

TACKLING FOOD INSECURITY AMONG OLDER ADULTS AND MULTIGENERATIONAL FAMILIES

**Statement of
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**at the
Ending Hunger in America Event Series
hosted by the Committee on Rules,
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ENDING HUNGER IN AMERICA: EXAMINING HUNGER AMONG SENIORS AND MULTIGENERATIONAL FAMILIES

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Good afternoon Chairman McGovern, Ranking Member Cole, and other Rules Committee members and guests.

I am Elaine Waxman, a Senior Fellow in the Income and Benefits Policy Center at the Urban Institute. Thank you for the opportunity to speak with you today about food insecurity among older adults, including those who are living in multigenerational households or raising grandchildren. I appreciate the opportunity to share my insights at this event and should note that the views expressed today are my own and should not be attributed to the Urban Institute, its trustees, or its funders.

Now is a pivotal time to have this conversation: The nation is just emerging from a pandemic that has disproportionately affected our older adults and a recession that brought a second public health crisis of food insecurity, defined as the inability to consistently afford a nutritionally adequate diet because of a lack of financial resources.¹ The entire US food system has undergone significant shocks, and the ways that we acquired food from groceries, restaurants, social service programs and charitable food providers changed dramatically in 2020. These shifts affected all age groups but have had special implications for older adults, who were strongly urged to avoid public spaces because of higher risk of COVID-19 infection. We have benefited from a robust response from both federal nutrition programs and the charitable food system—these systems buffered food insecurity that could have otherwise been catastrophic. Nevertheless, we continue to grapple with shortcomings, including the inadequacy of Supplemental Nutrition Assistance Program (SNAP) benefits for many recipients, even with the much-needed temporary increase in benefit amounts.

We also need to reckon with how the pandemic has brought into sharp relief the deep, preexisting racial and ethnic inequities in food access and how these have intersected with the disproportionate impact of serious COVID-19 infections and economic dislocation in our communities of color and indigenous communities. Finally, we are facing an upcoming demographic turning point that makes the topic of senior food insecurity particularly urgent: By 2030, all baby boomers in the US will be older than 65 and, within the ensuing decade, older adults (those age 65 and older) are expected to outnumber children for the first time in US history.²

In short, there is no time like the present to ask ourselves why we continue to accept food insecurity in our country, especially among our older people, and what we have to do to change that story. Doing better means not just buffering vulnerability (although doing so is critical): it also means building resilience for the future.

As we talk today, bear in mind that the concept of an “aging population” is of limited use. As a National Academies report noted several years ago, we really have to talk about “many aging populations.”³ Older adults are a rich tapestry of backgrounds and experiences. Some are in their 50s while others are well beyond their 80s. Many are retired, but a significant number continue to be

¹ Alisha Coleman-Jensen, Christian Gregory, and Anita Singh, “Household Food Insecurity in the United States in 2019” (Washington, DC: US Department of Agriculture, Economic Research Service, 2020).

² Jonathan Vespa, Lauren Medina, and David M. Armstrong, “Demographic Turning Points for the United States: Population Projections for 2020 to 2060,” P25-1144 (Suitland-Silver Hill, MD: US Census Bureau, 2018).

³ Laura Pillsbury, Emily Ann Miller, Caitlin Boon, and Leslie Pray, eds., *Providing Healthy and Safe Foods as We Age: Workshop Summary* (Washington, DC: National Academies Press, 2010).

employed beyond age 65. Others may want to work but struggle to find employment in a labor market that favors younger workers. Our older adults vary in their level of financial security; the presence of disability or chronic health conditions; race, ethnicity, religion and culture; the availability of resources in their local communities; and level of family responsibilities and support. Each of these dimensions can influence nutritional needs and preferences and the ability to access and afford healthy foods.

Too many older adults are unable to consistently afford a nutritionally adequate diet because of a lack of financial resources. In 2018, 7.3 percent of seniors (those age 60 or older), about 5.3 million people, were food insecure, as well as 10.6 percent of adults ages 50 to 59, another 4.5 million people. It is worth noting that even in the strong economic conditions leading up to the pandemic, older adults were still experiencing food insecurity at a higher rate than before the Great Recession.⁴

Older adults from communities of color consistently experience higher levels of food insecurity, with Black and Hispanic/Latinx older adults more than twice as likely as white adults to struggle to afford an adequate diet.⁵ Native American older adults are also at higher risk of food insecurity than white adults. Unfortunately, data from national surveys rarely provide sufficient visibility to these communities. A synthesis of research from 2000 to 2010 suggests that food insecurity rates among Native Americans and Alaska Natives persisted at around one in four during that period.⁶ In 2016, poverty rates among older Native Americans, at nearly 20 percent, were twice those of their white counterparts.⁷ Although food insecurity and poverty are not the same, these data suggest significant vulnerability to material hardship among older Native Americans leading up to the COVID-19 pandemic, which hit Native American communities extremely hard.⁸

We are still working to understand how the COVID-19 pandemic affected food insecurity and nutrition among older adults and what the pandemic's longer-term consequences may be. Clearly, the pandemic shutdown and recession created a large spike in food insecurity across the country in 2020 as well as a strong mobilization of both federal nutrition and charitable food programs. Some food bank distribution sites saw lines of cars stretching for miles. Notably, some evidence suggests that early in the pandemic, seniors' use of charitable food actually *dropped*, likely because of public health advice that seniors be particularly careful about social distancing and because many neighborhood food pantries that may have been more accessible to seniors closed.

An October 2020 analysis by Dr. Jim Ziliak at University of Kentucky gives us some timely insights into older adults' reported experiences with food hardship during the pandemic. His work examines information from the Census Bureau's Household Pulse Survey, launched during the pandemic to track

⁴ James P. Ziliak and Craig Gunderson, "The State of Senior Hunger in America 2018: An Annual Report" (Chicago: Feeding America, 2020).

⁵ "Senior Food Insecurity Studies," Feeding America, accessed June 4, 2021, <https://www.feedingamerica.org/research/senior-hunger-research/senior>.

⁶ Valarie Blue Bird Jernigan, Kimberly R. Huyser, Jimmy Valdes, and Vanessa Watts Simonds, "Food Insecurity among American Indians and Alaska Natives: A National Profile Using the Current Population Survey—Food Security Supplement," *Journal of Hunger and Environmental Nutrition* 12, no. 1 (2017): 1–10.

⁷ Administration for Community Living, "Profile of American Indians and Alaska Natives Age 65 and Over" (Washington, DC: US Department of Health and Human Services, Administration for Community Living, 2017).

⁸ Talha Burki, "COVID-19 among American Indians and Alaska Natives," *Lancet Infectious Diseases* 21, no. 3 (2021): 325–26.

changes during it. Importantly, the Pulse Survey does not ask all of the questions used to determine food insecurity in the US, so its data provide an imperfect comparison between before and after the onset of the pandemic. But we can glean useful clues by using two measures of food insufficiency the survey tracks. The first asks if a household sometimes or often did not have enough food to eat. This condition increased 75 percent between 2019 and July 2020, from 2.8 to 4.9 percent of seniors. Food hardship affects a much larger number of seniors if we look at those who said they had enough to eat but were consuming a reduced variety of food: the share of seniors reporting this condition jumped from 14.5 percent in 2019 to 32.8 percent in summer 2020. Reduction in food variety can be a signal of reduced nutritional quality, which is concerning for all age groups but is particularly noteworthy among seniors who may be living with a variety of chronic health conditions.⁹ The Pulse data also reinforce what we knew before the pandemic: there is a significant racial and ethnic gap in who experiences food insufficiency, with Black seniors reporting rates two to three times those of white seniors.

Food insecurity is not just a measure of material hardship: it is an important public health indicator. Food insecurity is associated with a host of poor health outcomes across the life course, and food-insecure seniors face a variety of health challenges. Food insecurity is associated with higher risk of reduced nutrient intake, diabetes, hypertension, and depression. Research suggests that older adults struggling with food insecurity experience limitations in their daily activities that are equivalent to those of food-secure seniors who are 14 years older.¹⁰

Food insecurity is also not just about individuals: it is a household-level condition. Household members typically acquire, prepare, and share food together. About 28 percent of adults 65 and over live alone, and that share increases with age. But overall, the majority of older adults do not live alone. They often they live with a spouse or partner, and some live with an adult child. Although a relatively small share of older adults in the US live with extended family compared with other countries,¹¹ many have complex family living arrangements. In 2018, for example, more than 1.1 million adults age 60 or older were responsible for the basic needs of a grandchild living with them.¹² Further, about a quarter of the 5.8 million individuals living with intellectual and developmental disabilities were cared for by an adult age 60 or over in 2017.¹³

Older adults with caregiving responsibilities face higher risks of food insecurity, and the younger seniors are often those experiencing the most hardship. Almost a quarter of grandfamilies with adults ages 50 to 59 are food insecure compared with about one-sixth of grandfamilies with adults age 60 and older. Adults naturally shield children from food hardship, which may mean grandparents taking care of grandkids will feed kids first, leaving the grandparents with less food and at greater risk for

⁹ James P. Ziliak, "Food Hardship during the COVID-19 Pandemic and Great Recession," *Applied Economic Perspectives and Policy* 43, no. 1 (2021): 132–52.

¹⁰ Craig Gundersen and James P. Ziliak, "Food Insecurity and Health Outcomes," *Health Affairs* 34, no. 11 (2015).

¹¹ Jacob Ausubel, "Older People Are More Likely to Live Alone in the U.S. Than Elsewhere in the World," Pew Research Center, March 10, 2020.

¹² Administration for Community Living, *2019 Profile of Older Americans* (Washington, DC: US Department of Health and Human Services, Administration for Community Living, 2020).

¹³ Administration for Community Living, *2019 Profile of Older Americans*.

the negative outcomes associated with an inadequate diet. Caregiving can also intersect with disability among older adults: about a quarter of grandparents raising grandkids report a disability of their own. Households with an adult or child who is disabled are at very high risk of food insecurity: about one in three households with older adults ages 50 to 59 struggle to afford an adequate diet.¹⁴

This summary has focused on the many challenges we face in securing consistent access to a healthy diet for all older adults. Understanding this complexity is a necessary step for achieving better outcomes. But although we often talk about the vulnerabilities of older adults, this past year has also reminded us how resilient our older adults can be and how vital they are to our communities. I'd like to focus the remainder of these remarks on ways we can build food security and resilience for all older adults.

Here are five key strategies that could help us realize those goals:

1. **Strengthen the power of SNAP for older adults.** SNAP is our first line of defense against food insecurity among federal nutrition programs: we have a strong evidence base for the program's role in reducing food hardship and poverty, and evidence is growing that SNAP can help reduce health expenditures.¹⁵ Unfortunately, before the pandemic, SNAP reached fewer than half of potentially eligible older adults,¹⁶ compared with 84 percent of all eligible individuals in 2017. There are multiple barriers to program participation, including stigma, a perception that benefits are low for older adults, and administrative complexity. We need a national strategic plan to position SNAP as a vital support for the health and well-being of all eligible low-income older adults. A starting point is to build on emerging lessons from the current Elderly Simplified Application Project, which is currently being operated in 14 states and is designed to streamline the application, verification, and recertification processes for older adults.¹⁷ We also need to engage the health care sector to make SNAP enrollment a standard part of the "prescription" for taking care of one's health and for reducing health care expenditures. A higher minimum benefit for older adults may also be important for offering older adults more meaningful assistance. Although 80 percent of older adults participating in SNAP receive an average monthly benefit of \$104,¹⁸ the monthly minimum benefit for seniors of \$16 has contributed to the perception that SNAP enrollment is not worth engaging in the challenging application process. Finally, we need to address both the persistent inadequacy of the Thrifty Food Plan as the basis for the SNAP benefit amount and the program's failure to

¹⁴ Feeding America, "Hunger among Adults Age 50–59 in 2018: Executive Summary" (Washington, DC: Feeding America, 2020).

¹⁵ Seth A. Berkowitz, Hilary K. Seligman, Joseph Rigdon, James B. Meigs, and Sanjay Basu, "Supplemental Nutrition Assistance Program (SNAP) Participation and Health Care Expenditures among Low-Income Adults," *JAMA Internal Medicine* 177, no. 11 (2017): 1642–49.

¹⁶ "Trends in SNAP Participation Rates: FY 2010–2017," US Department of Agriculture, Food and Nutrition Service, last updated September 12, 2019, <https://www.fns.usda.gov/snap/trends-participation-rates-fy-2010>.

¹⁷ "Elderly Simplified Application Project," US Department of Agriculture, Food and Nutrition Service, last updated December 16, 2020, <https://www.fns.usda.gov/snap/elderly-simplified-application-project>.

¹⁸ Kathryn Cronquist, *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2019*. Report SNAP-20-CHAR (Alexandria, VA: US Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 2021).

account for the wide geographic variation in food prices across the US, which erode SNAP's purchasing power for program participants. My colleague Dr. Craig Gundersen at the University of Illinois and I are currently updating our earlier analysis of the gap between the amount of the maximum SNAP benefit per meal and the average cost of a low-income meal in every county in the US. In partnership with Feeding America, we use 2020 food price data from NielsenIQ, and we find a similar result as when we first evaluated the gap using 2015 data: SNAP does not cover the cost of a low-income meal in 96 percent of US counties. The SNAP meal cost gap, weighted for population size, averages 22 percent across all US counties. Among the 20 counties with the highest SNAP meal cost gap, the difference between the maximum per meal benefit and the cost of a low-income meal ranges from 64 percent to 213 percent. Just these top 20 counties are found in 14 different states. Even when we add 15 percent to the maximum benefit, as is currently authorized under the American Rescue Plan, 40.5 percent of counties in the US still show a gap between the cost of a low-income meal and the maximum SNAP benefit. This shortfall is significant because the maximum benefit is the amount available to households found to have zero income available for food. Before the pandemic, nearly 4 in 10 SNAP households qualified for the maximum benefit.

2. **Help federal nutrition programs and charitable food providers meet older adults where they are.** Efforts to feed the country during the pandemic demonstrated great creativity and rapid innovation and offer important lessons about how to remove ongoing barriers to food access for older adults. Among these are mobility and transportation barriers that have always made it more difficult for some older adults to access groceries or charitable food assistance. Throughout 2020, millions of Americans turned to online shopping and curbside pick-up or home delivery of groceries to avoid exposure to COVID-19 and comply with social distancing requirements. A growing number of seniors also sought to participate, making them the fastest growing segment of online-shopping customers during 2020.¹⁹ Greater use of curbside pick-up and home-delivered grocery options are expected to persist even as the pandemic recedes, and efforts to support access to these services for low-income older adults can help reduce barriers that have long limited food access for many. The rapid expansion of SNAP online ordering during the pandemic, which is now available in 47 states and the District of Columbia, is a vital step. Access to these services can be strengthened by working with communities to overcome the potential barrier of delivery costs, which are not covered by SNAP, and by expanding the number of approved retailers who can participate.

Charitable food providers have typically had minimal involvement with home delivery of food because of concerns about cost and capacity. During the pandemic, however, many innovative partnerships have emerged to get charitable food to older adults who were reluctant to leave their homes because of the risk of COVID-19 exposure. Food providers partnered with Meals on Wheels in some communities to pair meal and grocery delivery. Mutual-aid groups stepped up to offer “last mile” delivery support. And food delivery

¹⁹ Abha Bhattarai, “Baby Boomers, to Retailers’ Surprise, Are Dominating Online Shopping,” *Washington Post*, January 21, 2021, <https://www.washingtonpost.com/road-to-recovery/2021/01/21/baby-boomers-online-shopping-pandemic/>.

companies made drivers available to deliver to food-bank clients. Longer-term capacity building can support maintenance of home delivery options for those older adults in need of charitable food assistance who face persistent barriers to visiting food pantries and food-bank pick-up sites.

Congregate sites serving meals to older adults also had to pivot rapidly during the pandemic, because shutdowns meant the sites needed to close in-person operations and switch to grab-and-go or delivery options. Preserving some of the flexibility provided during the pandemic to permit food to be consumed off site may help meet the needs of older adults in the future. Moreover, partnerships with restaurants for meal preparation opened new possibilities for serving more culturally appropriate food, which has been a challenge in congregate feeding sites.

Additional federal funding during the pandemic has helped boost Meals on Wheels's ability to respond to increased demand for home-delivered meals for those who are unable to cook for themselves. But before the pandemic, many Meals on Wheels organizations needed to maintain waiting lists because of funding constraints, and more robust support following the pandemic can avoid a return to gaps in access for this population.

3. **Support grandfamilies with additional resources.** Grandfamilies are providing critical support to children, and they in turn need robust supports to help them succeed. Kinship navigator programs have emerged in many states to help connect these families with a wide variety of benefits and services, including connections to food assistance, but such programs are not available in many areas. The elevated risk of food insecurity for these families is just one of many reasons why all 50 states and DC should have navigator services available for any family providing kinship care.²⁰
4. **Prioritize racial and ethnic equity in all public and private responses to food insecurity.** Absent intentional and concerted efforts, the long-standing gaps in food access and food security experienced by communities of color and indigenous communities will persist, undermining the well-being of these communities and ultimately the nation. Dismantling structural racism is a food-security strategy. Helping communities build income and assets that serve as a buffer for hard times is a food security strategy. Collaborating directly with communities most affected by food insecurity to identify needs and priorities for action is not only a respectful strategy, it is essential for building our collective resilience.
5. **Resolve to not reach 2030 in the same place we are now.** By 2030, more than one in five Americans will belong to one of the many aging populations. As a result, the health and well-being of older adults will have a profound impact on the vitality of the entire country. Food insecurity among older adults, and indeed among all persons in the US, is a solvable problem. What it will take is resolve.

²⁰ Generations United, *Facing a Pandemic: Grandfamilies Living Together During COVID-19 and Thriving Beyond* (Washington, DC: Generations United, 2020).