

Food Insecurity and U.S. Elderly

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INTRODUCTION

MOTIVATION

- As a population group, seniors (aged 65+) are becoming more vulnerable, in part due to aging population.
- According to Bureau of Economic Analysis, U.S. seniors' savings rate today is about half of the personal savings rate in 1980s.
- 9% of all U.S. seniors are food insecure.
- What is food insecurity? (National Health Interview Survey)
- In the last 30 days...
- Worried about running out of food before having money to buy more
- Ran out of food before having money to buy more
- Could not afford to eat balanced meals
- Cut size or skipped meals due to lack of money
- Did not eat for a whole day due to lack of
- Lost weight due to not having money for food
- Felt hungry but did not eat due to not having money for food
- Food insecurity among U.S. seniors elevates health risks, such as
- Having a heart attack
- Developing asthma symptoms
- Experiencing depression

PREVIOUS WORK

- Existing research have found that characteristics associated with being food insecure in marginally housed adults include:
- Low income
- Being female
- Having chronic health condition(s)
- Research gaps
 - Examining the association among senior food insecurity and a combination of chronic illnesses and functional activity limitations.
- Using a rich dataset to account for income, health and health-related characteristics when analyzing senior food insecurity.

RESEARCH OBJECTIVES

OBJECTIVE 1

 To examine the role of income (measured by % of federal poverty guidelines) in food insecurity among U.S. seniors.

OBJECTIVE 2

• To identify demographic, socioeconomic and health-related factors associated with food insecurity among U.S. seniors.

OBJECTIVE 3

 To assess the association between being food insecure and the role of chronic illness and limitation in activity, while accounting for demographic and socioeconomic factors.

METHODS

SAMPLE

- National Health Interview Survey (NHIS), 2011 2014
 - 4-year pooled data
- N = 136,618
 - Not including observations with key missing information
 - $N_{2011} = 32,544$
 - $N_{2012} = 33,961$
 - $N_{2013} = 34,026$
 - $N_{2014} = 36,087$

VARIABLES

Outcome Variable	Explanatory Variable	Control Variables
Food security status 0 = food secure 1 = food insecure	Poverty status 0 = above FPG 200% 1 = at or below FPG 200%	Demographics Socioeconomic status Health-related characteristics • Medicare coverage • Weight status • Chronic illness • Functional limitation

ANALYSIS

- Descriptive statistics weighted
- Logit weighted

RESULTS – cont.

OBJECTIVE 3 – Prevalence of food insecurity in seniors by poverty level

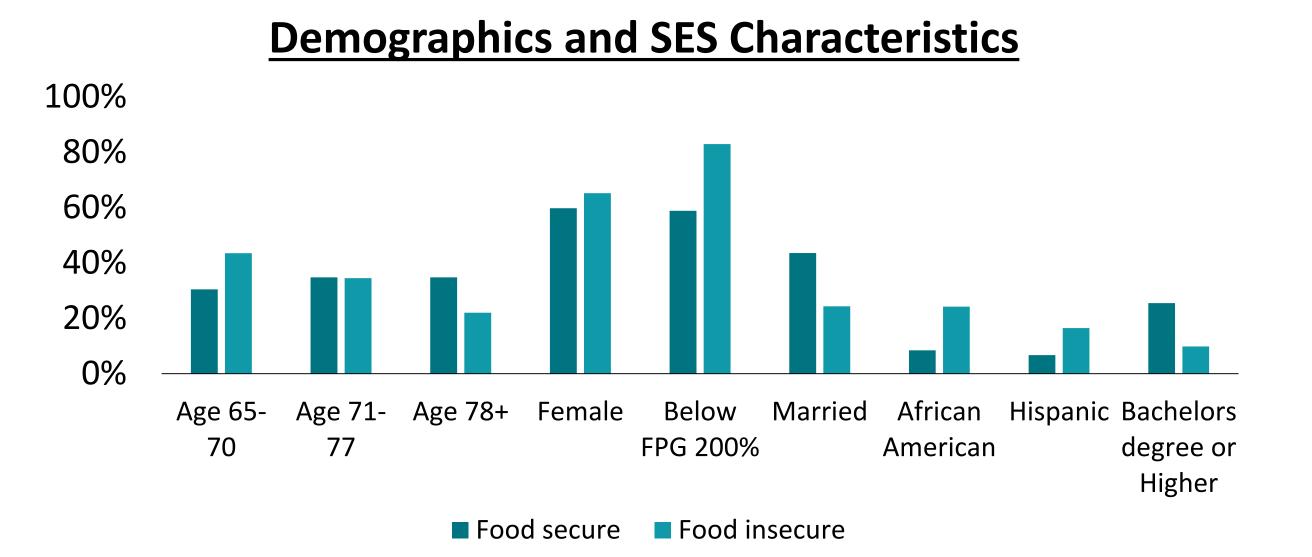
Dependent Variable = Being food insecure	Weighted Estimate	SE	Margina Effect
At or below 200% FPG	1.082***	0.072	0.0804***
Family size (all members)	0.214***	0.026	0.0185**
Family size (members aged 65+)	-0.699***	0.107	-0.0604**
Female	-0.058	0.065	-0.005
Married	-0.348***	0.099	-0.0295**
Race (reference = white)			
African American	1.040***	0.067	0.1112**
Asian	0.425**	0.147	0.0373**
Multiple Races	0.505*	0.228	0.0455
Hispanic	0.850***	0.079	0.0885**
BA or above	-0.833***	0.098	-0.0629**
Overweight or obese	0.021	0.112	0.0016
Chronic illness			
(reference = neither diabetes nor hypertension)			
Diabetes only	0.329	0.363	0.0208
Hypertension only	-0.016	0.167	0.0019
Both diabetes and hypertension	0.084	0.235	0.0246*
Having at least 1 functional activity limitation	0.733***	0.115	0.0713**
Interaction	ns		
Overweight or obese + diabetes only	-0.216	0.277	0.0138
Overweight or obese + hypertension only	-0.014	0.144	0.0015
Overweight or obese + diabetes + hypertension	0.076	0.188	0.0271*
Diabetes + functional limitation	0.097	0.35	0.0345
Hypertension + functional limitation	0.104	0.161	0.009
Diabetes + hypertension + functional limitation	0.289	0.211	0.0526**
* p<0.05, ** p<0.01, *** p<0.001			

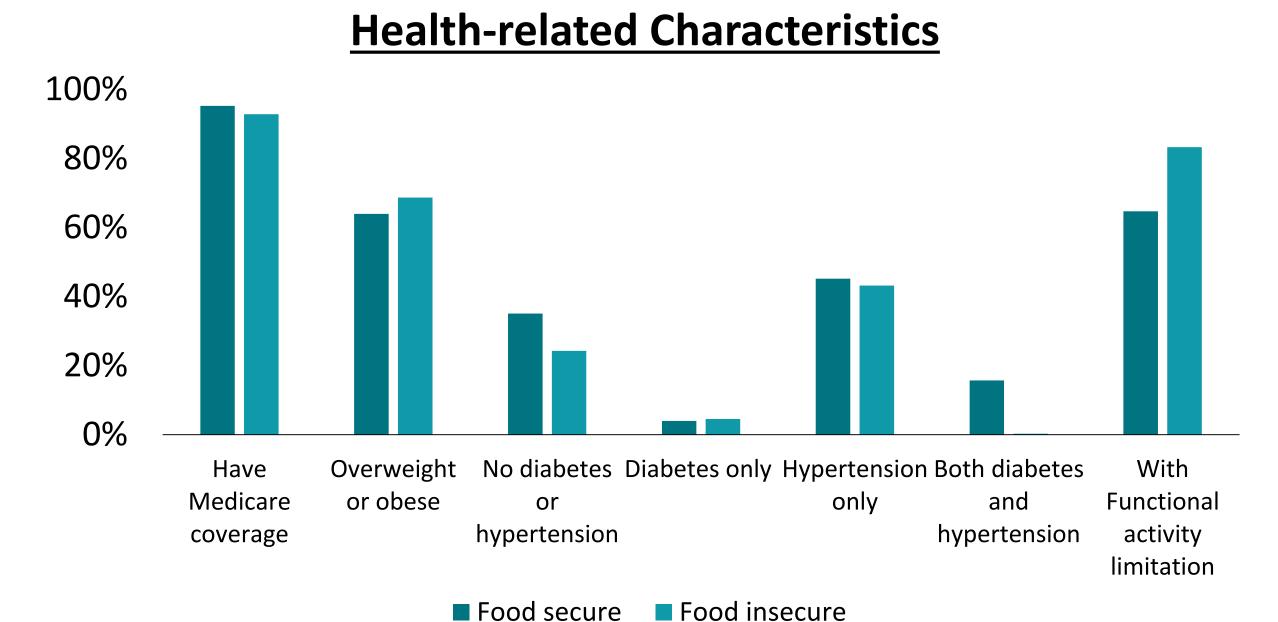
RESULTS

OBJECTIVE 1 – Prevalence of food insecurity in seniors by poverty level

	FPG 200% or below		Above FPG 200%	
	Proportion	SE	Proportion	SE
Food insecure	5.04%	0.16	1.04%	0.066

OBJECTIVE 2 – Demographic, socioeconomic and health characteristics of U.S. seniors by food security status





IMPLICATIONS FOR OUTREACH

VULNERABLE GROUPS AMONG U.S. SENIORS

 Living on low income, with chronic conditions and/or functional limitation

RECOMMENDATION

• For seniors with chronic conditions and/or functional limitation, clinics that they regularly visit may serve as a contact point for assessing food insecurity and referring seniors to local food resources.

University of Minnesota

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Robert Wood Johnson Foundation