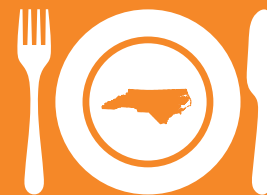


# THE STATE OF Older Adult Food Insecurity AND Malnutrition IN NORTH CAROLINA



The unprecedented growth in North Carolina's older adult population and the COVID-19 pandemic have exacerbated the issues of older adult food insecurity and malnutrition, increased the number of older adults needing food and nutrition services, and complicated the ability for existing programs to provide services to older adults in need.

This document, with key data on state demographics, food insecurity and malnutrition, is intended to function as a catalyst for the development of action plans and coordinated efforts of partner organizations and agencies to help address these issues among older adults in North Carolina.

## State Demographics & Characteristics of Older Adults in North Carolina

### POPULATION DEMOGRAPHICS OF OLDER ADULTS IN NC (2020)<sup>1</sup>



Ranked **ninth in the US for total population** and **eighth in population of age 65 and older**

- **17%** (1,760,844) of 10,456,593 **total population**
- **23%** (2,406,444) of 10,456,593 **were age 60+**



**93.5%** live in the community



**9.2%** live below the poverty line

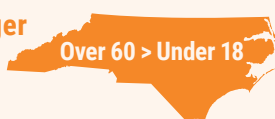


**43%** live in single person households



**42%** of the estimated 87,329 grandparents responsible for grandchildren under 18 were age 60+

As of 2019, the population of persons over 60 is now **larger than the population** of persons under 18 years of age.



- By 2028, **one in five** North Carolinians will be 65+
- In the next two decades, the 65 and older population will increase from 1.7 to 2.7 million, a **projected growth of 52%**.
- Projected growth among the age groups 65-74 (25%), 75-84 (88%) and 85+ (116%) indicates that **there will be an increased proportion of older adults in the state**, creating challenges for long-term services & supports.

### HEALTH CHARACTERISTICS OF OLDER ADULTS IN NC (2020)<sup>2,6</sup>



**81%**

have at least **one chronic condition**



**54%**

have **2 or more chronic conditions**



**41.1%**

have **4 or more chronic conditions**



**34.5%**

have at least **one disability**

### FACTORS CONTRIBUTING TO OLDER ADULT FOOD INSECURITY AND MALNUTRITION<sup>3</sup>

- Poverty
- Racial and ethnic minorities
- Chronic conditions
- Disabilities
- Food deserts
- Transportation/ Mobility challenges
- Living alone
- Living with grandchildren
- Social isolation

### DEFINITIONS<sup>4,5</sup>

**Food Insecurity** is a household-level economic and social condition of limited or uncertain access to adequate food. (USDA)

**Malnutrition** is deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients. (WHO)

**Hunger** is prolonged, involuntary lack of food, discomfort, weakness, illness. An individual-level physiological condition that may result from food insecurity. (USDA)

# Food Insecurity

Studies indicate a correlation between household food insecurity and a decline in functional health, creating barriers to self-care management for those with chronic conditions. This increases the possibility of negative disease outcomes and greater high-cost healthcare utilization.<sup>10</sup>

In 2019, **177,967** (7.5%) of older adults age 60 and older in NC were food insecure.<sup>1</sup> In 2020, NC had the 14th highest rate of food insecurity in the US.<sup>3</sup>



**Number of Older Adults Served by Older Americans Act (OAA) Nutrition Program in 2020<sup>7</sup>**

- Congregate Meals: **23,177**
- Home Delivered Meals: **19,829**



**USDA Food and Nutrition Service (FNS) Statistics (Feb. 2021)<sup>8</sup>**

- NC Participation Rate among eligible 55+: **59%**
- NC monthly allotment average 55+: **\$108.51**

USDA Supplemental Nutrition Assistance Program (SNAP) **reduces nursing home admission and hospitalization rates<sup>9</sup>**



**Cost Comparisons (North Carolina)<sup>6</sup>**

- One home-delivered meal: **\$9.84**
- One congregate meal: **\$8.85**
- One day in a hospital: **\$2,236**
- One day in a nursing home: **\$240**



**Many low income older adults face spending trade-offs that can lead to and worsen food insecurity (e.g. housing, utilities, transportation, health care)**

## NC PROGRAMS ADDRESSING OLDER ADULT FOOD INSECURITY

- Senior Nutrition Program
  - Congregate nutrition program
  - Home-delivered meals program
- Supplemental Nutrition Assistance Program (SNAP)
- Commodity Supplemental Food Program (CSFP)
- Food Banks and food pantries
- Farmers Markets, community gardens
- Senior Farmers Market Nutrition Program
- Local food policy councils
- Faith-based groups (e.g. NCBAM – Serving Hope)



**Though helpful, these programs are not currently able to fully meet the needs of the North Carolina's food insecure older adults.**

Poor health can be both a cause and a consequence of food insecurity for seniors.

11, 12 & adapted with updated data



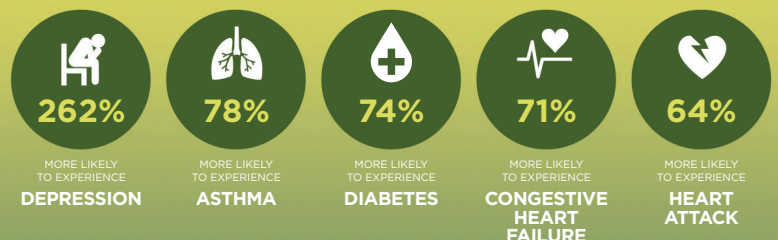
**Disability and disease** contribute to employment instability and income challenges.



**Inadequate nutrition** can increase the negative effects of disabilities and chronic health conditions.

Food-insecure seniors are more likely to have chronic health conditions.

**FOOD-INSECURE SENIORS ARE:**



# Malnutrition

Malnutrition is an under-recognized but growing health crisis for older adults in the US and a burden to the state economy. There are currently no national or state public health goals on malnutrition, and malnutrition quality measures are not included in quality incentive programs.<sup>13</sup>



## \$140,348,592 = annual costs

of disease-associated malnutrition for adults 65+ in NC<sup>14</sup>

Hospital nutritional interventions substantially **improve patient outcomes and reduce costs**<sup>15,16</sup>

- **22% reduction** in length of stay
- **71% reduction** in lost hospital revenue per patient
- **17% reduction** in readmission costs
- **5% reduction** in readmission rate

REDUCED COSTS

UNC Hospitals BRIDGE Study<sup>17,18</sup>

- **Building Resilience InDependence for Geriatric Patients in the ED**
- **Over 50% of Emergency Department (ED) patients age 65+** were malnourished or at risk of malnutrition
- **Over half of these patients** had not been diagnosed previously
- **Phase 1:** identifying malnutrition and food insecurity screening tools for ED and completing feasibility testing
- **Phase 2:** partnering with Area Agencies on Aging to help patients at risk for malnutrition and food insecurity



Recent Updates

- The **reauthorization of the Older Americans Act** added malnutrition screening and prevention
- The **new Dietary Guidelines for Americans** added older adults and mentioned malnutrition and sarcopenia for the first time



## MALNUTRITION: AN OLDER ADULT CRISIS

## JUST 4 STEPS CAN HELP IMPROVE OLDER ADULT MALNUTRITION CARE



**UP TO 1 OUT OF 2 OLDER ADULTS** are at risk for malnutrition<sup>1</sup>



**\$51.3 BILLION** Estimated annual cost of disease-associated malnutrition in older adults in the US<sup>2</sup>



Protein-calorie malnutrition related hospital stays are **2X LONGER**<sup>3</sup>



**MALNUTRITION LEADS TO** more complications, falls, and 30-day readmissions<sup>3,4</sup>



Protein-calorie malnutrition related hospital stays are **3X MORE LIKELY** to result in death<sup>3</sup>



**SCREEN** all patients



**ASSESS** nutritional status

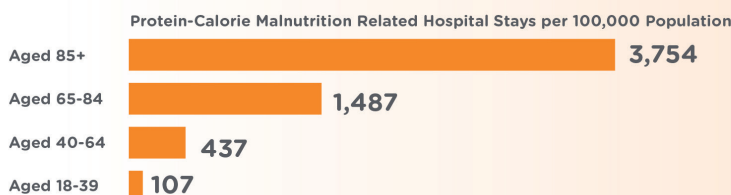


**DIAGNOSE** malnutrition



**INTERVENE** with appropriate nutrition

### MALNUTRITION IS HIGHEST IN OLDER ADULTS<sup>3</sup>



### FOCUSING ON MALNUTRITION IN HEALTHCARE HELPS:

- ✓ Decrease healthcare costs<sup>5</sup>
- ✓ Improve patient outcomes<sup>5</sup>
- ✓ Reduce readmissions
- ✓ Support healthy aging
- ✓ Improve quality of healthcare

# Opportunities for Involvement



- Educate and raise awareness about older adult food insecurity and malnutrition
- Support community partners and promote community nutrition and food access
- Strengthen SNAP policies for older adults
- Support SNAP-Ed, SNAP Outreach, simplify application process
- Advocate for increases to NC Senior Farmers Market Nutrition Program funding
- Implement improvements to discharge planning so health plans include providing nutritious meals
- Strengthen Food Security Screening Referral Process
- State policy actions, including:
  - Recognition of Malnutrition Awareness Week through a resolution/proclamation
  - Inclusion of malnutrition care in state healthcare quality improvement initiatives
  - Establishment of a malnutrition prevention commission for older adults
- **Bring together government, private sector, nonprofits, philanthropic, and other groups working on solutions – GET INVOLVED IN THE NC SENIOR HUNGER INITIATIVE**

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