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Food Insecurity for Medicare Beneficiaries Over 65 During the COVID-19 Pandemic

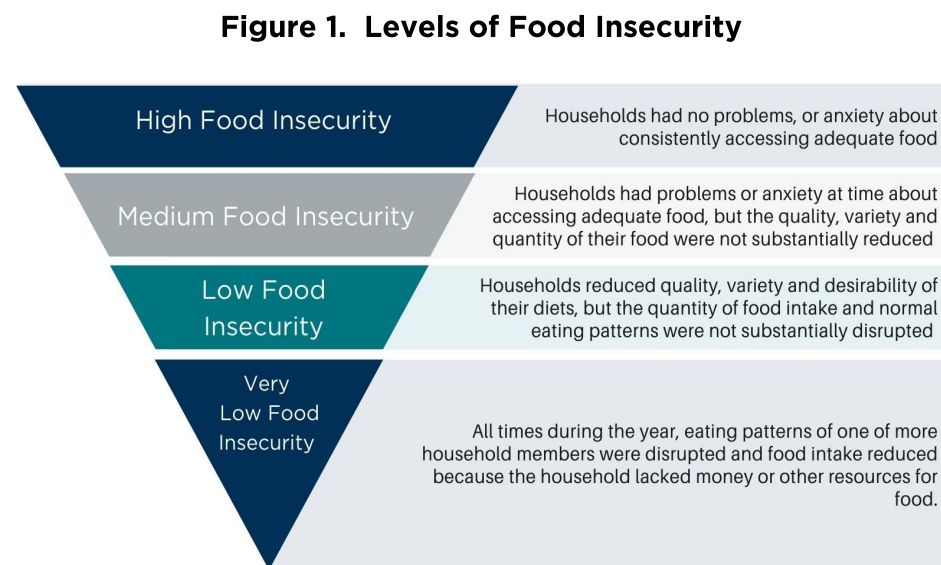
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Executive Summary

In 2018, 37 million Americans were food insecure, and the ongoing Coronavirus Disease 2019 (COVID-19) pandemic is expected to increase that number to 52 million Americans, increasing existing disparities based on race and ethnicity, age, income, and disability. Medicare beneficiaries over the age of 65 are particularly at risk for food insecurity due to fixed budgets, the cost of medical care, and transportation and mobility issues while requiring nutritional food to maintain a healthy lifestyle and mitigate chronic disease. The federal government can bolster food security for Medicare beneficiaries over the age of 65 by increasing enrollment in SNAP and other existing programs that beneficiaries are already entitled to while expanding other proven pilot programs and services.

Background

Medicare was established in 1966 through the Social Security Act and is health insurance for Americans over the age of 65, certain people under 65 with disabilities, and people of any



Source: *What is Food Insecurity?, Hunger + Health, Feeding America*, <https://hungerandhealth.feedingamerica.org/understand-food-insecurity/>

age with end-stage renal disease.¹ In 2018, 60 million Americans were enrolled in Medicare with 86 percent of beneficiaries over the age of 65.² Some of the most prevalent chronic diseases Medicare beneficiaries face are diet-related, such as high blood pressure, high cholesterol, diabetes, heart disease, and heart failure.³ Eighty percent of older adults live with at least one chronic health condition, while 77 percent have more than one.⁴ One in ten elderly Medicare enrollees are food insecure.⁵ Food

insecurity is defined as a lack of consistent access to enough food for an active and healthy life and is measured in four separate categories by the U.S. Department of Agriculture (USDA).⁶

Nearly 8 percent of White households are food insecure compared to 19.1 percent of Black households and 15.6 percent of Latino households.⁷ Food insecurity can be attributed to the **social determinants of health (SDOH)**, or the “conditions in the environments in which people are born, live, work, play,

Less than 50% of seniors eligible for SNAP benefits are actually enrolled in the program.

worship, age and the effect of a wide range of health, functioning, and quality-of-life outcomes and risks.”⁸ For example, **food deserts** are areas where it is difficult to buy affordable or good-quality fresh food. Nineteen million Americans live in a food desert.⁹ In an urban area, this means living more than a mile away from a supermarket, and in a rural area, more than ten miles.¹⁰ Even if there is access to fresh produce in low-income neighborhoods, food is more expensive, especially in convenience stores where there is limited variety and poorer quality produce.¹¹

Hunger and food insecurity are related but distinct terms where

hunger refers to an individualized sensation of discomfort caused by food insecurity because of household financial difficulty.¹² The rate of hunger among seniors aged 60 and older has increased by 38 percent since 2001.¹³ Approximately 5.3 million senior citizens in the United States currently face hunger, and this crisis is only getting worse as more of the Baby Boomer generation reaches retirement age.¹⁴ Seniors face food insecurity due to fixed budgets, the cost of medical care, and transportation and mobility issues.¹⁵ Out of 46.2 million older people in the United States, 10.6 million live in rural areas, equating to 17.5 percent of the rural population

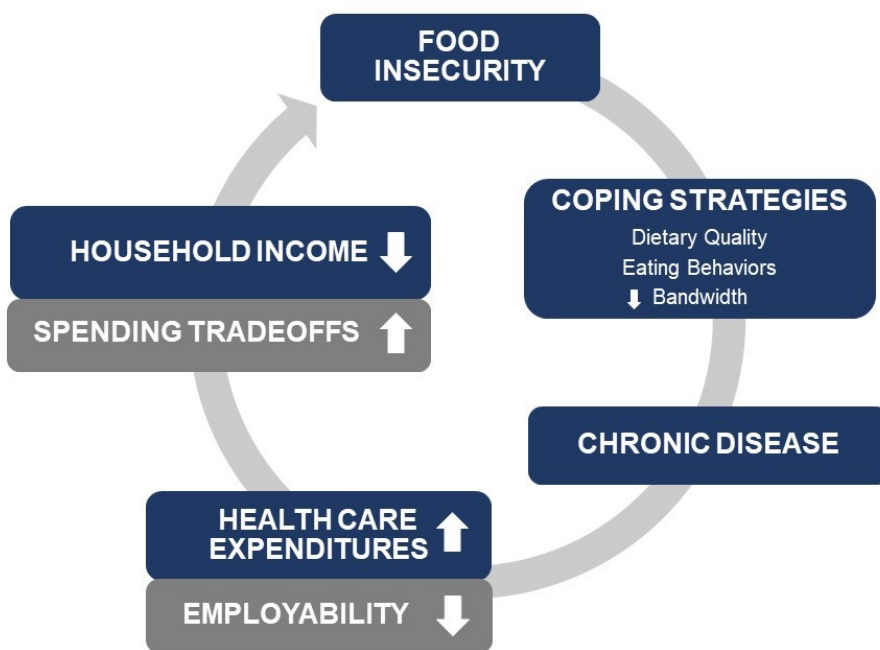
being elderly compared to 13.8 percent of urban areas.¹⁶ Rural areas are slightly more likely than urban areas to be food deserts and make up 87 percent of counties with the highest rates of food insecurity.¹⁷

Less than 50 percent of seniors eligible for SNAP benefits are actually enrolled in the program to help with hunger and food insecurity.¹⁸ This is because of participation barriers like lack of awareness, difficulty applying and staying enrolled, stigma, and language barriers.¹⁹ Seniors who spend more than \$35 a month on out-of-pocket medical costs are able to deduct that spending from their gross income when applying for SNAP, but only 16 percent of older adults utilize the medical expense deduction likely due to a lack of awareness.²⁰ Access to SNAP is associated with reduced health care costs in Medicare and Medicaid, as lower income adults are less likely to skip meals and implement dangerous cost saving measures like stretching out prescriptions because of increased financial security.²¹ One study showed that after a year of receiving SNAP, elderly adults were 23 percent less likely to enter a nursing home and 4 percent less likely to be hospitalized.²²

Problem

In 2018 more than 10 percent of Americans, or more than 37 million people in the United States, were food insecure.²³ The impact of the COVID-19 pandemic is expected to grow food insecurity in the United states to 52 million people.²⁴

Figure 2. The Conceptual Framework: Cycle of Food Insecurity & Chronic Disease



Source: *What are the Connections Between Food Insecurity and Health?*, Hunger + Health, Feeding America, <https://hungerandhealth.feedingamerica.org/understand-food-insecurity/hunger-health-101/>

Food insecurity impacts 25% of Black and Latino Medicare Beneficiaries compared to 9% of Medicare enrollees as a whole.

As COVID-19 rages on, more than 8 million Americans have fallen into poverty since May 2020, disproportionately affecting Black and Latino communities.²⁵ Globally, the United Nations warned of a looming food crisis as COVID-19 threatens the worldwide food supply chain. There is a real danger that more people may actually die from the economic impact of the virus than the virus itself.²⁶ In the United States alone, household hunger nearly tripled 2019 levels as of August 2020.²⁷ Examples from across the United States have shown that lines for food banks can stretch miles long, from over four miles in El Paso with a 596 percent increase in food distribution compared to pre-COVID-19 times.²⁸ Food insecurity during COVID-19 is an economic tradeoff between making ends meet for household expenses in exchange for cheaper, lower quality food or skipping meals all together.²⁹

During the COVID-19 pandemic, senior citizens are especially vulnerable to food insecurity due to chronic disease (often more than one), transportation needs, physical limitations, and dietary restrictions. Older adults are at the greatest risk of contracting COVID-19, with 80 percent of deaths in adults over 65 years old, highlighting the need to avoid potential exposure from activities like grocery shopping.³⁰ Low-income older adults are especially vulnerable to contracting COVID-19 when living in crowded housing, relying on public transportation, needing to work, or depending

on food from community centers and food banks.³¹ Demand for programs like Meals on Wheels that assist elderly Americans by delivering meals to people's homes has more than doubled since March of 2020.³²

Examples from the 2008 recession show that food insecurity will not disappear once the economy recovers from the COVID-19 pandemic, where it took nearly a decade for food insecurity to drop to the same level as before the recession.³³ This is especially troublesome for populations that are already vulnerable, like Medicare enrollees, where 40 percent of the disabled and 9 percent of the elderly are already food insecure.³⁴ These members of the population need proper nutrition to prevent the exacerbation of underlying disease conditions and the threat of future hospitalizations. Medicare beneficiaries are most likely to be food insecure when faced with chronic comorbidities and symptoms of mental health conditions like depression and anxiety associated with difficulty performing activities of daily living and economic hardship.³⁵

Though food insecurity affects 9 percent of Medicare beneficiaries as a whole, food insecurity impacts 25 percent of Black and Latino Medicare beneficiaries, most severely impacting elderly people of color.³⁶ This is especially concerning when Black and Hispanic communities are disproportionately affected by diseases like diabetes, hypertension, asthma, gum disease, and depression, where consuming

fewer calories and less nutrient dense food exacerbates health disparities.³⁷ People experiencing racism and discrimination are more likely to be food insecure because of economic disadvantages created by racism, such as living in food deserts, getting paid lower wages, and overall less economic opportunity.³⁸ Food insecurity has a negative impact on overall health, where food insecure patients have on average \$1,834 higher annual health care expenses, are 47 percent more likely to be admitted to a hospital, and constitute a 27 percent increase in hypoglycemia admissions for low-income diabetes adults due to food budget exhaustion.³⁹

Conclusion and Recommendation

CARES Act funding temporarily delayed 12 million people from slipping into poverty,⁴⁰ but continuous stimulus, until the pandemic is over and beyond, is needed to keep vulnerable Americans out of poverty and that much closer to food security.⁴¹ This need is especially crucial for Medicare beneficiaries over 65 who already have fixed incomes and depend on adequate nutrition to meet health needs as they battle one or more chronic diseases. The second COVID package, signed into law on December 27th, 2020, included \$600 payments and a 15% boost in SNAP payments from January to June of 2021.⁴² While direct stimulus and a boost in benefits is a temporary fix, a longer lasting approach would be to ensure that all of those who qualify for SNAP

nutritional benefits actually and continually enroll in the program. Enrollment into existing programs is important as the economic fallout from the COVID-19 pandemic will continue to be felt years after the crisis is mitigated. Ensuring appropriate enrollment should not require additional legislation or new funding sources for existing benefits beyond increased outreach efforts. The federal government should focus on ensuring every older adult eligible for SNAP gets enrolled in the program, which ultimately reduces health care costs.

This could take shape in many different ways such as:

- Making seniors aware of their eligibility;
- Simplifying the enrollment process and increasing the enrollment period;
- Collaborating with the Centers for Medicare and Medicaid Services and the United States Department of Agriculture to cross-reference enrollment in Medicare and SNAP;
- Encouraging states to incentivize primary care providers to check SNAP eligibility and enrollment as part of annual physical exams.

Endnotes

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