

BABY BOOMERS AND BEYOND

FACING HUNGER AFTER FIFTY



ABOUT BABYBOOMERS AND BEYOND: FACING HUNGER AFTER FIFTY

Baby Boomers and Beyond: Facing Hunger after Fifty provides insight into the personal, economic, and health circumstances of adults age 50 and older—referred to as *older adults* throughout this report— who seek charitable food assistance through the Feeding America network. In addition, the report highlights the ways in which older adults and their household members cope with food insecurity and other challenges.

Data in this report are the result of analyses of the *Hunger in America 2014* dataset and are presented at the individual, respondent and household level. Individual-level results reflect responses about individual clients (defined below) age 50 and older. Respondent-level results reflect responses from clients age 50 and older who completed the Client Survey. Household-level results reflect the circumstances of client households that contain at least one member age 50 and older. In addition to discussion of the 50 and older group as a whole, the report also looks at other age ranges (50-64, 65-74, and 75+) where notable trends exist.

ABOUT HUNGER IN AMERICA

The *Hunger in America* research series has been conducted by Feeding America every four years since 1993 in an effort to understand the circumstances of clients and to develop effective program models capable of addressing clients' needs. The study series provides comprehensive profiles of individuals seeking food assistance through the charitable sector and information about the agencies that provide these services. *Hunger in America 2014*, the sixth and most comprehensive study, was carried out between October 2012 and August 2013 and released in August 2014.

Like previous iterations, *Hunger in America 2014* consisted of two surveys. The Agency Survey was completed by more than 32,000 partner agencies that shared information about the types of programs they operate, staffing and volunteers and general operations. More than 60,000 individuals at nearly 12,500 programs participated in the Client Survey, which inquired about each respondent's individual and household circumstances. For purposes of this report, clients are considered to be all individuals who directly use a meal program, such as a soup kitchen, and all members of any household that uses a grocery program, such as a food pantry.

For more information about *Hunger in America 2014*, visit feedingamerica.org/hungerinamerica.

ABOUT FEEDING AMERICA

Feeding America is the nationwide network of 200 food banks that leads the fight against hunger in the United States. Together, we provide food to more than 46 million people through 60,000 food pantries and meal programs in communities across America.

Feeding America also supports programs that improve food security among the people we serve; educates the public about the problem of hunger; and advocates for legislation that protects people from going hungry.

ABOUT AARP FOUNDATION

AARP Foundation is working to win back opportunity for struggling Americans 50+ by being a force for change on the most serious issues they face today: housing, hunger, income and isolation. By coordinating responses to these issues on all four fronts at once, and supporting them with vigorous legal advocacy, the Foundation serves the unique needs of those 50+ while working with local organizations nationwide to reach more people, strengthen communities, work more efficiently and make resources go further. AARP Foundation is AARP's affiliated charity. Learn more at www.aarpfoundation.org.

FEEDING AMERICA: HOW WE WORK



BACKGROUND



Baby Boomers and Beyond: Facing Hunger after Fifty aims to explore the circumstances of older adults and their households who utilize the Feeding America network of food banks. These individuals are members of a growing older adult population in the United States that has unique health, economic and nutritional needs. Understanding the particular experiences of the older adult population is critical given current national trends, such as the growing numbers of older adults and the various health concerns associated with aging. A discussion of study findings begin on page 9.

AN AGING POPULATION

The U.S. population is experiencing substantial changes to its size and composition. Overall, it is expected to grow from 319 million in 2014 to nearly 400 million by 2050.¹ With fertility rates declining, the cause of such growth will be attributable largely to longer life expectancies and an aging Baby Boomer population.² During the next two decades, approximately 10,000 individuals will turn 65 each day.³ By 2050, the population age 65 and older is expected to reach 84 million, almost doubling from its current size. During that time, the proportion that this older population represents is also expected to grow, representing more than 20 percent of the total population by 2050, compared to approximately 15 percent in 2014.⁴ This growing cohort faces many challenges such as increased health issues, limited earning potential and heightened nutrition needs.

HEALTH ISSUES AND LIMITED MOBILITY

Though many older adults are able to maintain active and healthy lives, others face distinct health challenges related to aging. Increased age is a risk factor associated with numerous chronic health conditions, rendering older adults prone to needing medical care at a rate that exceeds their younger counterparts. The costs associated with medical care can be high and often increase with age, with national healthcare costs for adults age 65 and older three to five times that of younger adults.⁵ Additionally, the physical and cognitive limitations that may accompany older age can impact one's overall well-being and livelihood. Beyond the changes in functionality that can result from typical aging, chronic diseases can lead to mobility limitations. This, in turn, can lead to other health challenges while also affecting one's ability to obtain proper care, maintain employment and live a healthy and productive life.⁶

HEALTHCARE COSTS FOR THOSE 65+ ARE
3x-5x
HIGHER THAN FOR
YOUNGER ADULTS

ECONOMIC SECURITY

With the advancement of age, many older adults living in the U.S. experience decreased earnings. For instance, in 2013, the annual median income in the U.S. for individuals between the ages of 65 and 74 was \$24,644, compared to \$38,643 for those ages 45 to 54. Though older adults are, in general, remaining in the workforce longer than in years past, age and associated health or mobility concerns cause many to exit the workforce.⁷ However, the average working household has little, if any, retirement savings, and collectively there exists a retirement savings gap that ranges from \$6.8 to \$14 trillion (depending on the assets considered) among working households ages 25 to 64.⁸ As a result, many older adults rely on fixed incomes, such as Social Security or Supplemental Security Income (SSI) benefits. The average monthly Social Security benefit for retired workers nationally in 2013 was \$1,334, while the average monthly SSI payment for those age 65 and older was \$425.⁹ Overall, Social Security benefits, including both types of assistance programs mentioned above, accounted for at least half of the total income for 65 percent of adults age 65 and older. For 24 percent of the same population, Social Security benefits represented the only source of income.¹⁰

1 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.

2 According to the U.S. Census Bureau, the Baby Boomer cohort contains those born between 1946 and 1964.

3 Social Security Administration. *Annual Performance Plan for Fiscal Year 2012*. Washington, DC, 2011.

4 Ortman, Jennifer M., Victoria A. Velkoff, and Howard Hogan. *An Aging Nation: The Older Population in the United States*, Current Population Reports, P25-1140. U.S. Census Bureau, Washington, DC, 2014.

5 Centers for Disease Control and Prevention. *The State of Aging and Health in America 2013*. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2013.

6 Satariano WA, Guralnik JM, Jackson RJ, Marottoli RA, Phelan EA, Prohaska TR. Mobility and Aging: New Directions for Public Health Action. *American Journal of Public Health* 102(8):1508-1515, 2012.

7 Toossi, Mitra. "Labor force projections to 2022: the labor force participation rate continues to fall," *Monthly Labor Review* (December 2013).

8 Rhee, Nari. *The Retirement Savings Crisis: Is it Worse Than We Think?* National Institute on Retirement Security, Washington, DC. June 2013.

9 Social Security Administration. *Fast Facts & Figures About Social Security, 2014*. Washington, DC, 2014.

10 Social Security Administration. *Income of the Population 55 or Older, 2012*. Washington, DC, 2014.

CRITICAL NUTRITION FOR AGING

Given the multitude of challenges facing older adults, proper nutrition is critical to maintaining health and well-being. Adherence to a nutritious diet can reduce or eliminate the symptoms of certain diseases and lead to a more productive and enjoyable lifestyle, while a suboptimal diet can cause new or exacerbate existing symptoms. The circumstances that many older adults face can prohibit them from obtaining and consuming a balanced and nutrient-rich diet. For instance, limited incomes can prevent some older adults from affording or accessing the foods their bodies require for healthy aging, forcing tradeoffs between food and medicine, and those with disabilities or impaired mobility may have even more difficulty accessing them. Increased age, coupled with certain chronic diseases, can cause symptoms such as loss of appetite, weight loss and difficulty chewing or swallowing, all of which pose additional hindrances.

STRUGGLES OF THE PRE-SENIOR POPULATION

While research often focuses on the health and economic challenges facing seniors at least 60 years of age, the pre-senior adult population, including those ages 50 to 59, is also vulnerable to age-specific challenges, including employment obstacles, health struggles and limited access to support through federal programs. Among the unemployed population nationally, adults age 50 and older tend to experience longer periods of unemployment and more difficulty re-entering the workforce after a long duration of unemployment than younger adults.¹¹ For this population that is nearing retirement age, the long-term consequences of unemployment can be particularly detrimental, especially if they have minimal or no savings for their later years.¹² While health conditions like diabetes and high blood pressure are more prevalent among the senior population age 65 and older, they also affect a large share of adults between the ages of 50 and 64.¹³ Despite facing health challenges and financial struggles, adults ages 50 to 59 are not age-eligible for federal programs targeted at the senior population, like Medicare and Social Security (see Figure 1). Although the recent Affordable

Care Act legislation has resulted in states' ability to increase the Medicaid income eligibility threshold from 100 to 133 percent of poverty for individuals under age 65 - which would result in heightened health insurance eligibility among the pre-Medicare eligible population - uptake by states has been mixed and rollout of these new eligibility criteria is still underway.¹⁴ As a result, these low-income pre-senior adults may be particularly vulnerable to struggling with hunger compared to older groups.

FOOD INSECURITY AMONG SENIORS IN THE U.S.

According to the U.S. Department of Agriculture, food insecurity is "a household-level economic and social condition of limited or uncertain access to adequate food."¹⁵ Although food insecurity remains inversely related to age, a relationship that will be discussed later in this report, the older population has experienced heightened rates of food insecurity in recent years. Between 2001 and 2012, the percentage of adults age 60 and older who are food insecure increased by 66 percent, and the number of food insecure seniors increased by 130 percent.¹⁶ Since the start of the recession in 2007, the percentage of seniors experiencing food insecurity rose by 40 percent, and the number of seniors at risk of hunger increased by 63 percent.¹⁷



11 Rix, S.E. (2015). "Long-Term Unemployment: Greater Risks and Consequences for Older Workers." AARP Public Policy Institute, Fact Sheet 319. http://www.aarp.org/content/dam/aarp/ppi/2015-2/AARP953_LongTermUnemployment_FSFeb2v1.pdf

12 Ibid.

13 AARP. *Chronic Conditions among Older Americans*. http://assets.aarp.org/rgcenter/health/beyond_50_hcr_conditions.pdf

14 U.S. Centers for Medicare & Medicaid Services, "Medicaid expansion & what it means for you," HealthCare.gov.

15 U.S. Department of Agriculture, Economic Research Service. Definitions of Food Security. <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>

16 Gundersen, Craig and James P. Ziliak. (2014). *The State of Senior Hunger in America 2012: An Annual Report*. Supplement prepared for the National Foundation to End Senior Hunger. Senior food insecurity rates are based on analyses of senior-specific data collected through the U.S. Census Bureau's annual Current Population Survey.

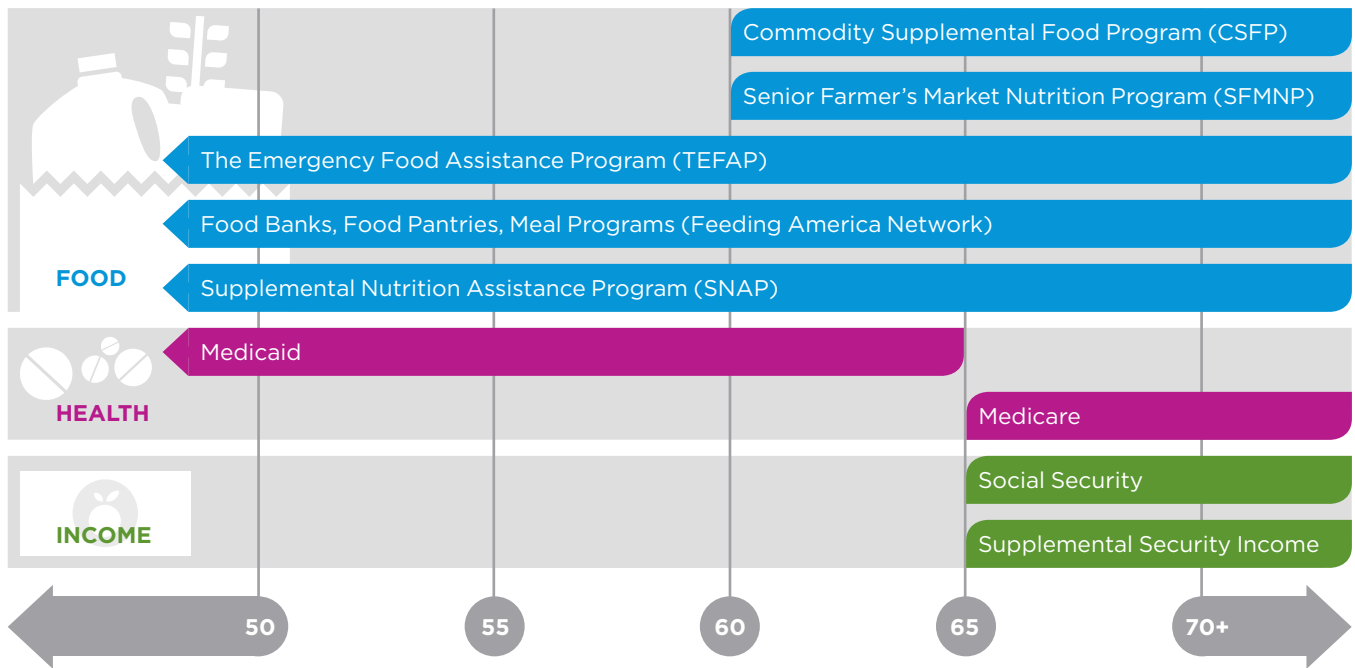
17 Ibid.

THE FEEDING AMERICA NETWORK OF FOOD BANKS

In order to provide critical assistance to people in need, the Feeding America network of food banks distributes food to its clients through food pantries, kitchens, shelters and other charitable feeding programs, including a variety of program models targeted for older adults. According to *Hunger in America 2014*, the Feeding America network annually provides food assistance to 13 million older adults age 50 and older. While the food programs mentioned above are available to all clients, the Feeding America network also offers other programs specifically designed to meet the needs of older adults. The Feeding America Senior Grocery Program distributes healthy foods to older adults that address their unique dietary needs and can be prepared and consumed in their homes. Senior fixed and mobile food pantries enable older individuals

and their families to access produce and other groceries at convenient locations in their communities to minimize transportation issues. Some programs deliver groceries and meals directly to the homes of older adults and others who are homebound or have impaired mobility, often partnering with programs like Meals on Wheels. Additionally, the Feeding America network reaches older individuals through food distributions and meal service programs held at senior centers and other organizations that interface with vulnerable older adults, such as group homes or long-term residential programs. While many of these initiatives are funded through private donations procured by local food banks and the Feeding America national office, some programs are subsidized in part by federal commodities through the Commodity Supplemental Food Program (CSFP) and the Emergency Food Assistance Program (TEFAP), as well as reimbursements from other federal programs targeted towards older adults.

FIGURE 1
AGE ELIGIBILITY FOR FOOD, HEALTH AND INCOME SUPPORT PROGRAMS



Note that programs represented are of varying size. For example, in FY2015, CSFP was budgeted at \$209M whereas SNAP was budgeted at \$82B. Additionally, some programs, such as SNAP and Medicaid, are means-tested, meaning that applicants must prove income eligibility, whereas other programs are entitlement-based, such as Medicare and Social Security.

STUDY OVERVIEW



Baby Boomers and Beyond: Facing Hunger after Fifty documents the particular circumstances and struggles of older adult clients of the Feeding America network, as well as how they and their household members use various nutrition assistance programs and other strategies to cope with food insecurity.

The Feeding America network typically defines a senior as age 60 and older, largely because 60 marks the age of eligibility for a variety of nutrition-related federal programs targeted at seniors, like CSFP, and changes in eligibility rules for the Supplemental Nutrition Assistance Program (SNAP). However, evidence shows that older adults who are slightly younger – including older adults in their 50s – may be particularly vulnerable to certain health and nutrition challenges at higher rates than older seniors.

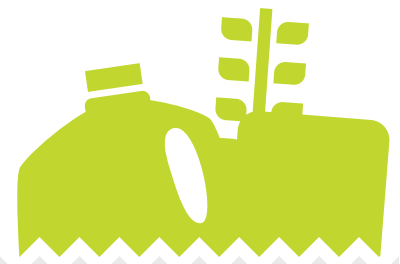
The Feeding America network annually serves 6 million adults ages 50 to 59, and rich data about these individuals and their households are available from *Hunger in America 2014*. Using these data, we expand the traditional definition of a senior to include the age 50 and older client population as a whole (called *older adults* throughout this report) and examine nuances within various age brackets among the 50 and older group.

FIGURE 2

FACING HUNGER AFTER



OLDER ADULT CLIENT HOUSEHOLDS OF THE FEEDING AMERICA NETWORK



13 MILLION

ADULTS AGE 50 AND OLDER USE THE FEEDING AMERICA NETWORK

64% OF OLDER ADULT CLIENT HOUSEHOLDS PLAN TO GET FOOD FROM A CHARITABLE PROGRAM REGULARLY

OLDER ADULT HOUSEHOLDS EMPLOY COPING STRATEGIES IN AN EFFORT TO SECURE ENOUGH FOOD



77%

BUY THE CHEAPEST FOOD AVAILABLE



46%

RECEIVE HELP FROM FAMILY AND FRIENDS



38%

WATER DOWN FOOD OR DRINK

OLDER ADULT HOUSEHOLDS ARE LESS LIKELY TO RECEIVE OR APPLY FOR SNAP BENEFITS



52%

 CURRENTLY RECEIVE SNAP

66%

 OF NON-PARTICIPANT HOUSEHOLDS ARE INCOME-ELIGIBLE

OLDER ADULT CLIENTS EXPERIENCE HEALTH ISSUES

41%

 OF HOUSEHOLDS HAVE A MEMBER WITH DIABETES

70%

 OF HOUSEHOLDS HAVE A MEMBER WITH HIGH BLOOD PRESSURE

AND RATES INCREASE WITH AGE

NEARLY 1 IN 5 OLDER ADULT HOUSEHOLDS INCLUDES A **GRANDCHILD**

77%

 OF THESE FAMILIES LIVE IN POVERTY

88%

 ARE FOOD INSECURE

EACH YEAR, OLDER ADULT HOUSEHOLDS FACE **SPENDING TRADEOFFS** AND HAVE TO CHOOSE BETWEEN FOOD AND



60%

UTILITIES



63%

MEDICAL CARE



49%

HOUSING



58%

TRANSPORTATION

KEY FINDINGS



DEMOGRAPHICS

The Feeding America network of food banks annually serves more than 13 million clients age 50 and older. Representing nearly a third of all Feeding America clients, older adults account for a significant portion of those who utilize charitable feeding programs: approximately 6 million are ages 50 to 59, over 2 million are ages 60 to 64, and nearly 5 million are age 65 and older.

The older adult client population is racially and ethnically diverse. Among clients at least 50 years of age, nearly half (45%) are white, more than one-quarter (27%) are black and one-sixth (17%) are Latino. These rates are relatively consistent across age groups within the older adult client population. Compared to clients ages 18 to 49 and consistent with trends in the general population, older clients are more likely to be black (27%, compared to 21%) and less likely to be Latino (17%, compared to 23%).¹⁸

Among the older adult client population, more than half (56%) are female and the proportion increases as age increases. Women account for just over half (54%) of clients ages 50 to 64; 60 percent of clients ages 65 to 74; and 61 percent of clients age 75 and older.

Although many older adults are no longer employed, their educational background provides some insight into their former employment prospects and economic

¹⁸ Throughout the report, noted differences are statistically significant at the 95% confidence level.

FIGURE 3
AGE DEMOGRAPHICS OF FEEDING AMERICA CLIENTS



Of the 46.5 million clients served by the Feeding America network, **13 MILLION** are older adults (50+).

circumstances. Seventy percent of clients age 50 and older have at least a high school degree or general equivalency diploma (GED), including 29 percent with a post-high school education. When comparing educational attainment by particular age groups among the older adult client population, it is notable that clients ages 50 to 64 are more likely to have earned at least a high school diploma or GED (74%), compared to those ages 65 to 74 (63%) and those age 75 and older (58%). This trend is also consistent with the U.S. population as a whole.¹⁹ Also worth noting is that more than a quarter (27%) of households with a member age 50 and older has a member that has served in the U.S. military. This rate increases along with member age, as 36 percent of households with a member age 75 and older have a member that has served.

While the median household size among client households with an older adult is two members, single-person households become more common as age increases. More than a quarter (28%) of households with a member ages 50 to 64 are single-member households. This rate rises to 32 percent among households with a member age 75 and older. Comparatively, 21 percent of households without anyone 50 and older contain a single member. As age increases the rate of cohabiting with a spouse or partner decreases. An estimated 31 percent of respondents ages

50 to 64 report living with a spouse or partner, compared to just 23 percent of respondents age 75 and older. The absence of a partner can have a significant impact on older adult clients' financial, physical and mental health.^{20,21}

Nearly one-quarter (24%) of households with a member age 50 and older includes a child. Among older adult households, 27 percent of those with a member age 50 to 64 include a child, compared to 15 percent of those with a member age 75 and older. This trend supports the tendency for aging adults to transition into alternative living arrangements, their children to mature and live independently, and overall for older adults and younger children to be less likely to cohabitate. However, for the share of households where there is both a child and an older adult, special consideration should be given to the unique circumstances that may result. From a financial perspective, children and older adults are less likely to be employed and in a position to contribute to the household budget. Additionally, a caregiving relationship may exist, which can lead to physical and emotional stress, especially on the part of the older adult.²² Later on in the discussion of household structures, further consideration is given to the varying relationship combinations that exist among older adult client households and the different circumstances they face.

¹⁹ U.S. Census Bureau. (2014). *Educational Attainment in the United States*. Retrieved from <http://www.census.gov/hhes/socdemo/education/>.

²⁰ Hughes, M.E., and Waite, L.J. (2009). "Marital Biography and Health at Mid-Life" *J Health Soc Behav.* 50(3): 344-358.

²¹ Assave, A, et al. (2007). Marital disruption and economic well-being: a comparative analysis" *Journal of the Royal Statistical Society* Volume 170, Issue 3, pages 781-799.

²² Monahan, D. J., Smith, C. J., & Greene, V. L. (2013). Kinship Caregivers: Health and Burden. *Journal of Family Social Work*, 16(5), 392-402.

HOUSING

Older adult clients report relatively high rates of housing stability when compared to younger adults; however, housing still poses significant challenges for many individuals age 50 and older. Ninety-two percent of client households with a member age 50 and older reside in non-temporary housing, such as a house, townhouse, apartment or mobile home, compared to 89 percent of households without an older adult. Advanced age is associated with an even higher rate of non-temporary housing and an increased likelihood that the individuals in the household reside in a house or townhouse, specifically. As an example, 60 percent of households with a member at least 75 years of age reside in a house or townhouse, compared to 49 percent of households with a member age 65 to 74 and 42 percent with a member age 50 to 64.

Households with older adults also tend to own their residence at a higher rate. One in three (34%) households with an adult age 50 and older owns their home, either free and outright or with a mortgage. This is double the rate for households without an older adult (17%). Even among households with older adults, the homeownership rate increases with the age of the older adult, with nearly half (49%) of households with a member at least 75 years of age owning their home.

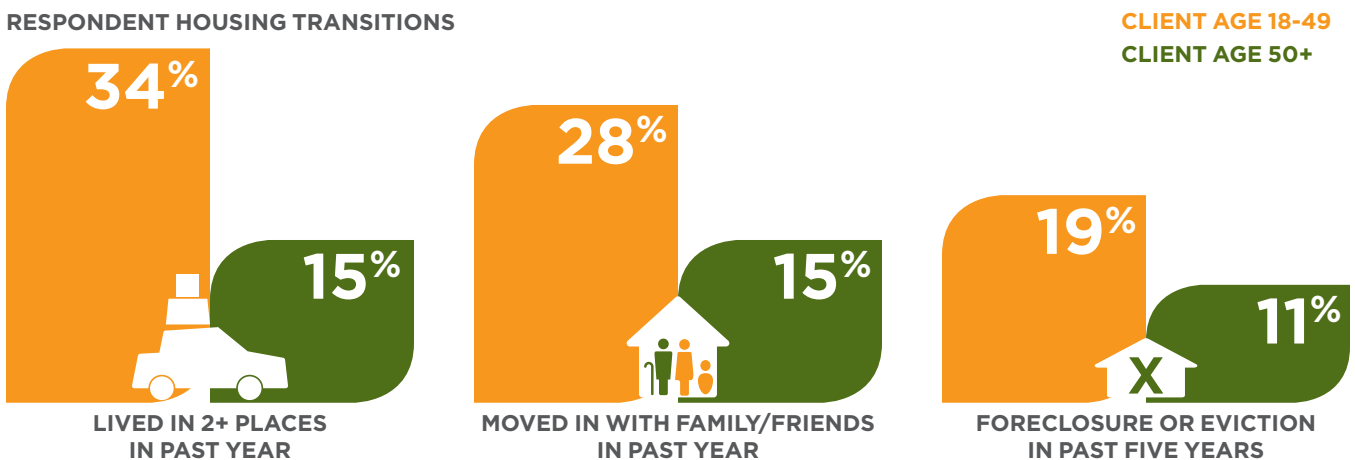
Housing stability was further assessed by the extent to which respondents report recent housing transitions, including living in multiple places in the past year, moving in with another person or family in the past year for financial reasons, and experiencing foreclosure or eviction in the past five years. Older adult respondents were considerably less likely to report these types of transitions than were respondents ages 18 to 49 (see Figure 4). The rates also

further decrease as the age of the older adult respondent increases. For example, 18 percent of respondents ages 50 to 64 have moved in with another person or family in the past year, compared to 8 percent of respondents age 75 and older. The rate of foreclosure or eviction in the past five years also declines with age, with 15 percent of respondents ages 50 to 64; 5 percent of those ages 65 to 74; and 3 percent of those age 75 and older reporting this transition.

There may be multiple reasons why older adult respondents report more stable housing situations than younger adult respondents. Older adults may have made housing payments over a longer period of time if they have lived in the same residence for many years. It is also possible that they downsized their housing arrangements in their later years due to changes in family dynamics, such as children moving out of the home and having smaller household sizes. Some older adult respondents may also live in a retirement community or similar type of arrangement intended for older adults that include fixed costs and/or community resources.

Yet, while the rates of permanent housing and homeownership are higher among older adult client households, it does not mean that older adults do not face challenges relating to housing costs. Among the general population in the U.S., one-third of individuals at least 50 years of age spend over 30 percent of their income on housing.²³ In addition, 30 percent of older adults who rent and 23 percent of those who own their home with a mortgage spend more than half of their income on housing.²⁴ Furthermore, as will be discussed later on, many older adult client households report choosing between paying for food and paying for housing costs. Collectively, these findings suggest that access to permanent housing is not necessarily indicative of increased financial security.

FIGURE 4
RESPONDENT HOUSING TRANSITIONS



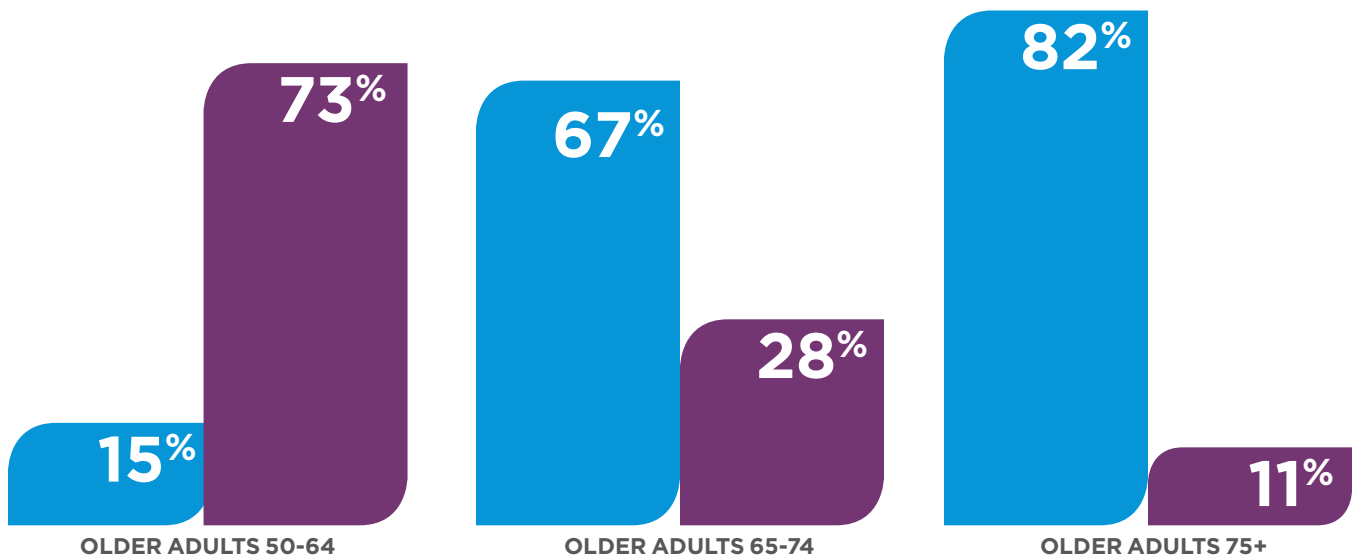
²³ Joint Center for Housing Studies of Harvard University, "Housing America's Older Adults: Meeting the Needs of an Aging Population," 2015. <http://www.aarp.org/content/dam/aarp/livable-communities/documents-2014/Harvard-Housing-Americas-Older-Adults-2014.pdf>

²⁴ Ibid.

FIGURE 5

REASON FOR NOT SEEKING WORK, AMONG OLDER RESPONDENTS NOT WORKING

RETIRED
DISABLED OR
POOR HEALTH



EMPLOYMENT

As age increases, older adult clients are less likely to have worked in the previous year. Older adult respondents who are not working or seeking work cite disability, poor health, or retirement as the reasons.

Overall, approximately one in four (26%) respondents age 50 and older reports working in the past 12 months. Looking specifically within age bands, one in three (34%) respondents ages 50 to 64 reports working in the past year, compared to 7 percent of respondents age 75 and older. While it is expected that individuals exit the workforce as they age, it is notable that nearly two-thirds of those ages 50 to 64 – considered generally to be of pre-retirement age – do not report working in the past year. Employment rates decline when looking at the prior month, with only 15 percent of respondents age 50 and older report working in the past four weeks, including 19 percent of respondents ages 50 to 64 and 3 percent of respondents age 75 and older.

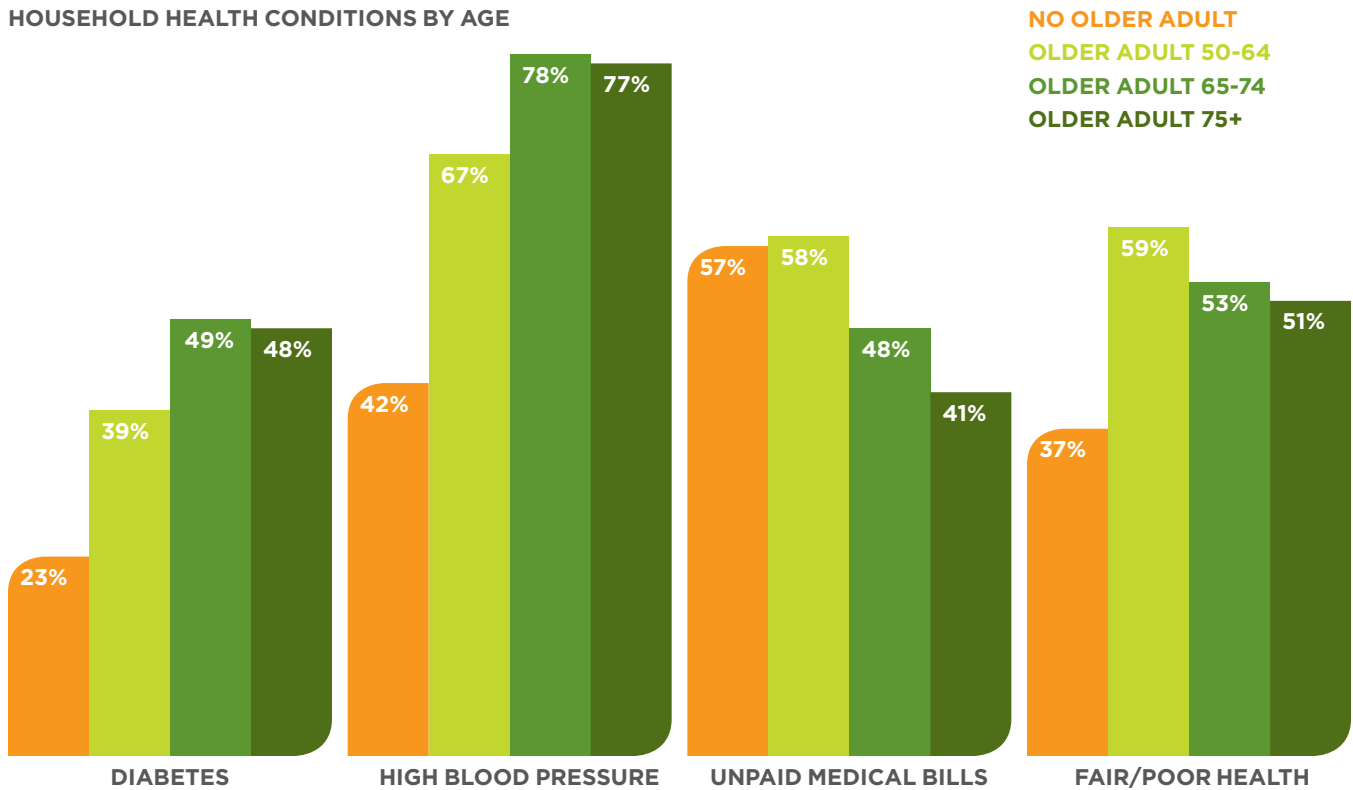
PRIOR TO RETIREMENT AGE, MANY OLDER ADULT CLIENTS CANNOT WORK DUE TO POOR HEALTH OR DISABILITY

Among all older adult respondents, one in five (20%) reports looking for work in the past four weeks. Among 50 to 64 year olds, that rate rises to 28 percent. Among older adults neither working nor seeking work, reasons most frequently cited include retirement, disability, and poor health. Older adult respondents ages 50 to 64 overwhelmingly indicate disability or poor health as the reason (73%), while only 11 percent of senior respondents age 75 and older cite disability or poor health (see Figure 5). The transition between not working due to disability or poor health and not working due to retirement occurs around age 65, suggesting that older adults’ retirement coincides with the age at which eligibility for Medicare and other programs begins. An additional 2 percent of older adult respondents report they are not working due to being a caretaker for another person.

HEALTH

Increased age can bring with it added health challenges. An adequate and nutritious diet is critical to good health, while insufficient access to such foods can have the opposite effect, causing new health issues to arise or exacerbating those that may already exist. Older adults who lack the resources necessary to maintain a proper diet experience health issues at rates higher than their younger counterparts. More than half (57%) of respondents age

FIGURE 6
HOUSEHOLD HEALTH CONDITIONS BY AGE



50 and older describe their own health as fair or poor, compared to 37 percent of respondents ages 18 to 49. Additionally, diabetes and hypertension – two conditions that are greatly impacted by diet – are more likely to affect households containing an older adult. Two out of five (41%) client households with an adult age 50 and older have at least one member with diabetes, compared to 23 percent of client households without an older adult. Additionally, more than two-thirds (70%) of client households with an older adult have at least one member who has high blood pressure, compared to 42 percent of client households without an older adult. The rates for both diabetes and high blood pressure are higher among households with a member age 65 and older than households with a member age 50 to 64 (see Figure 6).

At the same time, those within the older adult population who are younger face other health-related challenges at higher rates than older seniors. Fifty-nine percent of respondents ages 50 to 64 described their own health as fair or poor, compared to 53 percent of respondents ages 65 to 74 and 51 percent of respondents age 75 and older. Similarly, more than half (58%) of client households with a member age 50 to 64 have unpaid medical or hospital bills, compared to 48 percent of households with a member

age 65 to 74 and 41 percent of households with a member 75 and older. There are a few potential reasons that may explain trends like these. First, differential mortality may come into play when considering older adults who receive charitable food assistance. Specifically, there are known connections between food insecurity and chronic disease, and those who experience chronic disease have a shorter life expectancy.^{25, 26} Additionally, though many low-income individuals are covered by Medicaid, older adults who are not covered become eligible for Medicare by age 65, and the coverage it provides may contribute to improved self-reported health and a lower incidence of unpaid medical bills.

58% OF HOUSEHOLDS WITH A MEMBER AGE 50-64 HAVE UNPAID MEDICAL BILLS

The Feeding America network works to improve the lives of older adult clients by providing more healthy foods. In an effort to collect feedback from clients about what foods they desire, respondents identified the top three foods or

²⁵ Lee, J.S. and Frongillo, E.A. (2001). Nutritional and Health Consequences Are Associated with Food Insecurity among U.S. Elderly Persons. *J. Nutr.* vol. 131 no. 5 1503-1509
²⁶ Differential mortality refers to the variance in life expectancy between population subgroups, which is often contingent on environmental and personal circumstances. E.g., food-insecure and other vulnerable populations have different life expectancies and, thus, mortality rates than their food-secure and affluent peers.

products they would like to receive, but may not typically get at the food program. Households with an older adult ranked fresh fruits and vegetables (58%), protein like meats (49%) and dairy products (42%) as the top desired foods.

These food categories align closely with the USDA MyPlate nutrition guidelines and the Foods to Encourage (F2E) framework adopted by the Feeding America network.²⁷ While more than two-thirds of the foods currently distributed by Feeding America food banks meet these F2E guidelines, it is clear that clients are increasingly desiring foods that are recognized to be critical to healthy aging and leading an active life.

INCOME AND POVERTY

Older adults, especially those who are past retirement age, may have limited financial means available for food if they are living on fixed incomes. Among client households with an older adult age 50 and older, two-thirds (66%) report an annual household income of \$20,000 or less. This rate is consistent with that for households without an older adult member (66%). Household income remains relatively

similar across older adult households, with 67 percent of those with a member ages 50 to 64 earning \$20,000 or less, compared to 60 percent of those with a member at least 75 years of age.

Based on annual income as a percentage of the poverty level, two-thirds (68%) of client households with an older adult live in poverty, compared to three-quarters (76%) of client households without an older adult.²⁸ The poverty rate among households with older adults decreases considerably as the age of the adult member(s) increases – 72 percent of households with a member age 50 to 64 live in poverty, compared to 64 percent of households with a member age 65 to 74 and 58 percent of households with a member age 75 and older. Similar trends are evident among the entire U.S. population, as the poverty rate among adults 18 to 64 has risen in recent years, while the rate among adults 65 and older has decreased slightly.²⁹ Despite the poverty rate being somewhat lower for client households with older adults than those without older adults, it is clear that many older adults are experiencing severe financial strains in their later years.

CLIENT SPOTLIGHT: BLENDA

Many clients of the Feeding America network are retired individuals who dedicated their adult lives to working full-time and raising a family. Blenda, a resident of Gibson, Georgia, worked for the state for 40 years before she unexpectedly became the guardian of her two young grandchildren, Aaron and Carson. After working as a case worker and helping others with food stamp applications, she found herself “on the other side.” While she previously had enough money to feed herself, she soon realized that she now had two growing boys to feed, too. Despite working full time and living off retirement savings, Blenda quickly realized that her income wasn’t going to be enough – food was going to be a problem. Then, she found help through her local food bank. Enrolling the boys in a summer program sponsored by the local food bank, Blenda was able to receive the assistance she needed to keep her family fed and fueled. Remarking on the help she’s found through the food bank, Blenda is no



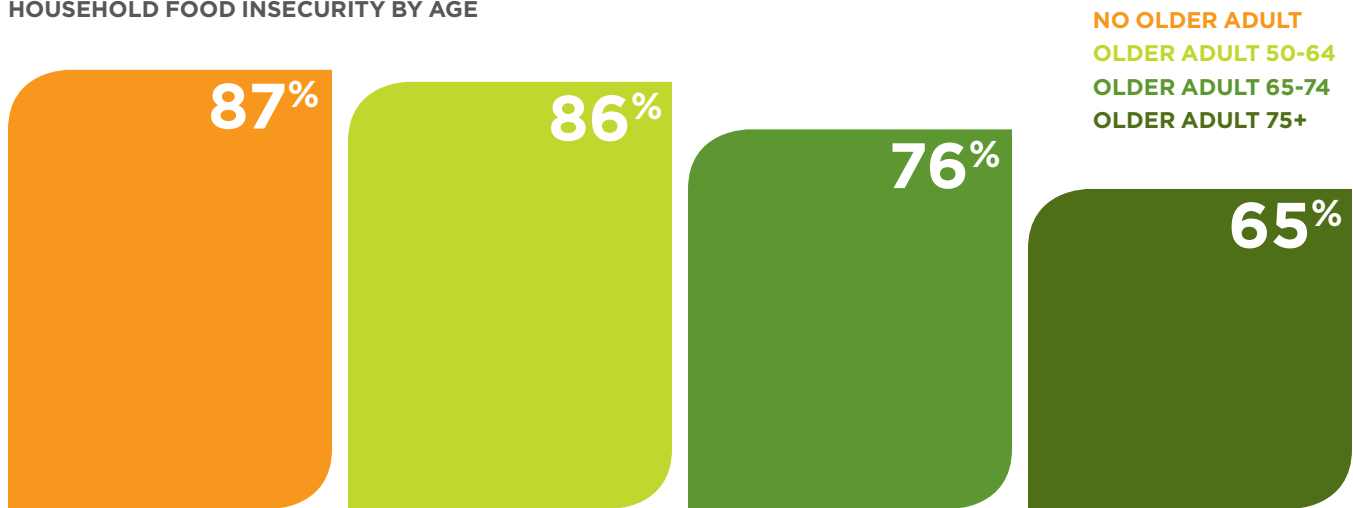
longer ashamed to be “on the other side.” Looking hopefully towards the future, Blenda remarks that “the summer feeding program gives them the fuel they need to do well in school, which will help them get into college. In that way, it’s providing them with so much more than food – it’s providing my grandchildren with a future.”

²⁷ The Feeding America Foods to Encourage framework, modeled after the USDA MyPlate guidelines, includes fruits, vegetables, whole grains, lean protein, and low- or non-fat dairy.

²⁸ In 2013, the year in which the Client Survey was conducted, the federal poverty guideline for a household of two was \$15,510.

²⁹ Department of Health and Human Services. *Information on Poverty and Income Statistics: A Summary of 2013 Current Population Survey Data*. Washington: Government Printing Office, 2013.

FIGURE 7
HOUSEHOLD FOOD INSECURITY BY AGE



MANAGING FOOD INSECURITY

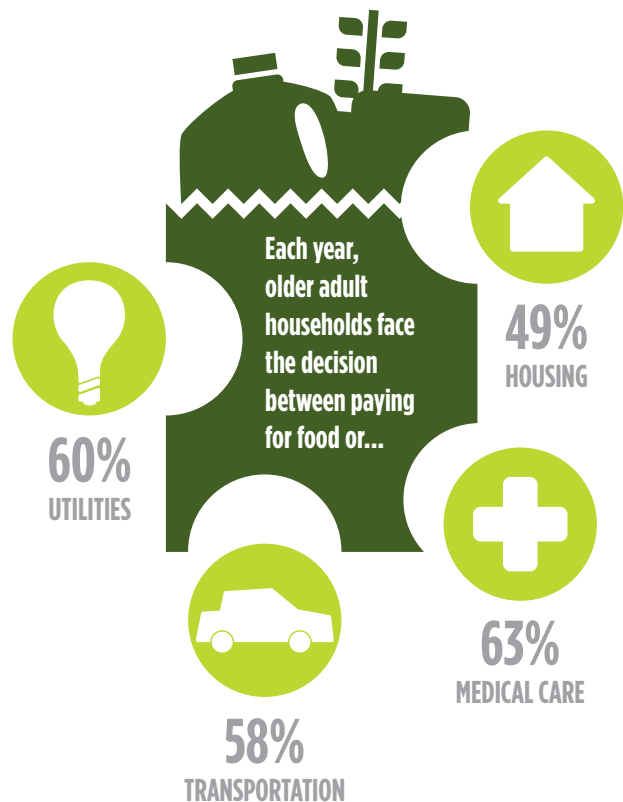
Food insecurity refers to a lack of access to sufficient food for all household members to lead an active, healthy life. Through *Hunger in America 2014*, household food insecurity among clients of the Feeding America network was assessed using the validated six-item food security module developed by the U.S. Department of Agriculture.

The rate of household food insecurity among client households with a member age 50 and older is 81 percent, compared to 87 percent of client households without any older adults, and that rate declines as age increases. An estimated 86 percent of households with a member between ages 50 and 64 are food insecure, compared to 65 percent of households with a senior age 75 and older (see Figure 7). These trends are consistent with other studies that show an inverse relationship between age and food insecurity.³⁰ The most cited reasons for this trend include differential mortality, as mentioned above. In addition, older adults tend to be satiated more easily, thus requiring less food and reporting food insecurity less often.³¹

Older adults may try to manage food insecurity through a regular plan to obtain food assistance. Households with an adult age 50 and older are more likely to plan to get food from a charitable feeding program on a regular basis to supplement their monthly food budget (64%),

rather than waiting to come until their food supply runs out. The rate at which older adult households employ this strategy increases as age increases, with 72 percent of client households with a member 75 and older regularly supplementing their monthly food budget with a visit to a food program.

FIGURE 8
OLDER ADULT SPENDING TRADEOFFS



³⁰ Gundersen, Craig and James P. Ziliak. *The State of Senior Hunger in America 2012: An Annual Report*. Supplement prepared for the National Foundation to End Senior Hunger, 2014.
³¹ Johnson, M.A., et al. (2008). *Nutrition Education Issues for Older Adults*. *The Forum for Family and Consumer Issues*, 13 (3).

To better understand use of these strategies among households with a member age 50 and older, results were considered in relationship to other household characteristics. Households that report waiting until they run out of food before visiting a food program are more likely to have one or more members with employment in the past year. This may reflect the uncertainty that low-income employed households might experience, especially those with jobs that involve fluctuating shifts, unstable schedules, and seasonality. Alternatively, households that regularly plan to use charitable food programs have slightly higher rates of diabetes and high blood pressure, perhaps reflecting the maintenance required by people living with such diet-related diseases. Households that regularly plan to seek charitable food assistance are less likely than their counterparts to incur unpaid medical bills or to resort to a strategy of buying the cheapest food available, knowing it was not the healthiest option (one of many coping strategies that will be discussed shortly). The reduced frequency of these characteristics align with the foresight and planning involved in consistent use of charitable food programs.

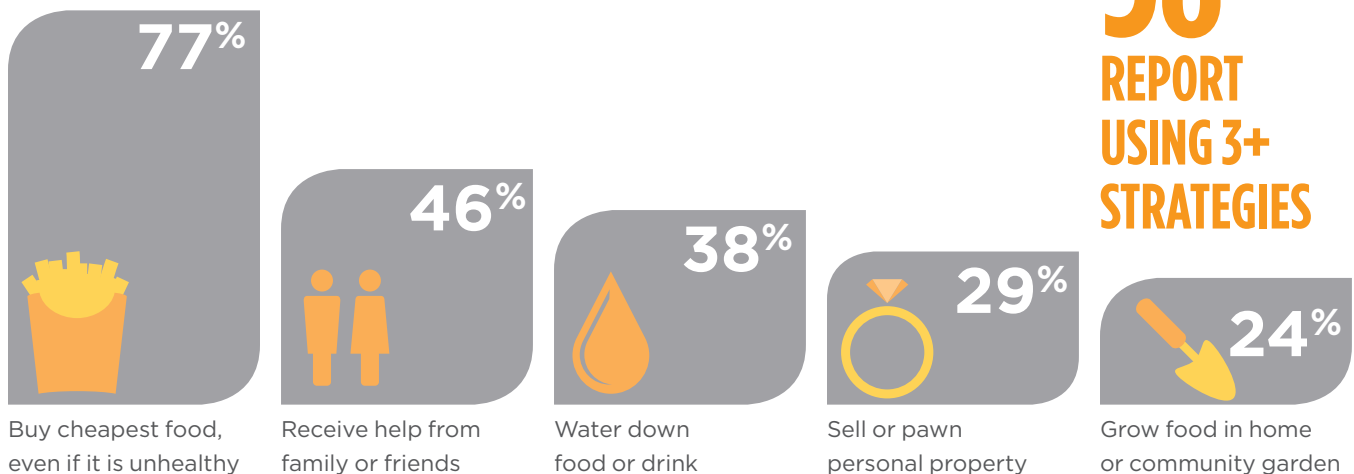
In an effort to cope with food insecurity, Feeding America clients also employ a variety of strategies to manage their household budget and procure sufficient food. While households with an older adult are less likely to face spending tradeoffs between food and other necessities as they age, more than half of households with an older adult still faced the decision between paying for food and paying

for medical care, utilities and transportation in the past year (Figure 8). Furthermore, approximately one in four older adult households face these decisions each month.

While the frequency of spending tradeoffs decreases as age increases, households with a member age 75 and older still face critical spending tradeoffs. The most common tradeoff in the past year, between food and medicine, was still reported by half of households (51%) with a member age 75 and older.

Older adults also exercise a variety of coping strategies, some innovative and others concerning, to ensure sufficient food for the household (Figure 9). Among the strategies listed in the Client Survey, the most common is purchasing the cheapest food available, even if they knew it was not the healthiest option, with more than three-quarters (77%) of all older adult households reporting this tactic. An estimated 58 percent of households with a member age 50 or older report employing three or more types of coping strategies. While rates of coping strategies decline as age increases, each of the strategies is employed by at least some households with a member 75 and older. In fact, households with a member 75 and older were more likely to report growing food in a home or community garden in the prior year in an effort to obtain enough food for their family (25%) than households that did not contain an older adult (21%), although it remains unclear the extent to which this particular coping strategy contributes to the overall household food resources.

FIGURE 9
OLDER ADULT CLIENT HOUSEHOLD COPING STRATEGIES IN PRIOR YEAR



RECEIPT OF SNAP BENEFITS

The Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food Stamp Program) provides eligible low-income individuals and families with benefits to help supplement their food budgets. While SNAP benefits can serve as a critical source of support for individuals facing food insecurity, older adults underutilize SNAP benefits nationally. In 2012, seniors age 60 and older comprised just nine percent of all SNAP recipients, while 46 percent of SNAP recipients were adults ages 18 to 59 and 45 percent were children under the age of 18.³² Furthermore, only 42 percent of eligible seniors age 60 and older participate in SNAP as of federal fiscal year 2012, compared to 85 percent of eligible adults ages 18 to 59.³³

Among client households of the Feeding America network, participation in SNAP is lower for households that include an older adult, though differences are not as great as those in the general population. Just over half (52%) of households with a member age 50 and older report currently receiving SNAP benefits, compared to 58 percent of households without an older adult.³⁴ Among households with an older adult, SNAP participation declines with age. Whereas 55 percent of households with a member age 50 to 64 receive SNAP benefits, only 45 percent of those with a member age 65 to 74 and 40 percent of those with a member age 75 and older participate in SNAP.

With respect to applying for SNAP benefits, households with older adults are also less likely to have applied than those without an older adult member. Nearly one-quarter (23%) of those with an older adult have never applied, compared to 17 percent of households without an older adult. The most common reason for not applying for SNAP benefits among all household compositions is that the household did not think they were eligible. Despite this perception, among households not receiving SNAP benefits, 66 percent of households with a member age 50 and older are potentially income-eligible for SNAP.³⁵

To better understand clients within the 50 and older population who do and do not use SNAP, comparisons were made between older adult households currently receiving SNAP benefits and older adult households not currently receiving SNAP benefits, but who are potentially eligible based upon self-reported income levels. While many characteristics are similar, such as use of coping



strategies and spending tradeoffs, there are notable differences in employment. Specifically, potentially-eligible people report higher incidence of employment compared to participant households. To better isolate employment differences, separate consideration was given to older adult households containing one adult versus households with two or more adults.³⁶ An estimated 29 percent of potentially eligible households with one adult were employed in the past year, compared to 20 percent of recipient households with one adult. In households with more than one adult, the rate of having one member employed was similar among recipient and potentially eligible households (41-43%), but the percentage of households with two or more members employed was higher for potentially eligible households (21% versus 12%). Similarly, the rate of employment in the past four weeks was higher for potentially eligible households (47% versus 37%).

The noted differences in employment rates may help to explain why certain households that are income-eligible to receive SNAP benefits do not enroll. Employed households may assume they are ineligible or elect not to participate due to the existence of earnings, even if limited. Alternatively, employed households may wish to enroll but be deterred if the effort and availability required to apply conflicts with the employed adult's work schedule. Other employed households may anticipate a pay increase that would render them ineligible and refrain from enrolling because the duration of eligibility would be limited. Whatever the reason may be, the noted differences between people who receive SNAP and those who are eligible but do not participate can inform the efforts of those seeking to increase participation among eligible older adults and their households.

³² United States Department of Agriculture, Food and Nutrition Service. "Distribution of SNAP/FSP Participants by Age and Year," February 2014.

³³ Eslami, E. "Trends in Supplemental Nutrition Assistance Program Participation Rates; Fiscal Year 2010 to Fiscal Year 2012." United States Department of Agriculture, Food and Nutrition Service, July 2014.

³⁴ These rates include households that may not be eligible to receive SNAP. Participation among eligible households would be higher.

³⁵ This calculation represents the percentage of households currently not receiving SNAP benefits whose self-reported income is less than 130% of the federal poverty level, most often used to determine SNAP eligibility. States may elect to set a higher income threshold.

³⁶ The Client Survey asked respondents to report employment of up to two household members. By definition, households with one adult cannot have two or more members with employment, so they were considered separately.



HOUSEHOLD STRUCTURES: LIVING ALONE AND LIVING WITH GRANDCHILDREN

Considering the household composition of client households with an older adult is essential to understanding the unique needs of these households. Some older adult clients reside alone, which may result in having fewer social networks and resources upon which to rely. However, in other circumstances, older adults live with and, in some of cases, may be the primary caregiver for their grandchildren. While this may result in sharing of resources and responsibilities, it may also pose additional financial burdens on the household. Below we explore in detail the circumstances of older adults residing in a variety of living arrangements.

Older Adults Living Alone

During the past 40 years, the number of people in the United States living alone has increased steadily, from 17 percent in 1970 to 27 percent in 2012.³⁷ This shift has been attributed to a number of different factors, including the strength of the economy and young adults waiting longer to marry. While older adults may find themselves living alone because of the passing of a spouse, many more are able to sustain that lifestyle because older adults are enjoying better health and financial positions than in

previous times. Indeed, more older adults are living by themselves than ever before.

According to *Baby Boomers and Beyond: Facing Hunger after Fifty*, 40 percent of survey respondents age 50 and older report living alone. This translates to 32 percent of older adult households that consist of a single member. Overall, older adult respondents are more likely to be female. However, there is less of a gender gap among respondents who live alone (57% female) compared to those who live with others (68% female).

Although older adult respondents who live alone are less likely to have been employed in the past year (21%) compared to those who live with others (29%), they are also less likely to have an annual income below the federal poverty line (62% versus 71%). Despite this, older adult respondents who live alone are more likely to be enrolled in SNAP (54%) compared to those who live with others (49%).

Compared to households in which older adult clients are not living alone, those who do live alone are also more likely to regularly seek charitable food assistance as part of their monthly food strategy (68% compared to 64%) and are less likely to be food insecure (76% compared to 83%). Furthermore, they are also significantly less likely to face spending tradeoffs between food and other necessities, such as medical care, utilities, housing or transportation.

However, not all older adult clients who live alone do so in a manner that reflects stability and independence. In fact, older adult clients who live alone are more likely to report housing instability than their counterparts who reside with others. More than one in ten (11%) older adult clients who live alone, compared to 3 percent of older adults who do not live alone, report having temporary housing, defined as housing that is not intended to be a long-term residence. These individuals may reside in a shelter, in a vehicle, in a motel or on the street.³⁸

Nationally, the homeless population includes more older adults than ever before, and that portion of the homeless population is expected to increase significantly in the coming years. Between 1990 and 2010, the median age of single individuals who are homeless rose from 35 to 50.³⁹ Currently, the vast majority (95%) of older homeless adults are between the ages of 50 and 64. Five percent of homeless older adults are age 65 and older, but this population is increasing. The number of homeless individuals age 65 and older is expected to double from nearly 44,200 in 2010 to an estimated 95,000 in 2050.⁴⁰

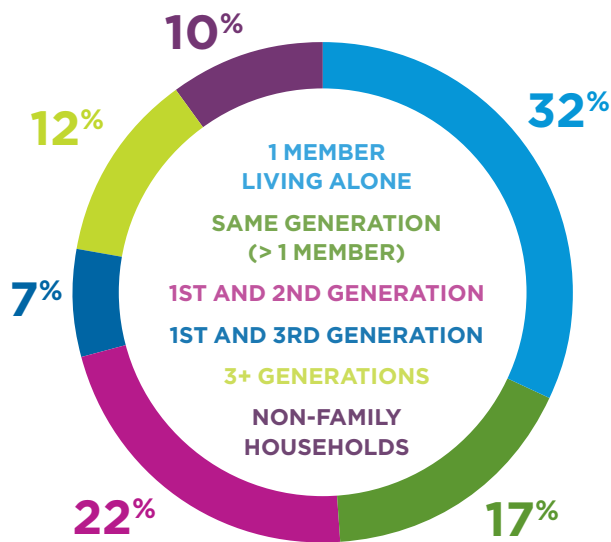
³⁷ Jonathan Vespa, Jamie M. Lewis, and Rose M. Kreider, 2013, *America's Families and Living Arrangements: 2012*, *Current Population Reports*, P20-570, U.S. Census Bureau, Washington, DC.

³⁸ Other temporary housing types include a rented room in a rooming or boarding house; a residential treatment facility or supervised housing; and an abandoned building, bus or train station, park, campground or airport. Some, but not all, of the housing types considered to be non-temporary meet the definition of "homeless", as determined by the U.S. Department of Housing and Urban Development (HUD).

³⁹ National Health Care for the Homeless Council. "Aging and Housing Instability: Homelessness among Older and Elderly Adults." *In Focus* 2(1):1-5, September 2013. http://www.nhchc.org/wp-content/uploads/2011/09/infocus_september2013.pdf

⁴⁰ Ibid.

FIGURE 10
OLDER ADULT HOUSEHOLD COMPOSITIONS



Overall, with so many older adults living alone and displaying varying levels of need, and considering the ongoing growth of the aging population, demand will only increase for services that will support older adults as they age.

Older Adults Living with Grandchildren

While many households that contain an older adult are comprised of a single member, the remaining households are diverse in their generational makeup, as displayed in Figure 10. Notably, nearly one in five households (19%) that contain an older adult also contain a grandchild and, in some cases, even a great-grandchild.⁴¹ In these households, including those with first and third generation members and those with three or more consecutive generations, the existence and direction of a caregiving relationship is not entirely clear.⁴² However, client households that include both grandparents and grandchildren experience particular challenges when it comes to securing food for their households.

Households with grandchildren experience the highest rates of poverty, with 77 percent of households living at or below the federal poverty line. Given such low levels of

ONE IN FIVE OLDER ADULT HOUSEHOLDS INCLUDES A GRANDPARENT & GRANDCHILD

income, it follows that these households experience the highest rates of food insecurity and often must choose between paying for food and other basic necessities. They also often face tradeoffs and employ various coping strategies in order to secure enough food for their households. The food-insecurity rate for households with a grandchild is 88 percent, compared to 81 percent of all older adult households. A significant portion have had to choose between paying for food and paying for medical care (74%), utilities (76%), transportation (75%) and housing (61%) at least once in the past year. Among the various coping strategies offered, client households with grandchildren most often report buying the cheapest food available, knowing it was not the healthiest option (82%). Though chosen less frequently, 44 percent of these households report watering down food to make it last longer, a strategy that can have important implications for both children and older adults for whom the proper intake of nutrients is critical.

Overall, households with both grandparents and grandchildren are a distinctively vulnerable population that warrant careful consideration given their unique needs and limited resources.

GEOGRAPHIC VARIATION

While national averages are presented throughout this report, there is geographical variation in the circumstances of the aging population who utilize the Feeding America network. To explore the diversity of these findings, results are first presented by county classification: metropolitan, micropolitan and rural. Afterwards, trends according to Census regions are discussed.⁴³

County Classification: Metropolitan (Urban), Micropolitan (Suburban), and Rural

The challenges faced by older adult households related to health, housing and matters of food security and food access can differ between those living in metropolitan, micropolitan or rural areas. Older adult households in rural counties are more likely to report a member with diabetes and high blood pressure (45% and 73%) than metropolitan counties in particular (40% and 69%). Older adult respondents in rural counties are also more likely to report fair or poor health (58%) when compared to metropolitan older adult respondents (55%).

When looking at housing circumstances, however, older adult respondents in metropolitan counties are more likely

⁴¹ This analysis was based upon reported household member relationships and not age. Therefore, these households do not necessarily include a child under the age of 18.

⁴² Each household type was analyzed separately but for purposes of this discussion, these three types will be considered collectively, and results will be presented by a range that covers all three household type.

⁴³ According to the US Office of Management and Budget (OMB), a metro area is a core urban area of 50,000 or more residents while a micro area has an urban core with a population between 10,000-50,000. Each metro or micro area consists of one or more counties and includes the counties containing the core urban area, as well as any adjacent counties that have a high degree of social and economic integration (as measured by commuting to work) with the urban core. For purposes of this analysis, rural counties are those not considered metro or micro by the OMB.

to experience housing transitions or instability. One in six metropolitan older adults (17%) reports moving in with friends or family in the past year, compared to less than one in ten rural older adults (9%). Additionally, 12 percent of metropolitan older adult respondents report facing a foreclosure or eviction in the past five years, twice the rate among rural older adult respondents (6%). It is clear that older adult households in metropolitan areas face greater barriers to securing stable housing than older adults who reside in micropolitan or rural counties. In fact, more than half of metropolitan older adult households (55%) report facing the choice between paying for food and housing in the past year, compared to those in micropolitan (48%) or rural (43%) counties.

Variations between metropolitan and rural counties are also apparent in older adult client households' food security status and how they employ coping strategies and charitable food programs to address their food security. While metropolitan households are more likely (82%) to classify as food insecure, three-quarters of rural households still classify as food insecure.

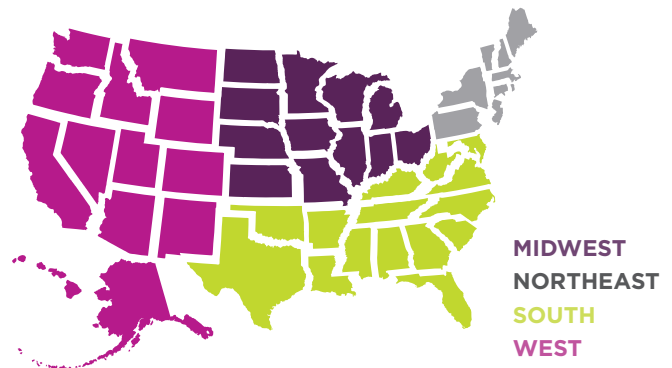
In an effort to secure enough food for the household, older adult households report employing a variety of resourceful coping strategies. Some of these strategies include buying the cheapest food available, even if it is not the healthiest option, receiving help from friends or family, and watering down food or drink. Older adult households report exercising these strategies at similar rates across county types, with the exception of growing food in a garden in an effort to obtain enough food for their family. More than one in three rural adult households (37%) report this strategy, compared to only 21 percent of metropolitan households.

Older adult households in metropolitan and rural counties frequent charitable food assistance programs in different ways. Rural older adult client households report planning on a regular basis to visit a food program at a higher rate than both metropolitan and micropolitan households (73% versus 64% and 63%), possibly due to further travel distances that may be associated with needing to visit a food program unexpectedly.

U.S. Census Region

Although the characteristics of older adult client households show more variation when looking by county designation, there are also differences when looking at the U.S. region in which the household is located. To explore the diversity of these findings, results are considered by U.S. Census Region: Midwest, Northeast, South, and West.

FIGURE 11
U.S. CENSUS REGIONS



Older adult client households living in the South report the highest incidence of health conditions. Nearly half (45%) report a member with diabetes (compared to slightly more than one-third of those living in other regions), and three-quarters (75%) have a member with hypertension (compared to 71% in the Midwest and less than two-thirds in the Western and Northeast regions).

Consistent with the higher rates of health issues, older adult households in the South have the highest rate of choosing between paying for food and medical care in the past year (72%). In addition, they are most likely to report making difficult decisions between paying for food and other necessities, including utilities, housing and transportation. The rates of spending tradeoffs may be particularly high in the South, in part, because older adult households in this region are most likely to live in poverty (72%, compared to approximately two-thirds in the other regions).

In contrast, housing instability is more common among older adult households in the Northeast and Western regions. As an example, they are more likely to report temporary housing, such as living in a shelter, in a motel, or on the streets (9% in the West and 8% in the Northeast, compared to 5% in the South 3% in the Midwest). Older adult respondents in the West were also more likely to experience housing transitions, with nearly one in five (19%) doubling up with friends or family in the past year, compared to 14 and 15 percent of respondents in other regions.

Participation in SNAP also varies by region, though the Western region is the only area where less than half (42%) of older adult households receive SNAP benefits. This finding is consistent with many participation rates at the state level among the general population; as an example, the four states with the lowest rates of SNAP participation are all located in the Western region (WY, CA, NV and HI).⁴⁴

⁴⁴ Cunnyingham, K.E. (2015). *Reaching Those in Need: Estimates of State Supplemental Nutrition Assistance Program Participation Rates in 2012*. Mathematica Policy Research (MPR) for USDA FNS.

IMPLICATIONS



Baby Boomers and Beyond: Facing Hunger after Fifty highlights the challenging circumstances facing older adults who receive support from the Feeding America network, and reveals the importance of a comprehensive approach to serving the unique and changing needs of the country's aging population. Using *Hunger in America 2014* data, this report provides an in-depth look at the Feeding America network client population 50 years of age and older.

These clients face certain challenges at greater rates than younger recipients of charitable food assistance. For instance, households that contain an adult age 50 and older are more likely to experience diabetes, high blood pressure and poor health, compared to households that have no older adults. However, there are other circumstances in which adults of advanced age seem to be better off; for example, client households with older adults are more likely to live in stable housing and less likely to identify as food insecure, again compared to households with no older adult members.

Through an examination of specific age bands within the older adult client population, it becomes evident that the circumstances of these individuals and their households can vary significantly. For example, client households with a member between the ages of 50 and 64 are more likely to be food insecure, to have household incomes below the federal poverty line, and to have unpaid medical bills, compared to client households with member age 65 and older. Differential mortality, changes in satiety and eligibility for safety net programs are potential causes for these trends, though additional research is needed to fully understand how circumstances change as age increases.

There is also a notable difference in the way that older adults use food assistance programs, both charitable and federal. As age increases, older adult clients are more likely to plan to obtain groceries or meals from charitable feeding programs on a regular basis, rather than on an emergency basis, in order to supplement their monthly food budget. Use of this strategy is consistent with the tendency of older adults to have fixed incomes, whether from retirement savings, Social Security benefits or other sources. Although regularly frequenting charitable food programs is more common among older adult clients, they participate in federal nutrition assistance programs, namely SNAP, at lower rates than the rest of the population.

Collectively, the results of *Baby Boomers and Beyond: Facing Hunger after Fifty* reinforce the need to strengthen private and public anti-hunger programs that serve older adults. With a rapidly aging population and many without adequate retirement savings, food insecurity among seniors will continue to increase.

In response to lower participation rates by older adults in programs like SNAP, outreach efforts to educate seniors about SNAP and provide application assistance should be expanded. The USDA and states should implement best practices to improve the application process and eliminate barriers that limit seniors' access to SNAP. Simplifying applications, extending recertification periods and waiving face-to-face interviews are all ways the process can be improved and benefit vulnerable older adults, particularly those experiencing limited mobility or access to transportation.

Congress should also reauthorize the Older Americans Act and ensure adequate funding for programs like congregate and home delivered meals, the Commodity Supplemental Food Program (CSFP) and The Emergency Food Assistance Program (TEFAP) that ensure adequate nutrition for vulnerable older adults. Currently CSFP is unavailable in four states and inadequate to meet demand in many others.

Federal tax policy is also an important lever in addressing senior hunger. Expanding the enhanced tax deduction for donated food to include farmers and ranchers will increase donations of nutritious produce, lean protein and dairy products, foods critical to a nutritious diet.

In addition to ensuring strong federal anti-hunger programs that serve seniors, there are opportunities to

strengthen and expand innovative charitable programs and partnerships. For instance, food banks and partner agencies can shape their services and offerings in response to older adults' planned usage of charitable food programs and their unique nutritional and accessibility needs. More specifically, food banks and their partner agencies can work closely with health providers. By screening for food insecurity, health providers can better address their patients' needs and, in partnership with food banks, prescribe the use of nutritious food to help low-income seniors address diet-related diseases. Innovative health partnerships already exist within the Feeding America network, including hospital-based food pantries and diabetes screenings at food distributions; the findings from *Baby Boomers and Beyond* suggest that there is room to scale or expand these initiatives.

While the opportunities for change and service delivery modifications are critical, greater reform is needed in order to fully address food insecurity in the United States. One of the main drivers of food insecurity is poverty, so for change to be meaningful it must address the financial struggle that millions of people in the United States face.⁴⁵ That struggle not only affects the ability to access enough food; as evidenced by the tradeoffs clients often make between paying for food and other basic essentials like medicine and utilities, clients' needs are closely intertwined and directly meeting one need may only free up enough resources to barely meet another. Therefore, a sustainable solution must involve the public, private and governmental sectors and consider the competing needs that many struggling individuals face, including health, housing, and employment, in addition to food.

For the present older adult population, whose income potential is often limited and whose health needs can be great, there is demand for sustainable programs that provide support throughout the aging process. It is also critical to look towards the future, by improving opportunities now for younger generations. In particular, improved wages and stronger programs that encourage and support saving for retirement can help prepare those who are younger for self-sufficiency later in life.

In the end, a collective effort, involving charitable food providers, other social service providers, advocates for the older adult population, and policymakers, will be required in order to meet the needs of the vulnerable older adult population.

45 Gundersen, C., A. Satoh, A. Dewey, M. Kato & E. Engelhard. *Map the Meal Gap 2015: Food Insecurity and Child Food Insecurity Estimates at the County Level*. Feeding America, 2015.



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