



Nourish FIRST

Food Initiative Resource Study

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OVERVIEW

Recent Congressional battles over cuts to the federal food stamp program highlighted once again the uncomfortable truth that in our nation of plenty, many citizens are hungry. The elderly are often lost in the discussion of this problem; yet, in 2011, 1 in 7 of all older adults—4.8 million Americans—were food insecure. A household is considered food insecure when lack of resources prevents all of its members from having enough food. This is a persistent problem for the elderly, which even an improving economy is unlikely to eradicate.

Food insecurity is not a discrete problem. It often occurs as an exacerbating factor in chronic illness, impaired functioning, and dementia. With the elderly population projected to increase greatly in the next few decades—doubling from 2000 to 2040—it is likely that the number of food insecure elders will grow too, creating enormous human and policy challenges for our society.

Broad statistics can tell only a scanty story. Goddard Riverside Community Center, with its strong track record of advocacy on behalf of the elderly, a long-standing home delivered meal program, and well-respected 2010 research on food insecurity, wanted to gain more insight into the scope of this problem. In 2013, it partnered with the Center for Long Term Care Research and Policy at New York Medical College to assess the level of food security, health status, functional impairment, level of independence, and unmet needs in this population.

The overall objective of the study, Nourish FIRST, was to help ensure older adults at greatest risk receive the services they need in order to remain independent. Equally important, the study adds to the existing knowledge about the elderly and food security, with an eye to implications for public policy.

The 500 study subjects were a racially and ethnically mixed group of homebound seniors with an average age of 80. All lived on the Upper West Side and

nearly two-thirds lived alone. A household income of less than \$25,000 per year was reported by 86% of respondents and 36% received Food Stamps.

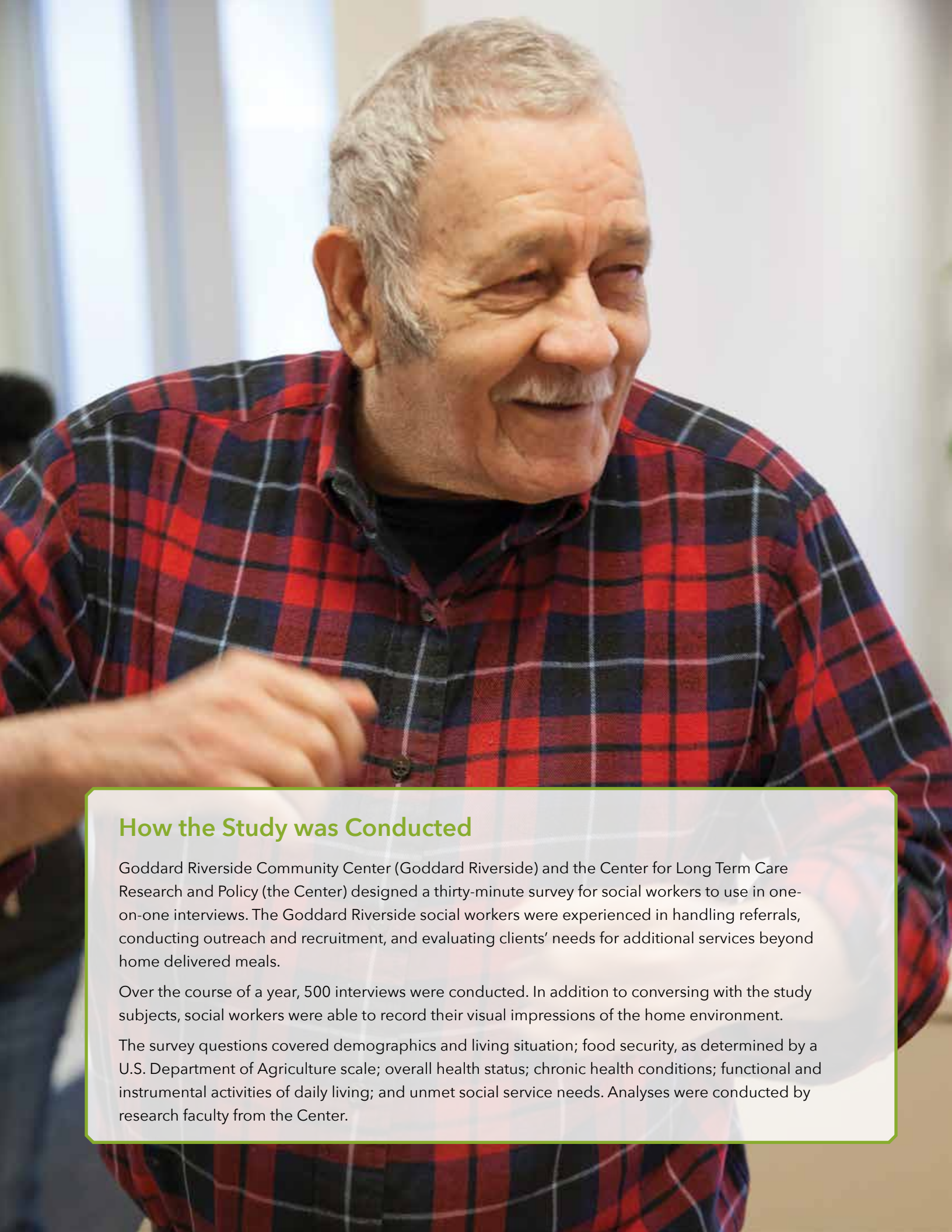
The study's findings documented that New York City's oldest community residents had serious health problems, multiple unmet social service needs, and often suffered from food insecurity. Those who received home delivered meals were more food secure than those who did not. And on other measures of well-being, such as overall health status, chronic illness, and percentage of unmet needs, people who received home delivered meals fared better than those who did not.

However, even among older adults receiving home delivered meals, over a third reported declining health; more than one in ten experienced unmet social service needs and reported living in food insecure households.

Racial and ethnic disparities were also associated with survey respondents' well-being. Hispanic seniors did not fare as well as Whites or Blacks on measures of overall health status, and both Blacks and Hispanics were more prone to suffer from two or more chronic conditions. Blacks had a higher level of unmet needs than either Whites or Hispanics.

The current wave of conservative ideology within and outside the government does not favor the vulnerable. Despite the rise in food insecure households, Congress, in February, 2014, approved an \$8.7 billion cut to the Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps), which is the largest and most effective element of the domestic hunger safety net. Other social service programs are also under threat.

Information gained from Nourish FIRST is a critical component of New York City's efforts to counteract more and deeper cuts to the programs that assist older adults, and to spur development of new programs that better serve them.



How the Study was Conducted

Goddard Riverside Community Center (Goddard Riverside) and the Center for Long Term Care Research and Policy (the Center) designed a thirty-minute survey for social workers to use in one-on-one interviews. The Goddard Riverside social workers were experienced in handling referrals, conducting outreach and recruitment, and evaluating clients' needs for additional services beyond home delivered meals.

Over the course of a year, 500 interviews were conducted. In addition to conversing with the study subjects, social workers were able to record their visual impressions of the home environment.

The survey questions covered demographics and living situation; food security, as determined by a U.S. Department of Agriculture scale; overall health status; chronic health conditions; functional and instrumental activities of daily living; and unmet social service needs. Analyses were conducted by research faculty from the Center.

SUMMARY OF SURVEY FINDINGS

Demographics

The sample of 500 homebound older adults was drawn from Goddard Riverside’s catchment area of 62nd to 110th Streets on the west side of Manhattan and reflects citywide demographics (to improve statistical analyses, Hispanics and non-Hispanic Blacks were oversampled). Of those interviewed 91% were recipients of Goddard Riverside’s home delivered meals and 9% were applying for the service.

Survey Sample			
White, non-Hispanic	44%	Living alone	65%
Black, non-Hispanic	25%	Female	59%
Other race, non-Hispanic	3%	Household Income <\$25,000	86%
Hispanic	28%	Average age = 80	

Food Security

Nearly one in five of the study respondents (17%) lived in food insecure households. Food insecurity was more common among those who did not receive home delivered meals (50%) compared to those who did (13%). Food secure households were more likely to have good to excellent health status compared to food insecure households (48% vs. 37%). Rates of food security were higher for older than for younger seniors (89% vs. 77%). Elderly Whites were more likely than non-Whites to live in food secure households (86% vs. 80%).

In short, food security is associated with:

- **receiving home delivered meals**
- **being White**
- **having good to excellent health**
- **being an older senior**

Among all survey respondents receiving Food Stamps (36%), fully a quarter reported that they are food insecure, and 79% of them were receiving home delivered meals. Thus, the provision of Food Stamps and one home delivered meal per day does not eliminate food insecurity for a substantial portion of this population.

To better understand the causes of food insecurity among those receiving home delivered meals, respondents were asked follow-up questions about their food intake and attitudes. Three factors were found to influence these elderly adults’ food security and satisfaction: availability of meals from their ethnic background; not liking certain meal items; and receiving only one meal per day.

SUMMARY OF SURVEY FINDINGS (continued)

Health Status

The health of older adults in this study compared unfavorably to national data as reported by the National Center for Health Statistics. More than half (54%) reported being in fair or poor health, versus 26% nationwide. Only 10% of respondents reported being in very good or in excellent health and 38% reported they were in worse health than the previous year. On average, poor physical or mental health had prevented respondents from doing their usual activities for 9 of the previous 30 days.

Health Status by Race and Ethnicity

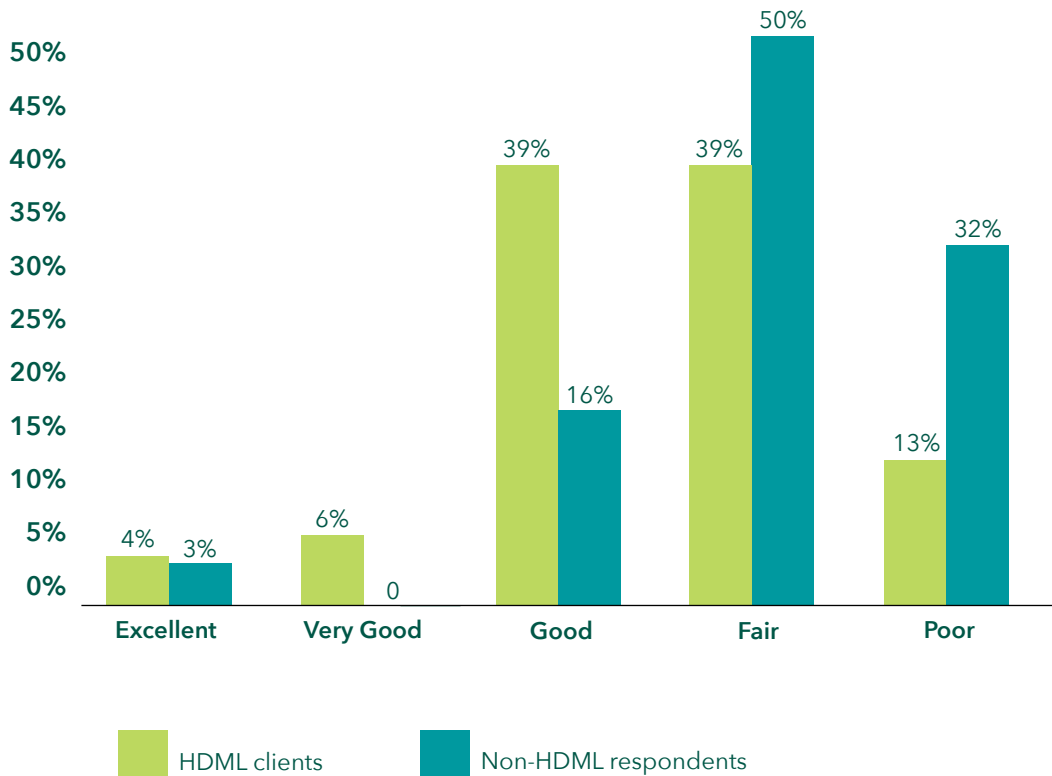


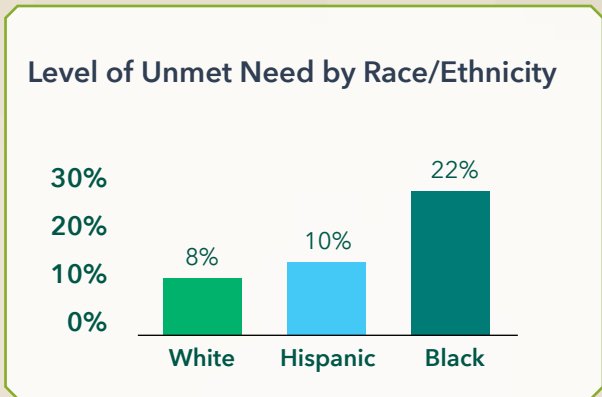
Prevalence of Six Chronic Health Conditions

High Blood Pressure	60%	Diabetes	30%
Arthritis	55%	Cancer	17%
Heart Disease	37%	Asthma	14%

Persons receiving home delivered meals reported better health than non-home delivered meal clients, both at the time of the study and in the previous year. The vast majority of respondents (89%) had one or more of six age-related chronic health conditions - arthritis, asthma, cancer, diabetes, heart disease or high blood pressure. 64% had at least one additional health problem beyond these six. Black and White non-Hispanics reported better health than Hispanics. For example, two-thirds of Hispanics reported “fair” to “poor” health, which is considerably higher than for Whites (47%) and Blacks (53%).

Health Status by Home Delivered Meal (HDML)





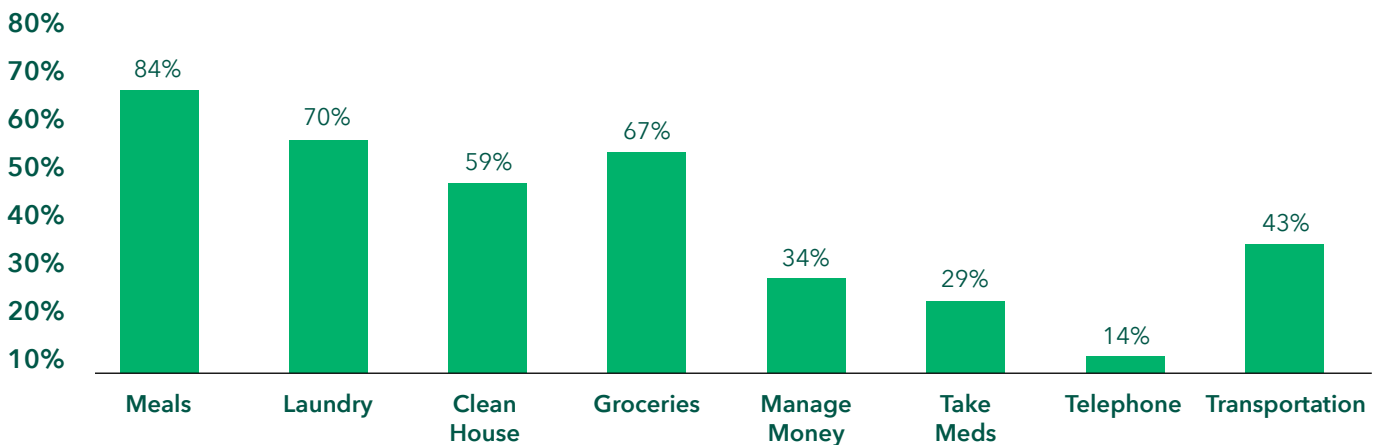
SUMMARY OF SURVEY FINDINGS (continued)

Basic Functionality and Independent Living Skills

Nourish FIRST looked at two different levels of functioning that affected the older adults' ability to be independent. The first—Activities of Daily Living (ADLs)—concerns the most basic self-care activities: bathing, dressing, toileting, moving in and out of bed, continence, and feeding. Thirty-three percent of study respondents lived with moderate or severe impairment in these areas. Mobility limitations were a way of life for most of those interviewed; 65% used special equipment, such as a wheelchair, cane or walker, to help get out of bed or move around inside their homes.

The second level of functioning—Instrumental Activities of Daily Living (IADL)—measures the more complex tasks of meal preparation, laundry, grocery shopping, house cleaning, transportation, managing money, taking medication, and using the telephone. Losing the ability to carry out these activities often precedes the loss of ADLs. Many of the study respondents were impaired in performing IADLs, as seen below.

Percentage of Older Adults Unable to Perform Instrumental Activities of Daily Living



Unmet Social Service Needs

Study respondents were asked about their need for benefits and services. These included home care, Medicaid, SNAP benefits, transportation, medical care, protective services, supportive counseling, and safe living conditions. Thirteen percent had one or more unmet needs, and 5% had two or more.

The results varied by race/ethnicity; Whites had fewer unmet needs (8%) than Hispanics (10%) or Blacks (22%). And those not receiving home delivered meals had nearly three times the level of unmet needs as those with home delivered meals (31% vs. 11%). Even though 61% of those interviewed received the services of a paid in-home caregiver, the most common unmet need reported was for homecare.

IMPLICATIONS FOR POLICY

Like other vulnerable groups, low-income older adults have been hard hit by the Great Recession and by the shrinking of the social safety net designed to protect them. Unlike younger people, however, the elderly are unlikely to bounce back as the economy improves. Flourishing corporations and a thriving stock market exist side-by-side with drastically reduced retirement savings and a worrisome growth in elder poverty. Meanwhile, conservative ideology champions cuts to Medicare and Social Security, along with Food Stamps, that provide some measure of stability for the elderly.

The Nourish FIRST study provides important insight into the day-to-day reality of life for needy older adults. Even with support such as home delivered meals and home care, these older adults live on the margin, with loss of independence, safety, and health all too real a prospect.

The data from this group, which reflects the increasing diversity of the country's elderly population, revealed that:

- A. Two or more chronic illnesses were reported by the majority of participants, regardless of race or ethnicity.
- B. Impaired functioning related to cleaning, cooking, laundry, and shopping was the norm for over half of elders surveyed and one out of three struggled with the most basic daily activities such as bathing, toileting or dressing.
- C. 65% of the study's participants needed a device such as a cane, walker or wheelchair to carry out daily activities.
- D. Food security was tenuous for 13% of home delivered meal recipients and 50% for those without home delivered meals.
- E. Whether food secure or not, unmet social service needs (such as transportation, safety, public benefits, or supportive counseling) challenged about one in 10 non-Blacks and 1 in 5 Blacks.

We are focused on five major policy implications suggested by the study, including:

- Increasing the number of elderly receiving home delivered meals. The data tell the story: across the board, those receiving home delivered meals have better health, greater food security, and fewer unmet social service needs.
- Expanding the number of meals currently delivered to program participants, and paying greater attention to personal and cultural food preferences that may inhibit or encourage their taking full advantage of the meals. These changes would help to ensure food security for all home delivered meal recipients.
- Expanding SNAP benefits to help a larger number of older adults achieve food security.
- Addressing the unmet needs of the homebound elderly, which compromise their health, safety, and daily functioning, by:
 - I. Developing an integrated food delivery and social services system that would provide seamless delivery of services.
 - II. Ensuring that enough quality home care hours are provided. The high levels of difficulty with numerous tasks of living and the reported need for home care even among those already receiving it, suggest that more and better home care is required to provide sufficient assistance and protection for this vulnerable population.
 - III. Increasing outreach to older adults to make sure they are aware of and have timely access to neighborhood based organizations where counselors can help them apply for benefits and services they might not be receiving, and/or help them take full advantage of those they are. There should be a particular focus on the Black elderly population, since they have the highest number of unmet needs.
 - IV. Improving access to health care to address the overwhelming chronic health problems of the homebound elderly, particularly in the Hispanic and Black populations.

As a society, we can be more effective in assuring the well-being of our most vulnerable residents by using data from studies such as Nourish FIRST to inform our policies and set us on a more humane and just path to the future. With the deeper understanding this study provides, particularly around the relationship between food insecurity, health, independence and unmet social service needs, strategies to support the elderly are critical if community organizations and government at all levels are to be more effective in assuring the well-being of the most rapidly growing segment of the U.S. population.

Goddard Riverside Community Center serves all the different people who make up a community, during all phases of their lives, in all circumstances, including over 17,500 children, teens and adults annually by providing homes, jobs, food and safety; access to care, second chances and creativity; pre-school, after-school and pre-college educational programs; and opportunities for connection, community-building and advocacy.



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