

KEY CONSIDERATIONS

PRIORITIZING HEALTH EQUITY & FOOD SECURITY



Spotlight on Older Americans

Feeding America focuses on solutions and supports that inform models of community health, free from injustices and inequities.

*While Feeding America defines older adults as adults ages 50-59 years old, this brief reflects the CDC's definition of older adults as adults ages 65 years and older, which will be the focus of this brief, unless stated otherwise. This brief does not replace Feeding America's annual State of Senior Hunger and Older Adult briefs, but highlights the social and structural determinants that intersect with food insecurity.

Introduction

Food insecurity, defined as having limited or uncertain access to enough food to lead a healthy and active lifestyle, impacted 13.5% of the population, 44 million people, in the United States in 2022.¹

Due to the increased population of older adults and the social, economic, and environmental challenges this population uniquely faces, more households that are food insecure include older adults. If a health condition is experienced to a greater or lesser extent across population groups, there is disparity.² Living alone, having fixed incomes, and having chronic health conditions contribute to disparity in food insecurity rates among older adults.³ Health equity is achieved when historical and contemporary injustices are addressed; social, economic and other obstacles to health and healthcare are overcome; and preventable health disparities are eliminated.²

To achieve our vision of a hunger-free America, Feeding America commits to reducing the equity gap by understanding and addressing the priorities and needs of our most impacted communities, families and individuals served. **This issue brief describes food and health disparities within the older adult population, provides key discussion questions, and offers suggestions on immediate action to take so we all have a fair and just opportunity to live long and healthy lives.**



Older adults are increasingly making up a larger proportion of the U.S. population. In 2019, 16% of the U.S. population, 54.1 million adults, were 65 years or older. One in four older adults are members of a racial or ethnic group that experiences inequities.

— Centers for Disease Control and Prevention

Hunger

In 2022, 9.1% of households with older adults and 11.4% of older adults living alone experienced food insecurity.¹ Among this population, the risk for food insecurity is greater for those that are younger (60-69 years old), have lower incomes, have a disability, have been divorced or never married, and are renters.³⁻⁶ Additionally, data suggest that older adults who self-reported as non-Hispanic Black, Mexican-American, other Hispanic ethnicity, or other race (including multiple races) were at increased likelihood of experiencing food insecurity compared to older adults who self-reported as non-Hispanic white due to systemic and structural barriers to food access.^{5,6} To address food insecurity among older adults, Feeding America is working with national organizations to develop partnerships to meet the need in local communities and address the root causes of these persistent inequities.

Health

Food insecurity is associated with adverse health outcomes and higher rates of chronic disease.⁷ It is likely that the relationship between food insecurity and chronic disease is bidirectional, particularly for older adults. Chronic disease burden could result in financial strain, ultimately increasing risk for food insecurity and lack of adherence to medication. Additionally, continued economic stress, including food insecurity, has been shown to contribute to the development of chronic disease and poor health status.^{3,8} Older adults experiencing food insecurity are more likely to have poor diet quality which leads to frailty, greatly impacting quality of life.

Improved diet quality can be a key contributor to healthy aging, inhibiting the development of frailty and the decline in physiological function (e.g. unintentional weight loss, exhaustion, low energy expenditure, etc.).⁹

Multiple Chronic Health Conditions

Approximately

77%

of older adults 65 years and older have two or more chronic health conditions and older adults with multiple chronic conditions are at greater risk for food insecurity.^{10,11}



Almost **two-thirds** of all deaths among older adults are due to heart disease, cancer, stroke, and diabetes.¹¹



Adults with good diet quality are shown to have **decreased risks** of heart disease, cancer, diabetes, neurodegenerative diseases, frailty, and all-cause mortality—all of which are experienced at a greater rate in the older adult population.¹²

Mental Health

1 in 4

older adults experience a mental health problem including depression, anxiety, schizophrenia, or dementia.¹¹

Despite depression not being a normal part of the aging process, older adults are at increased risk for experiencing loneliness and depression due to experiencing two or more chronic health conditions.¹¹



Despite high rates of diet related disease, 80-90% of a person's health can be attributed to non-medical factors, often referred to as social determinants of health, which include, but are not limited to, food security, housing, transportation, education and employment.

— National Academy of Medicine

Equity

Structural racism and other forms of discrimination and bias contribute to older adults' experiences with food insecurity and poor health. Food insecurity is linked to poor nutrition and chronic disease, and poverty is a driver of food insecurity.⁷ Why do communities of color have a higher prevalence and earlier onset of chronic disease later in life than non-Hispanic white older adults?¹¹ Racial inequity is the result of structural racism that is embedded in historical, political, cultural, socio-economic systems and institutions.¹³ For centuries, structural racism has contributed to stark and persistent racial disparities in wealth, health and well-being, especially between Black and white households, and this disparity persists during aging.

Education, employment opportunities, social support, interpersonal trust, and access to quality health care act as a buffer mechanism of the effects of inequity on health, yet these health-promoting resources are more difficult to access for communities of color and older adults due to structural inequities.¹⁴ Displacement, exclusion, and segregation have long destabilized communities of color and undermined their access to fair and just opportunities to thrive and achieve good health.¹¹ Ageism, discrimination due to an individual's age, has been shown to accelerate the aging process and further decrease an older person's health status.¹⁵ This discrimination was heightened amidst the COVID-19 pandemic shutdown. Health-care resources were rationed for younger individuals, and older adults were isolated for protection which increased their loneliness and negative stereotypes that older adults are weak and helpless.^{15,16} To improve health outcomes amongst older adults, the intersectionality of structural and systemic circumstances must always be considered, acknowledged, and addressed.

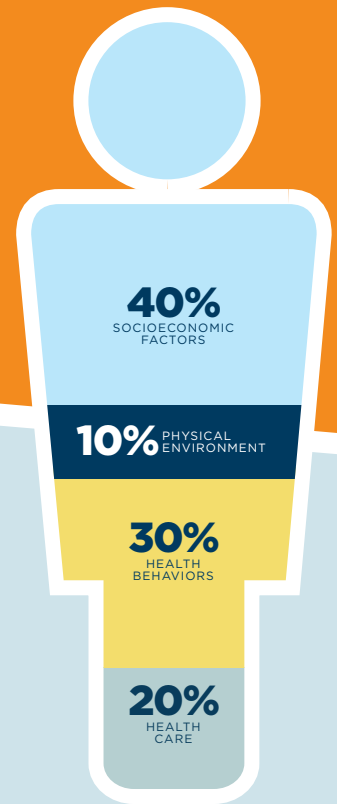


Figure 1:
County Health Rankings
& Roadmaps (2014)

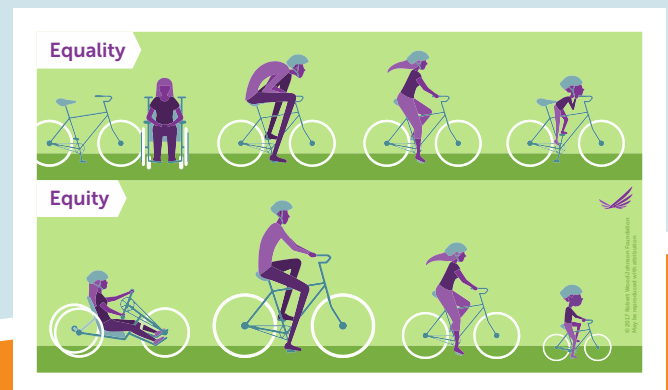


Figure 2: Robert Wood Johnson Foundation (2017)

At Feeding America, we pledge to identify and work towards solutions to eliminate social, structural, and systemic inequities that contribute to food insecurity for individuals that have been historically disadvantaged and/or adversely impacted by racial inequities.



Consequences of Hunger and Inequity

Nutritious meals are necessary to ensure healthy aging of mind and body. When people facing hunger are forced to choose between food or other resources, the result is often long-term negative effects on health and well-being. These individuals often stretch already limited budgets, and use other coping strategies such as underusing medication, postponing or discontinuing medical care, or forgoing the foods needed to manage disease specific diets. For example, over 65% of households served by the Feeding America network reported having to choose between food and medical care due to limited resources, and close to 80% of households reported having to choose inexpensive, unhealthy food to feed their families.¹⁷ Difficult choices can lead to higher rates of chronic conditions, complications from uncontrolled disease, and negative psychosocial effects.¹⁸ What are resources to decrease hunger, improve nutrition and health for older adults? Federal nutrition programs through the Older Americans Act and operated by the Health and Human Services (HHS), such as the Congregate Nutrition Program and the Home-Delivered Nutrition Program (e.g. Meals on Wheels) are programs designed specifically for low-income older adults to receive balanced, healthy meals they might otherwise not have access to. The Congregate Meals Program, prior to the pandemic, gave older adults an opportunity to eat with others, which has been associated with less food insecurity, better nutrition, and decreased social isolation.^{20,21}

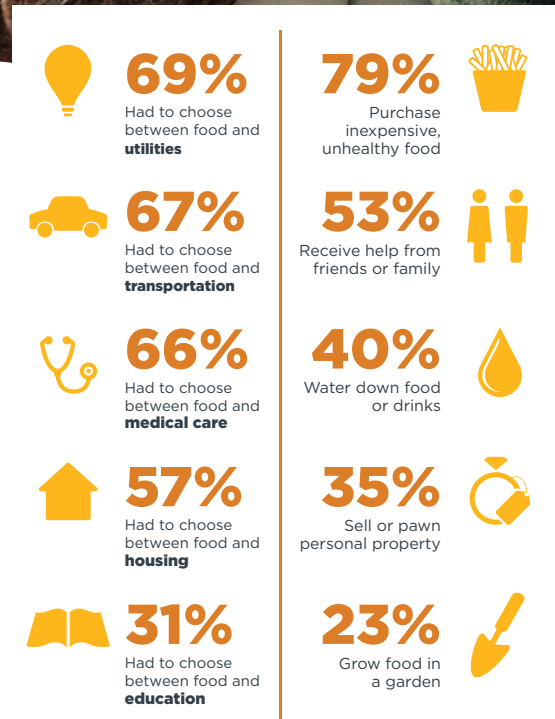
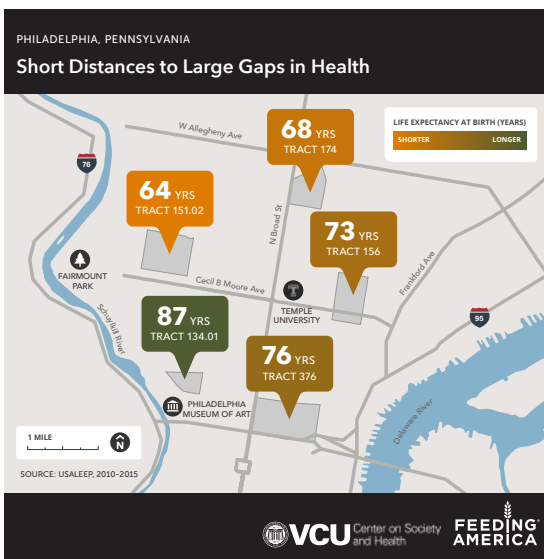


Figure 3: Hunger in America (2014). The data above represents the more than 60,000 clients served through the Feeding America network who responded to questions about themselves, their households, and the circumstances that led them to seek assistance from the charitable food network.



Philadelphia has a 19-year disparity in life expectancy across the city's neighborhoods. Babies born in North Philadelphia can expect to live on average 20 years less than those born in Center City, which are zip codes only five miles apart.¹⁹

Figure 4: Virginia Commonwealth University (2015)

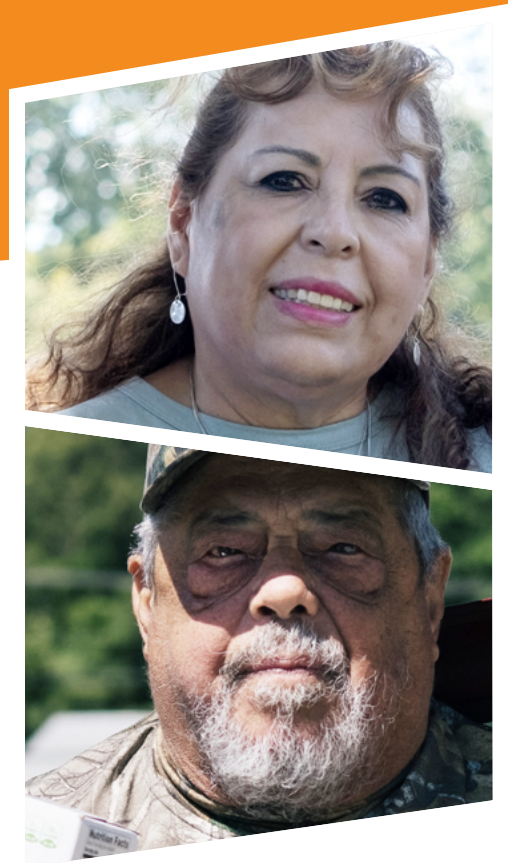
1 in 3 older adults experiences limitations in activities such as preparing meals and housekeeping.⁴

— Centers for Disease Control and Prevention

Additionally, programs operated by the United States Department of Agriculture (USDA) provide specific support for older adults. Two smaller programs include the Senior Farmers Market Nutrition Program and the Commodity Supplemental Food Program (CSFP), a food box program distributed to individuals 60 years old and above, providing them with a monthly box of food to supplement their nutritional needs. The Supplemental Nutrition Assistance Program (SNAP) is the largest federal nutrition program in the country whereby all eligible low-income adults and families can receive an EBT card to purchase groceries monthly. Participation in SNAP has been shown to reduce risk of depression among older adults.^{22,23} With all of these programs, however, there is a disconnect between those who are in need and those who access the programs. Only 5% of eligible older adults participate in congregate and home-delivered meal programs, and 48% of eligible older adults participate in SNAP.^{18,24}

What are barriers for food insecure low-income older adults experiencing food insecurity to access these resources? Evidence shows that there is a lack of awareness of federal nutrition programs, confusion about eligibility requirements, difficulty with the application and re-application process, and loneliness and social isolation which contributes to the low participation. Furthermore, some older adults shy away from these supports due to program stigma and attitudes and beliefs related to one's independence and autonomy if one accesses the program.^{18,24}

CREATING A HEALTHIER AMERICA
A primary goal of Feeding America is providing access to nutritious food in all of our communities. This means supplying food banks with more fruits, vegetables, whole grains, low-fat dairy and lean proteins and prioritizing resources for marginalized communities that experience historical and economic disadvantages to advance health equity.



SNAP Matters for Older Adults

SNAP has many economic and health benefits for older adults



- food security
- food purchasing power
- preventative health care use
- medication adherence



- poverty
- depression risk
- nursing home admission and costs
- hospitalizations and hospital costs

Figure 5: Hunger is a Health Issue for Older Adults, Food Research & Action Center (FRAC)

Health Equity Action Items: What Food Banks and Health Care Partners Can Do

Align with other national, state, and local organizations committed to improving health and advancing equity in communities of color.

Build trust, positive interactions, and communication with people of color in your community to better understand unique social and systemic factors that contribute to food insecurity and poor health.

Release a statement signaling your joint commitment to equity.

Co-Develop interventions to connect people of color to critical resources aimed at correcting food insecurity and other social determinants of health.

Help make “the healthy choice the easy choice” through improved access to culturally appropriate nutritious food, nutrition education, health literacy programs and other services in your community.

*Learn more about race & ethnicity and food insecurity **here** on the Feeding America website and about hunger, health and equity by going **here**.*

Hunger, Health and Equity Discussion Questions

- 1 How and why do different racial and ethnic groups move in and out of food insecurity over time and what are the long-term health impacts?
- 2 How does the charitable food system influence food insecurity and health for different racial and ethnic groups?
- 3 What coping strategies and tradeoffs do food insecure households make and what are the health consequences of these coping strategies? How does this differ by race and ethnicity?
- 4 How do hunger and health challenges affect multi-generational households of color?

For more information on Feeding America’s work on food insecurity among seniors and older adults, access the most recent reports [here](#).

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**JOIN THE MOVEMENT TO END HUNGER TODAY.
DONATE. VOLUNTEER. ADVOCATE. EDUCATE.**

Feeding America is committed to an America where no one is hungry. We support tens of millions of people who experience food insecurity to get the food and resources they say they need to thrive as part of a nationwide network of food banks, statewide food bank associations, food pantries and meal programs. We also invest in innovative solutions to increase equitable access to nutritious food, advocate for legislation that improves food security and work to address factors that impact food security, such as cost of living, health and employment.

We partner with people experiencing food insecurity, policymakers, organizations, and supporters, united with them in a movement to end hunger.



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