







Although older adults do not disproportionately experience hunger when compared to younger adults, hunger has more severe health consequences for adults over 65 and has increased during COVID-19. Older adults are also at high risk for COVID-19 complications and mortality.

**FIGURE 1: Older Adults Prior to and During COVID-19**

Prior to COVID-19			During COVID-19		
 <b>Hunger</b>	 <b>Poverty</b>	 <b>Health</b>	 <b>Hunger</b>	 <b>Poverty</b>	 <b>Health</b>
Rates among older adults are higher for those living alone	Many are on fixed incomes	85% have at least one chronic disease; high medical expenses	Increased rates of hunger	Limited access to expansions to unemployment benefits	High COVID-19 mortality rates; Isolation and barriers to telehealth contribute to other poor health outcomes

Source: Food Research & Action Center 2021 ©

### Prior to COVID-19

**Hunger:** Prior to COVID-19, food insecurity rates<sup>1</sup> among older adults were lower than the national average but were still high. In 2019,

- more than 2.9 million households experiencing food insecurity included an adult age 65 or older<sup>2</sup>
- 8.7 percent of older adults living alone struggled with food insecurity<sup>3</sup>

In 2017, only 48 percent of older adults ages 60 and older who were eligible for the Supplemental Nutrition Assistance Program (SNAP) were enrolled (compared to 84 percent of all eligible individuals).<sup>4</sup>

**Poverty:** Many adults over 65 live on fixed incomes. When poverty is recalculated as the Supplemental Poverty

Measure (SPM) to account for government assistance and cost of living (including medical costs), the poverty rate among adults over 65 increases. For example, in 2019, the official poverty rate for adults over 65 was 8.9 percent (compared to 10.5 percent overall)<sup>5</sup> but the SPM was 12.8 percent (11.7 percent overall).<sup>6</sup>

**Health:** Food insecurity has harmful impacts on the health and well-being of older adults. Among older adults using meal service programs, food insecurity has been associated with an increased likelihood of emergency department visits or inpatient stays.<sup>7</sup> Approximately 85 percent of older adults have at least one chronic health condition, and 60 percent have at least two chronic conditions.<sup>8</sup>

**Read more:** [Hunger is a Health Issue for Older Adults](#)

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## During COVID-19

**Hunger:** The proportion of older adults reporting food insufficiency (sometimes or often not having enough to eat), increased during the pandemic and peaked at 6 percent in December 2020.<sup>9</sup> As a demonstration of this increase in need, a survey conducted by Meals on Wheels found that home delivery meals programs serving older adults were serving an average of 77 percent more meals and 47 percent more older adults in July 2020 compared to March 2020.<sup>10</sup>

**Poverty:** Older adults had lower access to the two largest stimulus programs used during the pandemic: expanded unemployment benefits and SNAP. Older adults who were retired and no longer working were not eligible for unemployment benefits. Because of the historic lack of participation in SNAP among older adults, many who are eligible for SNAP may have missed out on emergency allotments during the pandemic.<sup>11</sup> In addition, job loss has been greater for older adults during COVID-19 when compared to the Great Recession because older adults have been less likely to telework and have had greater health concerns due to the pandemic.<sup>12</sup>

**Health:** Although adults 65 and older make up 17 percent of the population, they account for one-third of COVID-19 cases and half of hospitalizations.<sup>13</sup> By the end of March 2021, adults over 65 accounted for 81 percent of COVID-19-related deaths.<sup>14</sup> Older adults in congregated living facilities alone accounted for one-third of COVID-19 deaths in the first few months of the pandemic.<sup>15,16</sup> In addition, adults ages 65 and over who have been infected with COVID-19 only have a 47 percent protection rate against a repeat infection compared to a protection rate of 81 percent among younger adults.<sup>17</sup>

Unfortunately, older adults have confronted increased social isolation and ageism as a result of social distancing policies and conversations about rationing care.<sup>18</sup> Interviews with 45 leaders from agencies serving older adults in Washington state suggest that the “digital divide” has contributed to social isolation and has also made it difficult for older adults to keep up with medical appointments, resulting in worsening health conditions.<sup>19</sup> Older adults have also avoided preventive care. For example, there was a significant decline in boosters for vaccine-preventable diseases in 2020, with disparities by race and ethnicity.<sup>20</sup>

## Impact of the Federal Food Programs

The Supplemental Nutrition Assistance Program (SNAP), the Congregate Nutrition Program, and Home-Delivered Nutrition Program provide essential support for older adults. SNAP reduces the probability of food insecurity among older adults with low income, improves mental health, frees up income for expenses (like housing and medications), and reduces nursing home and hospitalization admissions and costs. To limit the depth and duration of hardship, and to help close the SNAP participation gap among older adults, it is important to continue policies and waivers that improve SNAP eligibility and access and that increase benefit levels via an adequate food plan and other pathways. The Congregate Nutrition Program and Home-Delivered Nutrition Program provide group meals, in-home meals, and nutrition services to those who are frail, homebound, or isolated, and they reduce food insecurity, promote socialization, promote health and well-being, delay the onset of adverse health conditions, and reduce health care costs.<sup>21</sup>

Gains in program access and benefit adequacy during COVID-19 provide important best practices for strengthening and expanding the federal nutrition programs. The Biden administration and Congress must continue to invest in these critical programs. In addition, FRAC supports a broad range of policies to address the root causes of hunger, poverty, and poor health. For current recommendations, see FRAC’s [Action Center page](#).

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Want to learn more? This brief summarizes information from the report [Hunger, Poverty, and Health Disparities During COVID-19 and the Federal Nutrition Programs’ Role in an Equitable Recovery](#). See [FRAC’s COVID-19 dashboard](#) for the full report and additional statistics on hunger during the pandemic.

**Read more:** [Older Adult \(age 60+\) Nutrition Programs Referral Chart During COVID-19](#) and [Helping Older Adults Struggling Against Hunger Access Food in the Age of COVID-19](#)

## Endnotes

- <sup>1</sup> Food insecurity is the inability to acquire adequate nutritious food due to a lack of resources. Official estimates for food insecurity are measured through the Current Population Survey Food Security Supplement. Note, however, that official estimates for 2020 will not be available until September 2021. The Census Household Pulse Survey was developed to collect data quickly and frequently during COVID-19 and measures food insufficiency, which they define as “sometimes” or “often” not having enough to eat. Food insufficiency is more severe than food insecurity. See [Defining Food Insecurity and Measuring it During COVID-19](#) for more details.
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- <sup>5</sup> Semega, J., Kollar, M., Shrider, E., & Creamer, J. (2020). *Income and Poverty in the United States: 2019*. Available at: <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-270.pdf>. Accessed on April 14, 2021.
- <sup>6</sup> Fox, L. (2020). The Supplemental Poverty Measure: 2019 Current Population Reports. Available at: <https://www.census.gov/library/publications/2020/demo/p60-272.html>. Accessed on April 14, 2021.
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- <sup>11</sup> Ziliak, J. (2021). Food Hardship during the Covid 19 Pandemic and Great Recession. *Appl Econ Perspect Policy.* 43(1):132-152.
- <sup>12</sup> Gould, E. (2021). Older workers were devastated by the pandemic downturn and continue to face adverse employment outcomes: EPI testimony for the Senate Special Committee on Aging. Available at: <https://www.epi.org/publication/older-workers-were-devastated-by-the-pandemic-downturn-and-continue-to-face-adverse-employment-outcomes-epi-testimony-for-the-senate-special-committee-on-aging/>. Accessed on July 8, 2021.
- <sup>13</sup> Carr, D. (2021). COVID 19: Trends, Disparities, and Consequences for Older Adults. *Journals Gerontol Ser B.* 76(3):e65-e67.
- <sup>14</sup> National Center for Health Statistics, Centers for Disease Control and Prevention. National Vital Statistics System: COVID-19 Death Data and Resources. - National Vital Statistics System. Available at: <https://www.cdc.gov/nchs/covid19/covid-19-mortality-data-files.htm>. Accessed on April 14, 2021.
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