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MEDIA FACT SHEET FOR 2019 DURHAM SENIOR HUNGER AWARENESS WEEK

Data on the Prevalence of Food Insecurity Among Seniors

- According to the 2019 State of Senior Hunger in American annual report from Feeding America, approximately 5.5 million older adults – or 7.7% of the senior population – were food insecure in 2017. This is more than double what it was in 2000. Since the Bureau of the Census predicts that the percentage of Americans aged 65 and older will grow to 26% by 2050 (up from 18% in 2010), the number of food insecure seniors is likely to increase.
- North Carolina's senior food insecurity rate ranks among the worst in the nation at 10.5%. State-level food insecurity based on averages of 2016-17 data ranges from 2.8% in Minnesota to 12.3% in Louisiana. Only three states – Louisiana, Mississippi, and New Mexico – and the District of Columbia have greater senior food insecurity than North Carolina, according to the Feeding American 2019 report. (NC's rate matches that of Texas.)

Durham's Seniors

- Durham County's Department of Social Services estimates that of the 60,000 Durham County residents age 60 and older, 12,600 are at risk of food insecurity due to living at or below 199% of the federal poverty level. (2019 estimate)
- Low-income seniors are at highest risk of food insecurity. In 2016, 17.4% of Durham seniors were below 150% of the Federal Poverty Level.
- Among seniors eligible for Supplemental Nutrition Assistance Program (SNAP), 64% are enrolled, but many receive only \$15 a month for food because their housing is subsidized, they have no dependents, and their medical expenses are covered by Medicare and Medicaid. Nevertheless, expenses for transportation and the average cost of living still add up, leaving seniors short on money for food.

Causes of Food Insecurity

- Financial constraints are the primary factor that limits access to food. Other factors include lack of adequate transportation, mobility limitations, race or zip code, living in a food desert, lack of social contact and inadequate services, programs and funding.
- A long history of racial discrimination has caused a high percentage of African Americans to have few opportunities to build wealth and plan for retirement. Racial inequality leads to lower educational attainment, neglected neighborhoods, limited transportation, and difficulty accessing food and healthcare.

(MORE)

Consequences of Food Insecurity for Seniors

- Food insecurity is associated with poorer chronic disease management and decreased health-related quality of life in seniors. According to AARP, food insecure adults are 50% more likely to have diabetes, three times more likely to suffer from depression, 60% more likely to have congestive heart failure or a heart attack, and twice as likely to report gum disease and asthma.
- Food insecurity also reduces a senior's ability to conduct activities of daily living (ADL). A senior experiencing food insecurity is 30% more likely to have at least one ADL impairment.
- Health outcomes of food insecurity in seniors also include increased falls, increased vulnerability to infection, loss of energy and mobility, and poor wound healing. All of these lead a cascading list of problems that include pain, disability, fatigue and depression, which, in turn, cause poor appetite and lack of interest in food preparation and difficulty eating due to problems with teeth and gums and/or swallowing.
- Seniors cope with food insecurity by buying the cheapest food possible even if it's unhealthy food, watering down food or drink, selling or pawning personal property, and borrowing money from friends and family.
- A study by Feeding America showed in households that visit food pantries and have a member over age 75, the most common coping strategy was a tradeoff between medication and food.
- Food insecurity among older adults may increase costs for the healthcare system by as much as 300%. The AARP estimates a national annual healthcare cost of \$130.5 billion due to senior food insecurity. Food insecure seniors have increased likelihood of entering health care facilities, convalescent homes, or some form of assisted living. Or they may be forced to move in with relatives and receive inadequate care; this eventually leads to higher health care costs as chronic conditions worsen when remaining untreated.

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