

The Hidden Faces of Hunger:

A Community Assessment of Senior Nutrition in Los Angeles County



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Executive Summary

For decades, researchers, policymakers and practitioners have worked extensively to eliminate food insecurity and hunger in the U.S. Yet, in 2017 the issue persists for millions of people in communities across the country. A substantial body of research on food insecurity in the U.S. has documented its effects on children and single-parent households, which is valid given its significant presence in these populations. According to Feeding America, in 2015, households with children, and especially households with children headed by single mothers, had higher rates of food insecurity than the national average, at 17 percent and 30 percent respectively.¹ Even so, this issue has proven to be a difficult hurdle for a number of vulnerable populations including seniors. In 2014, 5.7 million seniors (aged 60 and over) experienced food insecurity in the U.S. In addition, 10.2 million seniors (15.8 percent) faced the threat of hunger, defined as marginal food insecurity.²

¹ "Hunger and Poverty Facts and Statistics." Feeding America. Accessed January 09, 2017. <http://www.feedingamerica.org/hunger-in-america/impact-of-hunger/hunger-and-poverty/hunger-and-poverty-fact-sheet.html?referrer=https%3A%2F%2Fwww.google.com%2F>.

² Ziliak, James P., and Craig Gundersen. "The State of Senior Hunger in America 2014: An annual report." *Alexandria, VA: National Foundation to End Senior Hunger* (2016).

Introduction

The United States is currently experiencing an unprecedented demographic shift that will dramatically increase its older population in the coming decades. By 2060, the older population – aged 65 and over – is projected to more than double from 46 million to more than 98 million (as of 2014).³ As the number of older adults increases in the coming years, it is important to consider the economic, social and health implications this presents, especially for impoverished communities of color.

In general, older people are more susceptible to diet-related chronic disease such as diabetes, heart disease and hypertension. For this reason, it is critical that they consume nutritious foods to lower the risk of developing such health conditions. Unfortunately, millions of seniors across the country do not have access to adequate, nutritious food. This is especially true for seniors who are black, Latino, have a disability, live with a grandchild, or is a resident of a southern state.⁴

This community assessment aims to understand the barriers and best practices to alleviating food insecurity among the senior population in Los Angeles County, California. Los Angeles County is currently the most populous county in the U.S. and contains the largest estimated population of food-insecure people at nearly 1.5 million.⁵ Of that number, approximately 11 percent are older adults who live in food insecure households.⁶ While this number may seem relatively small compared to the number of food-insecure people in the county as a whole, over time it will likely increase as the senior population increases in the coming years, and the effects will be felt by the greater community. Preventative measures must be taken to ensure that all seniors from all backgrounds have access to nutritious food so that they may lead and maintain an independent and healthy lifestyle.

³ Colby, Sandra L. and Jennifer M. Ortman, Projections of the Size and Composition of the U.S. Population: 2014 to 2060, Current Population Reports, P25-1143, U.S. Census Bureau, Washington, DC, 2014.

⁴ Ziliak, James P., and Craig Gundersen. "The State of Senior Hunger in America 2014: An annual report." *Alexandria, VA: National Foundation to End Senior Hunger* (2016).

⁵ Feeding America. Map the Meal Gap 2016: Highlights of Findings for Overall and Child Food Insecurity <http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/2014/map-the-meal-gap-2014-exec-sum.pdf>

⁶ Rising Food Insecurity in Los Angeles County. Social Determinants of Health, Issue no.3. Los Angeles: Los Angeles County Department of Public Health; July 2015

Food Insecurity in the United States

Food insecurity has proven to be a stubbornly pervasive issue affecting the overall health and wellbeing of communities across the U.S. In 2015 alone, 42.2 million Americans lived in food-insecure households.⁷ Of these individuals, 14.6 million lived in households with very low food security, characterized by “multiple indications of disrupted eating patterns and reduced food intake” due to a lack of money and resources.⁸ The term food insecurity can be defined as “the state of being without reliable access to a sufficient quantity of affordable, nutritious food.”⁹ Within this definition, there are four components that accentuate the complexity of food insecurity: availability, affordability, accessibility, and nutrition. Although affordability is often put at the forefront of discussions, it is important to recognize and acknowledge that each of these four components, whether separately or combined, play a role in shaping a person’s experiences with food security. That is to say, for certain demographics – especially older people – food insecurity can extend beyond a lack of economic resources.

When assessing the impacts of food insecurity on an individual or population, it is also important to recognize that this phenomenon operates on a spectrum, and is not so clear-cut in appearance. On one side of the spectrum, a person may experience marginal food security wherein they occasionally feel anxiety over food sufficiency. On the other side of the spectrum, in the most extreme cases, someone may periodically skip meals or eat less because of financial difficulties. This may or may not be accompanied by hunger, which is defined as the physiological condition that can result as a consequence of food insecurity.¹⁰ Similarly, it is important to recognize that food insecurity affects different individuals and populations in different ways. A child from a food-insecure household may demonstrate lower cognitive skills and behavioral problems, whereas a food-insecure senior may experience a whole range of health issues that look very different than this. Understanding how food insecurity affects different populations will help to eliminate the issue for all who experience it.

⁷ Alisha Coleman-Jensen, Matthew P. Rabbit, Christian A. Gregory, and Anita Singh, Household Food Security in the United States in 2015, ERR-215, U.S. Department of Agriculture, Economic Research Service, September 2016.

⁸ Ibid.

⁹ AARP Foundation. (2015) *AARP: Food Insecurity Among Older Adults* [Online]. Available from: http://www.aarp.org/content/dam/aarp/aarp_foundation/2015-PDFs/AF-Food-Insecurity-2015Update-Final-Report.pdf

¹⁰ "Definitions of Food Security." USDA ERS - Definitions of Food Security. Accessed January 07, 2017. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>.

The Effects of Food Insecurity on Older Adults

While the aging process is typically associated with naturally occurring changes in an older person's health, research shows that food insecurity can lead to or exacerbate a wide range of nutrition and health problems for seniors. Even after controlling for other economic and health-related factors, food-insecure seniors are found to experience lower nutrient intakes, worse health outcomes, and higher rates of depression as compared to food-secure seniors.¹¹ In fact, the impact of food insecurity is found to be more severe for the older population than it is for younger age groups who experience it.¹² Much of the information we have on senior health and nutrition in relation to food insecurity is derived from data collected through the National Health and Nutrition Examination Survey (NHANES).

In an examination of seniors' nutrient intakes, food-insecure seniors were found to consume lower quantities of all key nutrients including calcium, magnesium, iron and protein.¹³ These nutrients are extremely important to senior health, and nutrient deficiencies, in the most extreme cases, can lead to impairment in physical function and higher risks of coronary heart disease.¹⁴ Food-insecure seniors were also at a greater risk of developing health conditions such as diabetes, hypertension, high cholesterol, asthma, gum disease and many other health problems.¹⁵ More specifically, when compared to food-secure seniors, food insecure-seniors were 53 percent more likely to report a heart attack and 40 percent more likely to report an experience of congestive heart failure, even when controlling for other health-related factors.¹⁶ Moreover, food-insecure seniors were 60 percent more likely to experience depression than their counterparts.¹⁷ This data underscores how food insecurity can have an extremely detrimental effect on the physical health and overall wellbeing of older people.

¹¹ Ziliak, James P., Craig Gundersen, and Margaret Haist. "The causes, consequences, and future of senior hunger in America." *Lexington, KY: UK Center for Poverty Research, University of Kentucky* (2008): 71.

¹² Gundersen C, Ziliak JP. Spotlight on senior health: adverse health outcomes of food insecure older Americans: executive summary. The National Foundation to End Senior Hunger, Feeding America; 2014. Accessed at <http://www.nfesh.org/wp-content/uploads/2013/03/SeniorLiteratureReport-Final-Draft.pdf> on 25 May 2014.

¹³ Gundersen and Ziliak, 6.

¹⁴ Ibid.

¹⁵ Ziliak, James P., and Craig Gundersen. "The health consequences of senior hunger in the United States: Evidence from the 1999-2010 NHANES." Retrieved February 15 (2014): 2015.

¹⁶ Ibid.

¹⁷ Ibid.

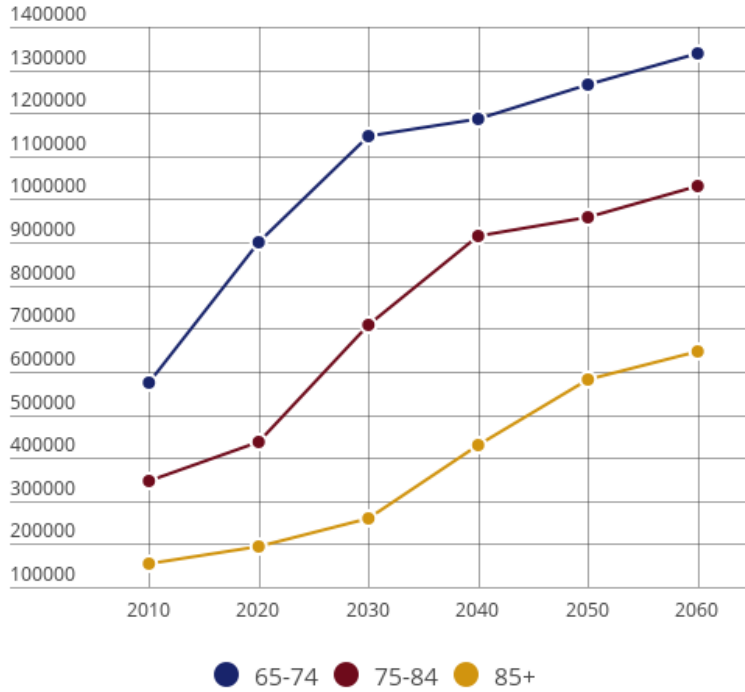
Background: Older American's Act (OAA)

To gain a better understanding of food insecurity among seniors in the U.S., an overview of the policies and programs that have attempted to address the issue must be established. In 1965, Congress passed the Older Americans Act (OAA) because policymakers were worried about the lack of community-based services available to the senior population. It was the first federal legislation specifically aimed to address the increasing health and service needs of older adults in the U.S. Not only did the OAA administer grants to states to fund community planning, social services, and research, it also spawned the creation of a network of intergovernmental agencies comprised of the Administration on Aging (AOA) at the federal level, State Agencies on Aging, and Area Agencies on Aging at the local level – each designated with the task of providing essential community-based services to support older adults. Funding for OAA programs and services are allocated based on the percentage of people 60 and older in the state. In general, these programs and services are open to all seniors who meet the age requirement, regardless of income; however, there is still a focus on more vulnerable seniors with greater social and economic need, such as low-income seniors of color.

Under Title III of the Older Americans Act, grants are provided to state agencies to support many of the nutrition and nutrition-related services offered to seniors. The largest and arguably most successful OAA program authorized under Title III is the Elderly Nutrition Program (ENP) which provides congregate and home-delivered meals to help seniors who are at risk of food insecurity and hunger. In 2016, over \$660 million was allocated to ENP meals. The congregate and home-delivered meals available under ENP are free of charge, and seniors are offered at least one meal daily for five or more days per week. Each of the meals must provide a minimum of one-third of the daily Recommended Dietary Allowances (RDAs) and must comply with the Dietary Guidelines for Americans. In addition to addressing inadequate nutrition, ENP also helps to prevent isolation by promoting socialization among older adults. Title III also funds nutrition screening, education, counseling and outreach as well as health promotion and disease prevention services, however a significantly smaller amount goes to these areas.

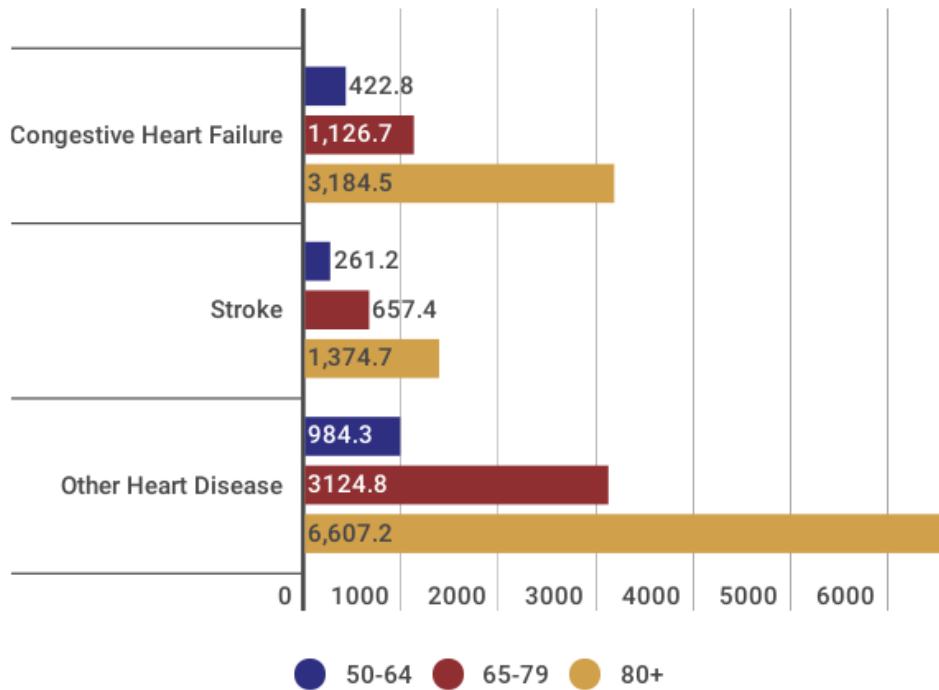
Senior Population in LA County

Projected Population Growth for LA County Seniors, 2010-2060



Senior Health in LA County

Emergency Department Encounters (per 100,000) for LA County Seniors



OAA Funding in California

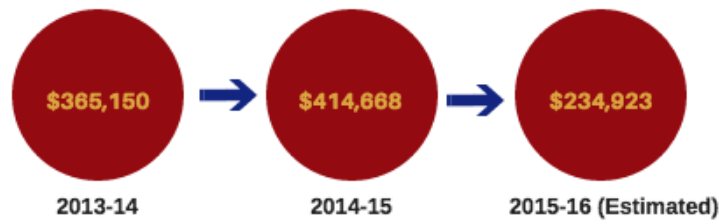
Congregate Nutrition



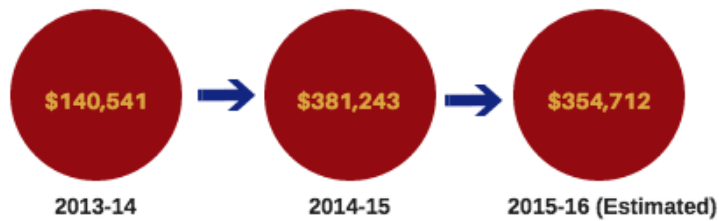
Home-Delivered Nutrition



Nutrition Counseling



Nutrition Education



Existing and Promising Models to Address Senior Food Insecurity

Food insecurity continues to be a persistent challenge for seniors despite the existence of federal and local senior nutrition programs. These programs have been extremely crucial in improving nutrition and alleviating hunger for seniors, however they alone are not enough to completely eliminate the problem. Effectively addressing senior hunger will require the application of several approaches that can supplement our current programs. Here are a few existing models that tackle this issue through the use of a variety of strategies including education, collaboration and feedback.

Intergenerational Meals in Iowa City, Iowa

In addition to being home to the largest estimated population of food-insecure people, Los Angeles County also contains the largest estimated population of food-insecure children at nearly 600,000.¹⁸ Both seniors and children largely benefit from the nutrition programs currently offered to their respective populations. One way we can support both of these vulnerable populations jointly is through intergenerational meals. In 2012, Horizons – a multi-program agency in Iowa City, Iowa that services underserved populations – began serving meals to children through the U.S. Department of Agriculture’s Summer Food Service Program (SFSP). Prior to this, it was already serving 800 meals daily to older adults and those with disabilities through its Meals on Wheels program. Horizon was able to serve thousands of meals to kids with the addition of SFSP, which provides reimbursements for meals served to kids in low-income areas. Essentially, by combining the funding streams, Horizon could provide both populations with healthy food while reducing food waste. Any food that wasn’t used for SFSP could then be reserved for adult meals. The benefits of this intergenerational approach extend beyond nutrition and health. It can be used as a means to prevent the isolation of seniors, and while interacting with the children, some seniors can provide supervision to them. Additionally, it can help to facilitate informal mentorship relationships between the seniors and children that allow the children to cultivate social and leadership skills.¹⁹

¹⁸ Feeding America, 2015.

¹⁹ "Feeding Older and Younger Americans: A Summer Meals Case Study." No Kid Hungry Center for Best Practices. July 9, 2015. Accessed January 10, 2017. https://bestpractices.nokidhungry.org/sites/default/files/resources/SummerMealsCaseStudy_2015.pdf.

It must be noted that this intergenerational meals model heavily focuses on the advantages it presents for food-insecure children who participate, however it must be emphasized that this model could very well be a beneficial tool for alleviating food insecurity for low-income seniors as well. An intergenerational meals model that keeps both populations in mind could potentially provide for both populations while simultaneously maximizing federal resources and minimizing food waste. Furthermore, while this intergenerational meals model was established at a congregate meal site, another appropriate approach to this would be one that specifically accommodates seniors who live with a grandchild. Research shows that seniors who live with a grandchild experience food insecurity at higher rates than seniors who don't.²⁰ According to the National Council on Aging, "nearly one in every five seniors living with grandchildren is food-insecure."²¹ A valuable intergenerational approach would be one that met the nutritional needs of seniors and children who are both a part of a food-insecure household.

Community-Based Intervention via Senior Nutrition Education in Georgia

For some seniors, adequate food security extends beyond access and affordability. While these are definitely considerable barriers, a lack of knowledge about the benefits of consuming nutritious foods and the damaging affects of an unhealthy diet can also act as a major barrier. Studies show that although seniors, on average, eat more fruits and vegetables than the general population, the intake still does not approach recommended daily servings for a majority, and overall, consumption has declined for all older adults in the past decade.²²

Between 2005 and 2006, a study – supported by a collaboration of the Georgia Division of Aging Services, the University of Georgia, the Department of Foods and Nutrition and 12 Georgia Area of Aging (AAAs) – was conducted to evaluate a statewide community-based intervention to increase knowledge and intakes of fruits and vegetables in seniors attending senior centers in Georgia. To achieve this, a nutrition education intervention was developed and implemented through a series of eight lessons over four months in senior centers across the state. The conceptual framework for this community-based intervention was the Health Belief Model that explains how a person's engagement in a particular health behavior can be modified if they believe that the perceived benefits spurred by

²⁰ Ziliak and Gundersen, 2016.

²¹ "Facts About Senior Hunger." NCOA. December 02, 2016. Accessed January 13, 2017. <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/senior-hunger-facts/>.

²² Nicklett, Emily J., and Andria R. Kadell. "Fruit and vegetable intake among older adults: a scoping review." *Maturitas* 75.4 (2013): 305-312.

their preventative actions outweigh perceived barriers. Previously, Georgia had implemented an intervention in senior centers that focused on general nutrition and health and found that this was not enough to elicit an increase in fruits and vegetables consumption. It was only after they focused the curriculum specifically on fruits and vegetables that they began to see an increase in intake.

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"Facts About Senior Hunger." NCOA. December 02, 2016. Accessed January 13, 2017. <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/senior-hunger-facts/>.

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Nicklett, Emily J., and Andria R. Kadell. "Fruit and vegetable intake among older adults: a scoping review." *Maturitas* 75.4 (2013): 305-312.

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