nutritional value foods.<sup>10</sup>

## Introduction

The U.S. Department of Agriculture (USDA) outlines **food insecurity** as “the state of being without reliable access to a sufficient quantity of affordable, nutritious food.”<sup>2,5</sup> Food insecurity is a complex issue that often affects the well-being of individuals, from children to older adults, as it hinders the ability to meet the dietary requirements for an active and healthy life.<sup>13,14</sup>

Proper nutrition is one of the foremost determinants of healthy and active aging, as the intake of nutritious foods is essential to maintaining physiological well-being, health and quality of life.<sup>15</sup>

While the term **food desert** does not have one particular definition, it refers to the physical distance from healthy foods and food outlets. Despite the differences between urban versus rural areas, food deserts compromise an older adult’s ability to access healthy foods, which can lead to adverse health outcomes, exacerbated disease, and increased utilization and cost of healthcare.<sup>12,16</sup>



**Healthy eating promotes healthy aging.**

## What is the difference between hunger and food insecurity?

Hunger refers to the discomfort produced by a chronic lack of food and it is the most serious state of food insecurity.<sup>5,7</sup> While hunger is a physiological state that includes pain and discomfort experienced due to food shortage, food insecurity entails a wider concept.<sup>5,15,17</sup> This multidimensional concept can be measured and linked to various social, cultural, or economic states. Food insecurity can lead to hunger.<sup>5,15,17</sup>

In 2018, it was estimated that nearly 9% of older adults living alone were food insecure.<sup>18</sup> For older adults, food shortage and hunger can affect multiple aspects of their lives.<sup>18,19</sup> According to a Health Affairs report, seniors who face food insecurity also report lower nutritional intake, poorer health and increased depression, along with difficulties performing activities of daily living when compared to food-secure seniors.<sup>3</sup> Regarding oral health, dental problems (caries/periodontal disease), pain and the use of dental prostheses can affect chewing proficiency and the ability to eat. This can limit the selection of quality food and lead to malnutrition and a poorer quality of life.<sup>20</sup> In addition, poor quantity and quality of food can decrease the effectiveness of some medications, especially those that need to be taken with meals to have full absorption into the bloodstream or to prevent irritation and/or to prevent upset stomach.<sup>18</sup> Furthermore, a report from the United States Department of Agriculture (USDA) Economic Research Service states that when food insecurity is present, there is a higher probability of the presence of chronic diseases among adults (e.g., hypertension, coronary heart disease, hepatitis, stroke, cancer, asthma, diabetes, arthritis, chronic obstructive pulmonary disease and kidney disease).<sup>17</sup> These chronic health conditions create a financial burden of additional household expenses and medical care costs.<sup>5</sup> For older adults who are food insecure, these financial limitations often limit their ability to adhere to healthcare regimens.<sup>21</sup>

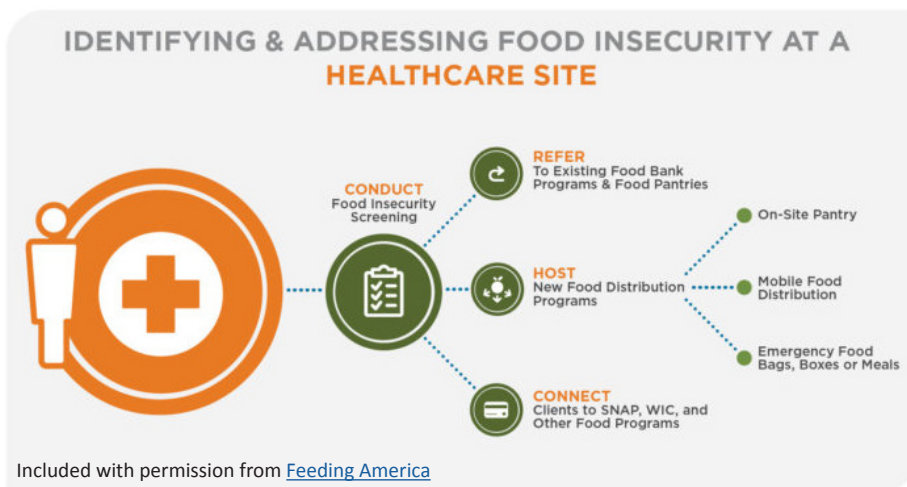
## Why Is This Important for Older Adults?

There are many reasons to be concerned about food insecurity, as proper nutrition is critical to maintaining one’s health.<sup>15</sup> Food insecurity can be episodic or chronic.<sup>2</sup> As we focus on the older population, we need to be aware that this group is highly vulnerable, as food insecurity goes beyond just actual financial constraints.<sup>15</sup> Often times, older adults face functional impairment, disability, isolation, lack of transportation and financial vulnerability due to decreased income or increased medical expenses. They also often live with others, as they may not own a home.<sup>22</sup>

Lack of access to healthy food due to an inability to leave their home can also be a factor that leads to malnutrition among older adults.<sup>17</sup> Among the main food insecurity indicators, health care providers should pay attention to changes in dietary habits such as reduced food intake, variation of eating patterns, and reduced food quality, variety of food and/or desirability of food.<sup>2</sup>

### Assessing Food Insecurity in Older Adults in Health Care Settings

Assessing the nutritional status of older adults can be challenging,<sup>11</sup> so using one available tool the Council on Nutrition Appetite Questionnaire (CNAQ) developed for older adults can be helpful.<sup>23</sup> Through an individual's nutritional assessment and history, food insecurity can be identified and early interventions can be implemented. These might include referrals to local food banks to improve the nutritional quality and nutrient density of foods, and providing optimal care while avoiding malnutrition and risk for obesity.<sup>2</sup>



### Conclusion and Recommendations

Ensuring that older adults are meeting their nutritional needs is fundamental to allowing them to enjoy life to the fullest and to remain healthy and active as they age.

#### 1. Nutritional Assessment

A comprehensive nutritional assessment should include medical and dental history, nutritional screening (documenting risk factors that will lead to a nutritional evaluation), anthropometry measures and frail prediction, and laboratory values recommended for older adults.<sup>11</sup> An individualized nutritional surveillance program will help identify needs before a patient reaches the malnutrition stage.<sup>11</sup>

#### 2. Public Health Intervention

Healthcare professionals, such as physicians, physician assistants, nurses, clinical pharmacists, and behavioral health practitioners should be aware of food insecurity and malnutrition signs, and perform a comprehensive assessment during patient encounters. With the projected growth of older adults and the rising demand for interventions to cope with the needs of this population, health centers and providers should rely on intervention tools (i.e. PRAPARE tool) to properly assess their capacity to implement transformative initiatives among their patients taking into consideration their social determinants of health.<sup>24,25</sup> This is important in order to be able to make proper referrals to social workers and better assist older adults in finding a local food bank, one of the domestic food and nutrition assistance programs administered by the USDA's Food and Nutrition Service (FNS), or programs that incentivize social connection.<sup>17,19,26</sup> These programs include the Supplemental Nutrition Assistance Program ([SNAP](#)), home delivered meals (for those that have mobility issues or cannot prepare their meals), and congregate meals (for those seeking to engage in social activities and meet friends).

SNAP benefits could assist in alleviating effects of food insecurity such as diabetes, anemia and obesity.

### 3. Reduce Barriers to Food and Nutrition Assistance Programs

Many older adults are not aware of food and nutrition assistance programs like SNAP, or that they may be eligible to receive this type of government assistance.<sup>18</sup> Outreach, pre-screening, and application assistance are effective solutions that can aid older Americans in being connected with the available resources, and in overcoming barriers to getting the food they need.<sup>18</sup>

The most straightforward approach to ameliorating the health concerns and effects linked with food insecurity is identifying at-risk individuals early and providing proper implementation care options and referrals for obtaining assistance from the federally-funded SNAP program, and from food banks.<sup>3</sup>

#### Other Resources

There are many other public programs that can benefit older adults facing food insecurity. These programs include [Supplemental Security Income \(SSI\)](#), [Medicaid](#), [Medicare Extra Help](#), state pharmaceutical assistance, [Low-Income Home Energy Assistance Program \(LIHEAP\)](#), Unemployment Insurance, and the [Commodity Supplemental Food Program \(CSFP\)](#).<sup>18</sup>



Food insecurity among vulnerable populations requires special thinking through multifactorial models in order to assess the complex factors and particular challenges linked to food and nutritional intake.<sup>21</sup>

#### About this publication

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## Contact NCECE



[ece@hsdm.harvard.edu](mailto:ece@hsdm.harvard.edu)



[ece.hsdm.harvard.edu](http://ece.hsdm.harvard.edu)



[twitter.com/NationalEce](https://twitter.com/NationalEce)



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