



Exploring the Social and Demographic Contexts of Food Insecurity among Older Adults in the United States

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Abstract

Food Insecurity in the United States is a growing public health program for people of all ages, but especially for older adults when the social context of food “access” is examined closely. Some have argued that older adults with lower average incomes have higher access to support, and therefore more food security, but real access to healthy, fresh, affordable food involves not just eligibility for supplemental food support, but a much broader and more complex set of income, geographic, behavioral, and physical factors. When other income measures, beyond the standard Federal Poverty Level (FPL) are used to determine “poverty” rates among older adults in the U.S. the risk for food insecurity is clearly higher. Similarly, when other demographic factors (e.g. urbanization and growing ethnic diversity) are considered in our models of population aging, we see other factors emerging that raise the risk for older adults in the U.S.

Body

In 2012, the American Association of Retired Persons (AARP), estimated that 51 million Americans were facing the “threat of hunger” and 6 million were over age 60. But, food Insecurity, as defined by AARP, includes not just obstacles to “food intake,” and a physical state of hunger (which is not always reported), but also reduced “access to food” and is thus becoming a more complex syndrome often beyond the scope of existing supplemental food programs. “Food insecurity” is quickly being recognized as a major challenge not only for public health systems, but also for aging social services [1]. In 2011, the U.S. Department of Agriculture (USDA), and the Economic Research Service (ERS), a program of the U.S. Census Bureau, estimated that 14.9% of all households in the U.S. had very-low food security for “at least some time during the past year” and they defined “very low food security” as a condition in which “the food intake of one or more household members was reduced and their eating patterns were disrupted at times during the year because the household lacked money and other resources for food” [2].

In 2015, AARP released data by age-groups that, at first glance, suggest that older age, itself, does not appear to be directly correlated with decreased food security. For example, while the overall rate of households experiencing “very low food security” increased from

5.4% (in 2010) to 5.7% (in 2011), much higher rates of insecurity (21.9%) can be seen in “younger” households, headed by adults under age 60 and with children under age 6 as dependents. In households with children headed by single women, the rate increases to 36.8%. Rates of “high food security” are actually shown to increase with age from 79.56 % (among those ages 40-49) to 84.25 (ages 60-69) to 88.39% (over age 70), while rates of “very low” food security drop with age from 4.33% to 3.76% to 2.02%, respectively. Researchers suggested that higher rates of security, in advanced age, are due to the higher rates of eligibility for social service programs, particularly Social Security, and meals programs for those below Federal Poverty level (FPL) [3]. But, I would argue that it would be a mistake to assume that age plays that much of protective factor, when the larger social, economic, and physical contexts of aging are explored in more detail. Projected trends in population aging (e.g. the urbanization of the aging population) increases risk of exposure to “food deserts” (or geographic areas lacking access to healthy food in full-service supermarkets). And, the growing racial and ethnic diversity in the older-adult population of the near future in the U.S. suggests that a lifetime of economic and social disparities act as risk factors for lower “food access.”

Data from the National Foundation to End Senior Hunger [4], is troubling not only for the prevalence rates in any year, but also for the increase in rates over time. They suggest that 9.3 million (15.3%) of adults over age 60 face the “threat of hunger” and the majority of those at risk, actually have incomes above the Federal Poverty Level and thus not eligible for many community-based and home delivered meals programs. In addition, from 2001 to 2012 the rates of those facing the threat of hunger increased 44% and in the five years after the devastating financial recession of 2007, the rate increased by almost 50% [5]. But, while 15.3% of seniors overall are at risk, rates among African-American older adults is twice the rate of white seniors (30.64% vs 13.45%), and even higher among Hispanic seniors (31.86%). In the five years since these data were compiled in 2012, AARP now suggests that “relatively little has changed” and overall rates have actually increased to 18% [6]. They also suggest that as public health researchers move from measuring “hunger” to “food insecurity” (i.e. from a physiological state to a social condition), older adults are even more likely to be counted. Not all people who live with food insecurity will report feelings of hunger so readily. They also argue that insecurity is a much harder problem to solve given the multiple systemic factors that contribute to it. Thus, interventions must “be sensitive to older American’s varying degrees of physical well-being, volatile or fixed incomes and weakening social ties to rely on for assistance, while simultaneously taking into account the demographic characteristics that are strong determinants. Physical aging brings increasing rates of nutrition-related chronic illnesses (e.g. hypertension and diabetes), but population aging brings other social and economic challenges (e.g. decreased resources in social support, smaller social networks, lower income, and less physical mobility), crucial for “access to food.” Thus, policies focusing solely on adequate nutritional intake might not be enough.

The older-adult population in the U.S. is increasingly becoming more diverse, racially and ethnically. By 2030, the older-adult population in the U.S. is expected to be 28% non-white, up from 18%

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in 2004. In “A Profile of Older Americans: 2015,” the Administration for Community Living (ACL), predicts a 110% increase among “older ethnic and minority populations with higher rates among Hispanics (137%), Asians (104%), American Indian and Native Alaskans (93%), and African-Americans (90%). These changes are important because higher rates of food insecurity and lower income are consistently seen in minority populations. Without much-needed interventions, a life-time of hardship can have profound impacts on security and health in older age. In 2014, it was estimated that 4.5 million older adults (10%) were living “below the poverty level, with another 2.4 million (5.3%) “classified as near-poor” [7]. However, poverty rates are lower among whites (7.8%), higher among non-whites (19.2% for African-Americans and 18.1% for Hispanics), lower among men (7.4%), and higher among women (12.1%). Given the older adult population is predominantly female and becoming more diverse, we can anticipate that risks correlated with food insecurity will only increase. All of these poverty estimates, however, rely on the Federal Poverty Level (or FPL), which many argue is a level much too low to accurately capture the actual costs of living in old age including: regional housing costs, taxes, and medical expenses. Instead, many argue that the Supplemental Poverty Measure (or SPM) developed by the U.S. Census, gives a more accurate picture of “poverty” rates among seniors in the U.S. by allowing them to deducting out-of-pocket medical expenses from Social Security income. Thus, using the SPM, the Kaiser Family Foundation estimated that 2013 rates of poverty should be 15% for older adults, as opposed to 10% using the FPL [8]. Similarly, in an AARP-funded report on “Older Adult Food Insecurity” in New York (2012), it was estimated that the national older-adult poverty rate under the SPM was even higher (up to 17.3%) with rates as high as 25% in New York City.

But, again, it would be a mistake to assume that lack of income, alone, is the primary cause of food insecurity. It would also be a mistake to conclude that a lack of federal nutritional “benefits” is a major explanation, too. In a 2012 study by the USDA and the Economic Research Service (ERS) on “Household Food Security” it was revealed that even with federal nutrition benefits such as SNAP (Supplemental Nutrition Assistance Program) or “food stamps,” 52% of SNAP-eligible households experienced food insecurity in the previous year . . . as well as 43.7% of households eligible for support under the Women, Infants, and Children (or WIC) program [9]. We also know use of these benefits is lower than expected where approximately 30% of potential participants in the SNAP program in 2004 did not think they were eligible, with another 18% not sure if they would qualify [9].

Growing research into the existence of “food deserts” (or areas lacking the infrastructure to ensure access to healthy, fresh, affordable food), highlights other factors affecting “access to food” especially among older adults in large metropolitan areas as well as rural areas. The quantity of food is not always the issue and in many cases, the over-abundance of low-nutrient, “calorie-dense” foods are actually the problem. According to McEntee and Agyman, who are looking at ways to map the locations of food deserts with GIS technology, the definition of a “food desert” has evolved over time, starting out as a way to describe an urban area where food was “expensive and relatively unavailable” to now describes “areas of relative exclusion where people experience physical and economic barriers to accessing healthy food” [10]. Some definitions say that residents must be at least a mile away from a full-service supermarket, and using this definition, in 2009, it was estimated that 2.3 million (2.2%) of U.S. households are

located in food deserts, with “an additional 3.4 million (3.2%) living between one-half to one-mile away without access to a vehicle. Among urban residents in the U.S., it was estimated that approximately 20% of people were living more than a mile from the “nearest” supermarket. And yet, they do acknowledge that distance, alone, is not always the only factor, citing the need for more objective and subjective research on the location of stores, the cost of food, the variety of items, travel time to stores, and the ability to walk to stores, as well as consumer knowledge of nutrition [11] as equally important factors. As Sharkey and Horel noted, distance and density of food stores only measure “potential access” to food, not “realized access” [12].

I would argue that we are just beginning to map out a wide-range of factors that affect older adults and more importantly significant differences in access between younger and older residents within food deserts. My latest research involves the study of residents (under and over age 65) living in a documented “food desert” in New York City and examining access and barriers from multiple perspectives. Survey data (N=400) was collected in a targeted convenience sample in various locations (e.g. senior centers, retail districts, laundry mats, and churches), with 157 (39.25%) over age 65 and 243 (60.75%) under 65. Data was coded in SPSS 22 by zip codes and by location (inside or outside of the “food desert”), and by age (under and over 65). Preliminary findings were presented at the 21st IAGG World Congress of Geriatrics and Gerontology in July, 2017 [13]. Exploratory survey research and asset-mapping were used to examine social and environmental challenges to food access in a predominantly African-American and Hispanic community. Chi-square analysis and tests of association ($p < 0.05$) by location and by age were used to examine the impact of aging-in-place in a food desert. While many similar challenges emerged among older and younger residents, our preliminary analysis suggests that older adults are more likely to be living alone, with lower income. While younger, larger households (with dependents) show more “difficulty” paying rent and buying desired “healthier foods, older adults are more likely to have higher rates of physical difficulties: walking, using stairs, and carrying grocery bags, that make shopping harder. A variety of challenges support the view that food insecurity is not just a matter of distance to markets, as others have noted and we continue to explore significant differences between old and young that lead us to believe that “access” to food and food “insecurity” are complex issues that defy existing interventions and policies.

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