



Senior Nutrition – Meeting an Essential Minnesota Need

Khunza Asma, M.S. candidate in Aging Studies
David Beimers, PhD., LISW, Interim Director, Chesley Center on Aging
Minnesota State University, Mankato

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ISSUE STATEMENT

Food insecurity and malnutrition are significant public health concerns among older adults. Over the past two decades, the number of older adults in the U.S. who are food insecure has more than doubled (Ziliak & Gunderson, 2022). During the first year of the COVID-19 pandemic, deaths among older adults due to malnutrition significantly increased in Minnesota (Olson, 2023). Food insecurity among older adults is associated with isolation, numerous health issues, and increased health costs (ACL, 2021).

One prominent strategy to reduce food insecurity among older adults is to directly provide meals to those who may be food insecure. The State of Minnesota works to reduce food insecurity by providing funding to regional Area Agencies on Aging for senior nutrition programs. However, funding for senior nutrition programs from the State of Minnesota has stagnated over the past few decades. This has reduced the ability of Area Agencies on Agencies to meet the need that exists throughout the state.

The State of Minnesota can address food insecurity and malnutrition among older adults by increasing funding for Senior Nutrition Programs. Increased funding will improve the ability of Minnesota Area Agencies on Aging to meet the demand for congregate and home-delivered meals and reduce food insecurity among older adults.

EXPLANATION OF NEED

Demographic changes in Minnesota

Minnesota's population is rapidly aging. By 2038, the number of Minnesotans over the age of 65 is projected to exceed 1.3 million; 1 out of every 5 Minnesotan will be an older adult (Chmielewski, 2022). Over time, Minnesota's aging population is also expected to become more diverse. Currently, only 7% of Minnesota's aging populations are people of color, compared to 21% who are working-age (Chmielewski, 2022). As Minnesotans age, the likelihood of having a disability increases, which can impact their ability to maintain a healthy diet. Among Minnesotans aged 75 to 84, 1 in 3 have a disability, and among those with a disability, 1 in 5 lives in poverty. The number with a disability increases to 2 in 3 for those 85 or older (Brower, 2022).

Living alone or living in rural areas are also risks factor for food insecurity. Currently in Minnesota, nearly one-third of all seniors live alone (Samuels, 2020). Communities in rural Minnesota tend to be older than urban areas. Fifty-three counties, all of which are in greater Minnesota, already have populations where at least 20% are 65 or older (Center for Rural Policy, n.d.). By 2033, 32% of residents of rural Minnesota counties are projected to be 65 years of age or older vs. 19% for urban counties (Dayton & Lee, 2020). Those who live in

rural areas and have more limited access to healthcare facilities are more likely to be food insecure (Valliant et al., 2021).

Who is affected by food insecurity?

Food insecurity disproportionately impacts certain populations of older adults. Older adults with lower educational attainment and lower household income levels are more likely to experience food insecurity. In addition, having a disability, being non-white, and having female gender are factors that increase the likelihood of experiencing food insecurity (Mavegam Tango Assoumou et al., 2023). There are also health factors that can lead to food insecurity. Older adults who have limited physical functioning, who smoke, experience poor mental health, or have chronic diseases are more likely to experience food insecurity (Mavegam Tango Assoumou et al., 2023).

In Minnesota six percent of adults live with limited English proficiency or who are not computer literate and cannot access the websites may not be able to understand the nutritional food benefits or benefits that are available (World Population Review, 2021). Older immigrants without social networks are also more likely to be food insecure (Hane, 2020).

Causes of food insecurity and malnutrition in older adults

Limited income/poverty

In Minnesota, about 10.2% of older adults are below poverty line (Fertig, 2022). Rising rents, utility costs, inflation, health insurance costs, and rising healthcare costs force older adults to choose between purchasing and eating nutritious foods and meeting other expenses. Twenty-nine percent of older adults in Minnesota do not have a pension or savings (Greiner, 2016). For these individuals, tight budgets can force difficult decisions.

Mobility

About one in three persons 70 and older and majority of people over 80 are impacted by mobility issues. Most common factors of mobility impairment in older adults are low physical activity, balance impairment, obesity, and chronic diseases (Freiberger et al, 2020). Older adults may drive less frequently or not drive at all, which can make accessing food much more difficult. This challenge is compounded for older adults with mobility issues.

Health Consequences of Poor nutrition / malnutrition

There are number of health consequences for older adults who are food insecure. Older adults who are food insecure consume lower levels of key nutrients such as protein, vitamins, magnesium, calcium, and iron (National Council on Aging, 2022). Food insecure seniors are 91% more likely to have asthma, 64% more likely to be diabetic, and 57% more likely to have congestive heart disease (Liu & Eicher-Miller, 2021). Food insecurity and malnutrition are also associated with increased depression (Fang et al., 2021). Food insecurity and malnutrition in older adults has been recognized as a challenging health concern associated with not only increased mortality and morbidity, but also with physical decline reflected by involuntary weight loss or low BMI and nutritional deficiency (Norman et al., 2021).

Additional health consequences that can result from poor nutrition include increased risk of stroke, dyslipidemia, and hypertension and substantially higher healthcare costs, due to longer hospital stays and increased treatment costs (Garcia et al., 2018). The treatment and prevention of malnutrition in older adults not only improves health outcomes but also reduces health costs.

CURRENT APPROACHES

A primary strategy to reduce food insecurity among older adults in Minnesota is through the provision of home-delivered and congregate meals. Minnesota's Area Agencies on Aging, through a combination of state, federal, and private funding, provide financial support for home-delivered meals and meals in congregate settings. These programs are open to all Minnesotans 60 and older. Older adults are eligible to receive one meal per day, and while those who are able to contribute to the cost of the meals are asked to do so, no older adults are turned away due to inability to pay.

Combined home-delivered and congregate meals funded by MN Area Agencies on Aging rose considerably during the pandemic. Total meals provided increased from 2,377,496 in 2019 to 3,204,030 in 2022, reflecting a 35% increase (m4a, 2023). While meals are an important way to address food insecurity, there is a cost to preparing and providing the meals. According to a 2015 national evaluation of senior nutrition programs, the average costs to prepare each congregate meal was \$9.30 and the cost to prepare each Home-delivered meal was \$9.00 (Ziegler et al., 2015). This does not include the expense for delivery of the meals.

Congregate meals

In 2022, area agencies on aging provided 514,428 meals in congregate settings in Minnesota. While the numbers of meals provided in congregate settings in 2022 was lower than pre-COVID levels, the meals provided did increase by 57% between 2021 and 2022 (m4a, 2023), and it is expected that demand for congregate meals will continue to increase over time.

Congregate meals contribute to improved health of older adults, their ability to live independently, and they provide an important source of daily food intake for many older adults (ACL, 2021). The majority of recipients of congregate meals are 75 years or older (ACL, 2021).

Home-delivered meals

During the COVID-19 pandemic, the number home-delivered meals served in Minnesota significantly increased. From 2019 to 2020, the number doubled from 1,090,324 to 2,123,352. For 2022, there were 2,689,602 home delivered meals in Minnesota, representing a 247% increase over 2019 (MN4A, 2023). Demand for home-delivered meals in the seven-county metro area has increased by 767% since 2019 (Simonson, 2023).

On a national level, the majority of recipients of home-delivered meals report that it provides one-half or more of their total daily food intake. Forty-one percent of recipients of home-delivered meals report difficulty going outside their home, and 89% report that the home-delivered meals help them to continue to live independently (ACL, 2021).

WHY MORE INVESTMENT IS NEEDED

Status of funding

Federal expenditures through the Older Americans Act only partially fund nutrition programs. Nationally, funding for about 44% of congregate meals and 30% of home-delivered meals are from federal sources. The balance of funding is from state, local, and private sources, such as participant contributions (Lloyd & Wellman, 2015).

Role of State funding

The Minnesota Senior Nutrition Program provides \$2.695 million in funding per year to Area Agencies on Aging, which fund congregate and home delivered meals programs. However, that amount has not changed in several decades (m4a, n.d.). In 2003, the annual funding through the State Nutrition Program equaled \$4.48 for every Minnesota over age 65. In 2021, with the growth in the older adult population, the Senior Nutrition Program equaled only \$2.82 per senior in Minnesota. That amount would cover less than one-third of a single meal per older adult for the entire year. MN area agencies on aging are projecting a \$25 Million shortfall in funds needed to meet the level of demand for meals among older adults in Minnesota in 2023 and 2024 (Simonson, 2023).

Why more funding is needed from the State of Minnesota

- The older adult population in Minnesota is increasing. By 2030, 21.2% of Minnesota's population will be 65 or older. This represents an 85% increase since 2010 (MN DHS, 2023).
- There is an increased demand for services. Using the Supplemental Poverty Measure, 10.2% of Minnesotans 65 and older live in poverty (Fertig, 2022). Older adults experience poverty at a much higher rate than the state-wide average for Minnesota. While there are other food support programs for older adults living in poverty, such as SNAP, the take-up rate in Minnesota for those who meet the eligibility criteria is quite low (42%) (Dean et al., 2022).
- Demand for food support overall has increased substantially in Minnesota. Food shelf visits rose by nearly 2 million, or 53.5%, in 2022 in Minnesota compared to 2021. The end of the formal pandemic emergency expected in May could also exacerbate the situation, as federal support continues to wane (Nelson, 2023).
- Food costs are increasing. Due to inflation, food prices increased by 64% between 2004 and 2022 (Bureau of Labor Statistics). Inflation has decreased the purchasing power of older adults and has increased costs for programs providing food support. Yet, during this time, funding through the Senior Nutrition Program has not changed.
- Costs per meal for Area Agencies on Aging increased by 26% between 2020 and 2022, and is expected to increase by another 23% by 2024 (Simonson, 2023).
- Federal support is declining. While there were additional funds provided to states through COVID relief and the American Recovery Act to support senior nutrition programs, those funds are sun setting. However, the increased need among Minnesota's seniors for food support has increased.

Providing additional funding for Minnesota's Senior Nutrition Program is long overdue. The Minnesota Legislature should act to meet the food insecurity needs of older adults throughout the state of Minnesota.

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