senior hunger

AMERICA'S SECOND HARVEST
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America's Second Harvest, which serves more than 23 million Americans annually, provides emergency food to more than 2.5 million Americans 65 or older. America's older citizens have rightly been called the "greatest generation." It is morally unacceptable that the people who built this country — our senior citizens — should suffer hunger in the land of plenty they helped create.

Pauline's story

Pauline is from Winston Salem, North Carolina and has lived alone in the house she and her husband bought together for nearly 20 years. When he passed away, she continued to work at the local mill until it shut down. She was 60 years old, and she couldn't find another job so she went on his social security until she was old enough to start benefiting from her own. That was almost 15 years ago.

Today Pauline is 73 and she receives food assistance from one of the monthly senior box programs administered by an agency of the Second Harvest Food Bank of Northwest North Carolina. "*I get cereal, I get canned goods, and I get frozen meals. I get toilet tissue, toothpaste, sometimes even lotion and powder. It would take a whole page to tell you everything that I get from them,*" Pauline explains. "*I've been down so long, it certainly does help me out. I can get to the grocery store, but I can't walk around well, and I don't have the money to buy the stuff that I get from the program.*"

Pauline collects just over $500 a month from social security, and, although she owns her own house, she still has to pay taxes and all of the bills herself. And then there are her medical costs. Soon after the mill closed, Pauline broke her shoulder. Prosthetics were used to repair the break, but the doctors tell her that any more damage will result in her losing all mobility in her left arm. Pauline also has diabetes, cataracts, and takes heart medicine to control her high blood pressure. Last April, she was diagnosed with breast cancer, and has prescriptions she must take to treat that as well. Pauline reports that a monthly supply of just her cancer medication costs her $274, and she has 8 other prescriptions. "*They're very expensive,*" she says. "*I'm on a fixed income, and the prices are only getting higher, so I buy my medicine before I will buy food because the doctors say I have to have them. I need my heart medication, I need my insulin, and I need the cancer medicine whether I have anything to eat or not. So I try to space out my meals, and, by doing that, I've never gone hungry.*"

Even with all of her health problems, Pauline considers herself lucky. "*I don't go to the pantry to get food every month because I feel like some of the others need it more,*" she says. "*I have enough to last me, so I try and wait to go every other month if I can.*" Like many older Americans, Pauline doesn't want to be a burden to anyone or responsible for one of her neighbors going without. She even tries to give back when she can. "*I try to save at least $5 out of my check so I can make a donation,*" she says. "*I want to help out, because the pantry helps me out so much.*"

the facts: SENIOR HUNGER

- >> According to America's Second Harvest's *Hunger 1997: Faces and Facts*, 16% of network clients were people age 65 and older. *Hunger in America 2001* shows an increase in the number of hungry seniors in our country to 19.7% of all clients our network serves.[1]
- >> Among client households with seniors, 50% are served in center cities, 32.1% in suburban areas, and 17.9% in rural areas.[2]
- >> 6% of all households with a member 65 or older are food insecure; one in four of those food insecure households experiences hunger.[3]
- >> 3.4 million elderly persons, or 10.1% of the elderly population, live in poverty. An additional 6.5% are classified as near-poor.[4]
- >> The elderly who live in low-income households (below 130 percent of the poverty level) tend to have lower nutrient intakes than those elderly in households with higher incomes.[5]
- >> In fiscal year 2002, 1.6 million adults over the age of 60 participated in the Food Stamp Program.[6]
- >> Of all charitable feeding programs nationwide, one-third of pantry client households and one-fifth of kitchen client households include at least one senior.[7]

NOTES

1 Unless otherwise specified, the terms "seniors," "elderly/elders," and "older adults" are used interchangeably to denote people 65 and older.
2 *Hunger in America 2001,* America's Second Harvest
3 *Food Insecurity Rates are High for Elderly Households,* USDA-ERS
4 *Poverty in the United States: 2001,* U.S. Census Bureau
5 *A National Survey of Nutritional Risk among the Elderly,* FRAC
6 *Characteristics of Food Stamp Households,* Mathematica Policy Research
7 *The Emergency Food Assistance Program – Findings from the Client Survey,* USDA-ERS

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Approximately 35 million — or 1 in 8 — Americans is 65 or older, which represents a 12% increase in the elderly population since 1990.[1] The elderly population, particularly vulnerable to the issue of hunger, has its own set of unique concerns.

Hunger and the Elderly

Nutrition and Health

Adequate nutrition is important to health, functioning, and mobility for all people, no matter what age. For elderly people, however, food and nutrition can be critical because of their vulnerability to health problems and physical and cognitive impairments.[2] Scientific evidence increasingly supports that good nutrition is essential to the health, self-sufficiency, and quality of life of older adults.[3] Seniors in food insufficient households (inadequate nutritional intake due to a lack of resources) are likely to report their health status as fair or poor.[4] Seniors are also more likely than their younger counterparts to endure chronic health conditions, deficiency diseases, conditions that impair digestion, and susceptibility to infection.[5] In addition to the damage hunger and poor nutrition can do to the health and well-being of the elderly, there is a social cost as well. Poor nutrition leads to health problems, which can lead to increased medical costs. Insufficient nutrient intake accounts for a disproportionate amount of health care costs[6] unrelated to aging among low-income elderly individuals: in spite of only representing 12.5% of the total population, seniors account for about 30 percent of all health care expenditures.[7] Proper nutrition among the elderly promotes good health[8] and helps prevent chronic (and costly) disease and disability among the elderly.[9] Without question, then, adequate, nutritious food can reduce future health risks — as well as costs.

The Elderly in Rural Communities

Rural areas have a higher proportion of elderly residents in their total population than do urban and suburban areas: the elderly constitute nearly 20% of the non-metro population, while the elderly in metropolitan areas constitute only 15%.[10] In addition, rural elderly persons are more likely to be poor than urban elderly.[11] At the same time, rural communities are typified by a lack of access to social services, transportation barriers, and a lack of food resources impeding access to adequate food and nutrition. Low population density means that social services are not in abundance or are difficult to reach. Even when services exist, older residents may have trouble accessing them without a reliable vehicle or the ability to drive one as only about half of all rural counties have a public transit system.[12] A lack of transportation was frequently cited by agencies as a barrier to participation in the Food Stamp Program as well.[13] Rural communities also claim widely scattered grocery stores, presenting problems in getting to stores, particularly for the elderly.[14] Even when supermarkets are present, however, rural grocery market prices are about 4% higher than suburban prices.[15]

Low Participation Rates in Federal Programs

Seniors have historically low participation rates in federal nutrition programs, particularly the Food Stamp Program. Only one-third of all eligible elderly persons participate in the Food Stamp Program,[16] a much lower number than the participation rate of the general population. Many factors may contribute to this low rate, including a lack of transportation to the food stamp office, misinformation about the program,[17] and lengthy and difficult applications.[18] Additionally, prohibitive waiting lists present a barrier with the Elderly Nutrition Program (ENP); the average waiting period for participation in an ENP home-based meal program is 2-3 months.[19] Finally, programs like the Emergency Food Assistance Program (TEFAP), which provides emergency food boxes to low-income seniors, is not available through every emergency feeding program seniors might use. In addition, the Commodity Supplemental Food Program, which in addition to serving low-income pregnant and breast-feeding women, new mothers, infants and children, also provides food to the elderly, is not available in all states and thus not accessible to all eligible seniors.[20]



NOTES

1 *The 65 Years and Older Population: 2000,* U.S. Census Bureau
2 *Executive Summary: The Older Americans Act Nutrition Programs,* Administration on Aging
3 *Nutrition, Aging and the Continuum of Care,* from *The Journal of the American Dietetic Association 2000,* 100:580-595.
4 *Position of the ADA: Domestic Food and Nutrition Security,* The American Dietetic Association
5 *Hunger and Food Insecurity among the Elderly,* Center on Hunger and Poverty
6 *A National Survey of Nutritional Risk among the Elderly,* FRAC
7 *Factors Affecting Nutrient Intake of the Elderly,* USDA-ERS
8 *A National Survey of Nutritional Risk among the Elderly,* FRAC
9 *Hunger and Food Insecurity among the Elderly,* Center on Hunger and Poverty
10 USDA/Economic Research Service's Rural Elderly program data.
11 *The Older Population in the 21st Century,* USDA
12 *A Time to Act,* USDA
13 *Seniors' Views of the Food Stamp Program and Ways to Improve Participation — Focus Group Findings in Washington State."* USDA-ERS
14 *Ibid.*
15 *Rural Poor Have Less Access to Supermarkets, Grocery Stores,* Phil R. Kaufman
16 *Food Stamp Participation by Eligible Older Americans Remains Low*, USDA-ERS
17 *Food Assistance: Options for Improving Nutrition for Older Americans,* U.S. General Accounting Office
18 *The Red Tape Divide: State by State Review of Food Stamp Applications,* America's Second Harvest
19 *Food Assistance: Options for Improving Nutrition for Older Americans,* U.S. General Accounting Office
20 *Ibid.*

Carl and Mary's story

Carl and Mary have been married for more than 45 years. They raised a family together in Northern Illinois, and looked forward to retirement after a lifetime of hard work. Carl worked in construction, and while neither of them has any extreme health problems, trouble with her legs did force Mary to quit her job as a waitress sooner than she had planned. *"We're very functional. He has trouble with his breathing and I have trouble walking. If we could trade, we'd be fine,"* Mary jokes.

The couple had saved a little before they retired, but found it didn't help them much when things they couldn't have planned for began to happen. One of their daughters fell into a deep depression when her husband took his own life. She wasn't able to care for her baby, and Carl and Mary took in their grandson, Michael, when he was just 18 months old. A few years later, another of their daughters died unexpectedly. *"We came home one day, and she was just laying on the floor,"* Carl explains. *"She had no insurance or anything, but we had to give her a funeral — give her a decent burial — which cost ... quite a bit. And my other son, he needed a little help, so he owed us a couple of thousand dollars, and it was like boom, boom, boom. By the time we turned around our savings was down to nothing."*

Mary and Carl found themselves struggling to find money for food after all their other bills were paid. *"We weren't surviving by the time we got through paying the rent and the electric bill, the phone bill and insurance,"* Mary says. *"All that comes first. You need a roof before food. Any groceries I could afford to get, I would stretch as much as possible. People who lived through the Depression know how to do that. At my age, you've learned how to live on homemade soup."*

When they learned about a senior box program run through an agency of the Northern Illinois Food Bank, they applied immediately. *"I never knew we were eligible for anything, and we'd never asked for anything,"* Mary explains, *"because we'd always worked all our life. When we met Cindy from the program and she asked if we'd accept the help, I said 'Oh my gosh, certainly, I'd be happy for anything you could do'."* They began to receive groceries each month and it has helped them tremendously. *"The food is very good,"* Mary says. *"We get fruits and vegetables and canned goods."* She even attributes their grandson's recent weight loss to the program. *"He was very heavy,"* Mary explains. *"We gave him what we could afford, but we have better food now, and he's healthier."*

Carl explains the program's impact a little differently. *"What they do for us is give us tools to use our money for other things we need."* For example, Carl explained that the food helps free up money so that the couple can pay their car insurance or any other unexpected bills that might come up. *"It saves us a lot,"* he says simply.

"You work all your life, and you raise your kids," concludes Mary. *"You give your life for your kids, and then they grow up. And our kids are wonderful, but they only have so much help they can give. They're struggling too. So getting that food really means so much to us."*

"What they do for us is give us tools to use our money for other things we need."



Recommendations for Change

America's Second Harvest solicits donated food and grocery products and distributes it to hungry people across America, including 2.5 million seniors. Through a network of over 200 food banks and food-rescue programs, America's Second Harvest provides food to 50,000 local agencies, including food pantries, Meals on Wheels programs, elder care centers, and senior brown bag programs. As far reaching as the work of America's Second Harvest and its affiliates is, however, we must work in concert with federal, state, and local governments to meet the need.

Increase USDA Commodities Donations through TEFAP

The America's Second Harvest affiliates that distribute TEFAP commodities often report that the most healthful products they distribute are from TEFAP, which include meat proteins, fruit juices, and shelf-stable vegetables. The elderly in particular can greatly benefit from such nutritious staples. As a result, commodity spending should increase, thereby bringing more wholesome foods to the people who need them.

Promote Access to Food Stamps

The Food Stamp Program is the most important component of the federal food safety net, yet only serves 59% of all eligible persons.[1] Among the elderly, the number is even lower and presents the lowest participation rate of any demographic group.[2] Many seniors reported that the difficulties in the application process far outweighed any benefits or potential benefits.[3]

According to a USDA report, the average food stamp application process takes at least two trips to the local welfare office.[4] States and counties should take full advantage of the options they have to reduce barriers to food stamp access, to ensure that all eligible people receive the benefits to which they are entitled. Outreach efforts should target people who are put off by the complex application process; specific examples of outreach efforts include providing assistance with applications at congregate feeding sites.

Misinformation about the program also deters eligible persons. Non-participants have stated that they felt the Food Stamp Program was geared towards younger families on welfare than seniors.[5] Promotional materials targeted to seniors should be created, which would help promote the view that food stamps are an entitlement for life's work, just as social security is viewed.

Boost Participation in Other Nutrition Programs

Federal nutrition programs are key to the health of low-income seniors: elderly persons who participate in elderly nutrition programs have higher daily intakes of critical nutrients than do non-participants.[6] Yet food programs for the elderly have faced declines in federal appropriations.

In 2002, the federal government spent $716.5 million on home-delivered meals and on meals provided at senior centers. Ten years earlier it spent $767.4 million (adjusted for inflation and in 2002 dollars).[7] State and federal governments should also provide supplemental funding to increase home-based meal programs for homebound elderly individuals. In addition to providing food to the elderly, home-based meal programs also offer a critical service to the elderly: regular social contact. We also recommend using food banks and other community-based hunger-relief organizations to create additional congregate feeding sites in cooperation with similar human service agencies. Making additional services available to the elderly would increase participation, thereby staving off hunger for many.

Provide Equitable Tax Deductions for Charitable Food Donations

Charity plays an important role in the proper nutrition and health of the elderly, but some charities are seeing the food available for distribution decline. Congress should pass legislation, such as the Good Samaritan Hunger Relief Tax Incentive Act, that would help spur donations to the charitable sector. The Good Samaritan Hunger Relief Tax Incentive Act would expand the deduction for food donated to the needy to the fair market value of the product and make the tax deduction available to all business taxpayers, including restaurant and small business owners, and more importantly, farmers and ranchers. By receiving the same tax benefits that large corporations receive, farmers and ranchers can help local charities serving the elderly provide more food to their neighbors in need. According to the USDA, up to 96 billion pounds of food goes to waste each year in the U.S. Adoption of the provisions of the tax bill could yield as much as 835 million additional meals for low-income Americans over ten years.

NOTES

1 *Reaching those in Need: State Food Stamp Participation Rates 2000.*, Mathematica Policy Research
2 *Food Stamp Participation by Eligible Older Americans Remains Low*, USDA-ERS
3 *Seniors' Views of the Food Stamp Program and Ways to Improve Participation – Focus Group Findings in Washington State*, USDA-ERS
4 *Customer Service in the Food Stamp Program*, USDA
5 *Seniors' Views of the Food Stamp Program and Ways to Improve Participation – Focus Group Findings in Washington State*, USDA-ERS
6 *Serving Elders at Risk: The Older Americans Act Nutrition Programs*, Administration on Aging
7 *Hungry in America*, The Nation

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