

Food Insecurity Among Older Tennesseans

Phase Two: Service
Provider Survey



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INTRODUCTION

By providing direct service to older adults, service providers are critical partners in potential upstream solutions to food insecurity among older adults. Furthermore, service providers' perspectives of food insecurity among their clients have been shown to provide unique insight into the issue [1, 2]. For this reason, the second phase of the study sought provider's perspective of food insecurity in their clients.

Phase 2 of the Tennessee Older Adult Food Insecurity Study sought to answer the following questions:

1. What are agencies' perceptions of food insecurity among older adults?
2. What do agencies' perceive as older adults' barriers to adequate food?
3. What are agencies' perceive as consequences of older adult food insecurity?
4. What is the current availability of relevant programs and services?

METHODS

The initial sample consisted of staff members of 40 non-profit and governmental agencies who either provide direct food and nutrition services to older adults or have knowledge of older adults' barriers to food resources. Initial contact was made either by e-mail or phone.

Respondents who agreed to participate were given the choice of completing the survey online or via phone. For agencies that did not respond initially, three follow-up contacts were made.

Of the 40 individuals in the initial sample, 1 staff member from each of the 22 agencies completed the survey. These 22 agencies were located throughout 26 counties across the state and included food banks, local governmental agencies, religious institutions, and agencies within aging network.

Interviews were conducted using a standardized interview tool consisting of 14 open ended questions and 1 closed-ended question (Appendix). Open-ended questions were designed to assess the following in relation to food insecurity: perceptions of food insecurity; barriers preventing older adults from gaining access to adequate food; and availability of relevant programs and services. The only closed-ended question within the interview asked participants to “Indicate the degree to which each of the following limit the access of elders to healthy food in your area,” using a response scale consisting of very much, some, little, and not at all.

RESULTS

Perceptions of Food Insecurity

The online service provider survey yielded a general consensus that food insecurity is a significant problem for older adults across Tennessee. Numerous providers stressed that older adults were the fastest growing segment of the food insecure population in their area. As one provider stated “We are seeing many more elderly people needing food assistance at our partner food pantries and other agencies.” Providers were extremely aware of the issues in their particular locale and the continuing challenges facing older adults. When asked, “In your experience, is food insecurity among the elderly (meaning they do not have reliable access to enough affordable, nutritious food) a problem in your area?” 21 of 22 participants answered “yes”.

I feel people and organizations have become more aware of the situations and are working together to resolve the problems that exist in getting food to these vulnerable populations. We are situated in a very rural area and I know there has been an ongoing campaign to address issues of hunger for a long time.

Yes. Our office has an emergency assistance program for the elderly. In the last 2 years, 40% of applicants are requesting groceries. Our information and assistance line receives calls daily from seniors and family members seeking information on where they may obtain food. Our waiting list for our nutrition program is over 400 people.

Barriers preventing older adults from gaining access to adequate food;

Participants were asked to “Indicate the degree to which each of the following limit the access of elders to healthy food in your area.” The options for responses included “very much” “some” “little” to “not at all.” As shown in Table 4, many participants noted more than one category as limiting older adults’ access to food either as “a lot” or “some.” This indicates that multiple barriers may be contributing to older adults’ lack of access to food.

Table 4. Service Provider Perceptions of Barriers to Food Access among Older Adults

Barrier (n=22)	A lot	Some
Lack of money	20	2
Health and/or functional limitations	15	7
Isolation, lack of availability, and/or lack of transportation	18	4
Lack of social and community support (family, friends, neighbors, churches)	10	10
Lack of formal services and programs	12	9
Other factors	1	1

Lack of an adequate income was perceived as a major barrier to food access for those residing in both rural and urban areas. As Table 4 shows, 95% (21 of 22) of those in our small sample stated that lack of money “very much” limited older Tennesseans’ access to healthy food. Several providers indicated that medical bills, utility costs, and daily expenses keep older adults from being able to purchase sufficient quantity of nutritious food. The following narratives illustrate how fixed and low incomes play a significant role in the ability purchase nutritious food and/or qualify for assistance programs.

We live in a county where many seniors have worked for minimum wages all their lives and don’t have retirement income other than Social Security, SSI or a small retirement income. Most seniors in our area are just over income guidelines and get little if any food stamps.

The main issue we see is lack of income. Most seniors we encounter only receive social security. Their checks are not enough to cover all their essentials. Food is usually the last thing on their list.

Money is a key issue since 13% of seniors (less than \$20,000 income) in Shelby County stated fresh fruits and vegetables are not affordable (n=548). Also, 20% of those with low incomes indicated there are not convenient places to buy fresh fruits and vegetables.

From what I have been able to determine after processing applications, most of our elderly population barely make enough with their Social Security or pension payments to pay their utilities and buy medicines with they must have to survive. They have to decide whether they have lights, water and medicine or eat. Also the cost of food has gone up every year until it is getting harder for them to budget enough to buy the minimum amount of food they need to survive on.

Another burden identified by one provider was the “huge numbers of seniors who are experiencing unexpected child care situations (raising grandchildren) which has resulted in a huge drain on the household budget.”

Several providers mentioned barriers beyond financial limitations. Many service providers stated that health and/or functional limitations “very much” limited older adults’ access to healthy food. Physical limitations were mentioned by providers as a problem prohibiting older adults from driving, shopping, and preparing food on a regular basis.

[Many older adults] don't want to cook anymore due to health issues or can't stand for long periods in order to cook something.

The lack of the functional ability to prepare healthy food.

Another barrier frequently noted was transportation. As one provider stated, “Many elders live very far away from town and are unable to make regular trips into town.” This was even more pronounced among rural service providers, many of whom expressed concern about their remoteness and the ability to properly serve older adults due to transportation limitations:

Many do not have reliable transportation or the ability to even carry the food home so they depend on others such as family members, agencies, and volunteers to help. When family members are not dependable and volunteer sources are not readily available the senior has a very difficult time with access to food.

Our county is large in area and small on resources. Mountainous terrain and skinny gravelly roads make it challenging for us and many fold for our seniors. Their (sic) problem starts with transportation to viable sources of fresh nutritious foods for reasons of access and affordability.

Of the service providers who participated in the study, almost one-half felt that the lack of social and community support (family, friends, neighbors, and churches) “very much” limit the access of elders to health foods.

Consequences of older adult food insecurity

When asked, “What do you see as the major consequences of senior food insecurity in your area?” most providers mentioned decreased health, including, nutrition-related illnesses, unintentional weightloss, and increased frailty.

Many are only eating 1 meal per day causing weight loss, weakness and other health problems. Once they get so weak from not eating sufficiently, they just give up trying. Many seniors will eat whatever they have in the cabinets- crackers, peanut butter, nothing very nutritious.

Higher rates of nutrition-related illnesses such as diabetes and high blood pressure along with more hospitalizations and greater rates of recidivism.

Senior food insecurity leads to higher hospitalizations, more reliance on medication for illnesses that may have been prevented if proper nutrition had been maintained, more frailty among our senior population, untimely deaths, and the general downfall of our greatest resources...our seniors.

Seniors will not be able to remain at home and will have to go to nursing homes or other facilities.

One participant also noted an increase in mental stress and decreased in quality of life.

Quality of life isn't as good for seniors who have to choose between rent, food, and medical needs. Lack of adequate food is a constant worry for seniors having to live day-to-day or month-to-month without having basic needs met.

Currently available programs and services; and

When assessing what is being done in various communities across the state to address food insecurity among older adults, responses were quite varied. Social service providers were able to document a variety of current food enhancement practices being offered to older individuals across the state. Home-delivered meals, congregate meals sites, church pantries, senior centers, food boxes, SNAP, farmer's market, gardens at rural senior centers, and Second Harvest Food Bank were some commonly mentioned food sources. There are also numerous community partnerships which have been formed to coordinate the delivery of food services to a diverse older adult population. In several counties, the role of the church is expanding to address the food insecurity among senior members.

Outside of our programs we are seeing more churches organizing food banks that are available to the community. Churches are also serving hot meals once or twice a week at their facilities. However, many of the elderly that have food insecurity issues are home bound. There are some churches, however, that deliver meals on the day that they serve.

One well-known program is the three-year pilot program *No Hungry Senior* (NHS) led by the Memphis Metropolitan Inter-Faith Association. This \$3.98 million grant from the Plough Foundation (2015-2017) targets clients who are homebound, recently discharged from hospitals, or particularly challenged by a lack of transportation or social isolation. The program allows volunteers to deliver one hot meal a day or one "shelf stable" box of food a week to older adults in Shelby County identified as in need of a regular food source. In November of 2015, there were 366 older adults enrolled in the program. However, like other programs, availability of this program is contingent on local financial support.

Despite the availability of various resources, there is still concern about both adequate supply and availability of these services. A few respondents mentioned lack of sufficient

programs to help older adults with hunger issues. Others mentioned waiting lists for services and senior nutrition programs.

CONCLUSIONS

Phase 2 was limited to staff of provider agencies within Tennessee; therefore, it is not possible to draw conclusions to broader populations. However, the results present a unique perspective of food insecurity among older adults. Among all those surveyed, agencies were aware the increasing importance of food security among older adults. However, respondents noted many barriers such as financial limitations, lack of transportation, functional decline, and limited social support which limit older adults' access to adequate food. The consequences of this lack of access were significant including decreased overall health and quality of life. These barriers and consequences were noted despite the presence of a broad spectrum of agencies and organizations are actively promoting food security for older Tennesseans. Thus suggesting that food insecurity among older adults it is complex issue, without a simple solution.

Agencies that provide direct food and nutrition services to older adults have in depth knowledge about food insecurity among their participants. This knowledge combined with the regular contact they have with older adults means these agencies are in a unique position to monitor, coordinate, advocate, provide education, and socially support older adults in overcoming barriers to food security. It will take the knowledge and support of these organizations in order decrease rates of food insecurity among older Tennesseans. Together, barriers such as financial limitations and transportation will have to be targeted and resources used in order for all older Tennesseans have reliable access to a sufficient quantity of affordable, nutritious food.

References

- [1] K. Kempson, K. D. Palmer, P. Sadani, S. Ridlen and R. Scotto, "Food management practices used by people with limited resources to maintain food sufficiency as reported by nutrition educators," *Journal of the American Dietetic Association*, vol. 102, no. 12, pp. 1795-9, December 2002.
- [2] H. Keller, J. Dwyer, V. Edwards, C. Senson and H. G. Edward, "Food Security in Older Adults: Community Service Provider Perceptions of Their Roles," *Canadian Journal on Aging*, vol. 26, no. 4, pp. 317-328, 2007.

Appendix

Phase 2 Interview Guide

1: In what county is your agency or organization located?

**2: In your experience, is food insecurity among the elderly (meaning they do not have reliable access to enough affordable, nutritious food) a problem in your area?
Why or why not?**

3: Do you think your previous answer applies to the whole state or just your area?

4: What do you see as the chief causes of food insecurity among the elderly? What barriers prevent the aged from getting enough healthy food?

5: Indicate the degree to which each of the following limit the access of elders to healthy food in your area.

- Lack of money
Very Much Some Little None
- Health and/or functional limitations
Very Much Some Little None
- Isolation, lack of availability, and/or lack of transportation
Very Much Some Little None
- Lack of social and community support (family, friends, neighbors, churches)
Very Much Some Little None
- Lack of formal services and programs
Very Much Some Little None
- Other factors: _____

6: What do you see as the major consequences of senior food insecurity in your area?

7: What is being done in your community to address food insecurity among the elderly?

8: What programs and services are available to address senior food insecurity?

9: What, if anything, does your organization do to address senior food insecurity?

10: What more needs to be done to address senior food insecurity?

11: What barriers prevent agencies and organizations, including your own, from providing needed services to elders who are food insecure?

12: If you could offer a single suggestion to Tennessee Commission on Aging and Disability for addressing food insecurity among the elderly, either in your area or statewide, what would it be?

13: What would you suggest state government in general do to address food insecurity among the aged?

14: Is there anything else you would like us to know about elder food insecurity in your community?