



FACT SHEETS SOURCES & METHODS 2020: THE ESCALATING PROBLEM OF SENIOR HUNGER & ISOLATION

OUR NATION'S SENIOR POPULATION IS GROWING EXPONENTIALLY

- A. “[#] in [#] Americans is 60 or older” from the 2018 U.S. Census Bureau State-Level Population Estimates. Estimates are for the population ages 60 and older living in the United States, including territories. Data available in the Administration for Community Living (ACL) AGing, Independence, and Disability Program Data Portal (AGID) Custom Tables: https://agid.acl.gov/CustomTables/Pop_State/Year/ (Table filters – Year: 2018; Elements: Population Estimates By Age > Age 60 and Older; Geography: All U.S. Totals > 50 States + DC & Territories)
- B. “With [#] more turning 60 each day” figure comes from the 2018 U.S. Census Bureau Annual Population Estimates and the U.S. Centers for Disease Control and Prevention (CDC) National Vital Statistics System’s *Mortality in the United States 2018* report (January 2020). Figure calculated by Meals on Wheels America and reflects the approximate number of adults turning 60 in the United States in 2018 after adjusting for deaths. Estimate calculated using the total estimated population of adults age 59 subtracted by the number of annual estimated deaths among the age group and then dividing by 365 days. Annual estimated deaths calculated by applying an age-specific mortality rate to the estimated population of adults age 59 in 2018.
- Population estimate is for the total U.S. resident population age 59 in the 50 states, DC and Puerto Rico. Data available in the Census National Population Estimates Tables under Median Age and Age by Sex (Annual Estimates of the Resident Population by Single Year of Age and: April 1, 2010 to July 1, 2019): www.census.gov/data/datasets/time-series/demo/popest/2010s-national-detail.html (Year: 2018; Sex: Both; Age: 59)
 - Age-specific mortality rate reflects the number of deaths per 100,000 people among individuals age 55-64 years in the United States in 2018. Data available in the CDC *Mortality in the US* report {See Note C}
- C. “Average life expectancy” figure comes from the U.S. Centers for Disease Control and Prevention (CDC) National Vital Statistics System’s *Mortality in the United States 2018* report (January 2020). Estimate is for the U.S. population and from information collected by National Center Health Statistics for 2018 from death certificates filed in 50 states and DC. Full *Mortality in the United States* report available at: www.cdc.gov/nchs/products/databriefs/db355.htm
- D. “This population is set to reach [#]M in the next decade and [#]M expected in 2060 – increasing the number of seniors today by more than half” figures come from the 2017 U.S. Census Bureau National Population Projections. Estimate base is for the resident population age 60 and above on July 1, 2016 in 50 states and DC and is used for projecting the U.S. population from 2017 to 2060. Data available in the Census National Population Projections Table: Main Series under Projections by age and sex composition of the population (Table 3 - Detailed age and sex composition of the population): <https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html>

LEAVING MORE AND MORE OLDER AMERICANS AT RISK OF HUNGER AND ISOLATION

- E. **“Nearly [#]M seniors were threatened by hunger (marginally food insecure) [#]M of which were food insecure or very low food secure”** figures come from *The State of Senior Hunger in America in 2018*, a report prepared for Feeding America by J. Ziliak and C. Gunderson (May 2020). Estimates are for the population ages 60 and older living in the United States, excluding territories, and were analyzed using data from the 2018 U.S. Census Bureau Current Population Survey (CPS). Full *State of Senior Hunger* report available at: www.feedingamerica.org/research/senior-hunger-research/senior
- i. Data for “Seniors threatened by hunger (marginally food insecure)” are not published in the public report and were obtained privately from Feeding America upon request.
 - ii. Values for each of the three categories are not mutually exclusive (i.e., [#] for “marginally food insecure” seniors includes those who are “food insecure” and “very low food secure,” and figures for “food insecure” seniors also incorporates those who are “very low food secure”).
- F. **“[#] in [#] seniors lives alone”** figure comes from the 2018 U.S. Census Bureau American Community Survey (ACS) Demographic Data. Estimates are for the Household Only sample of the population ages 60 and older living in the United States, including territories. Data available in the Administration for Community Living (ACL) AGID Custom Tables: <https://agid.acl.gov/CustomTables/ACS/Year/> (Table filters – Year: 2018; Elements: Living Alone > Percentages > Living alone; Stratifiers: Age 60 and Above → Household Only Sample Population; Geography: All U.S. Totals > 50 States + DC & Territories)
- G. **“[#] in [#] feels lonely”** figure comes from the results of an AARP study conducted in June 2018, published in the report *Loneliness and Social Connections: A National Survey of Adults 45 and Older* (2018). Data are from a nationally representative sample of older adults ages 70 and older. A quarter (24%) of survey respondents identified as “lonely” using the UCLA Loneliness Scale (Percentage of Midlife and Older Adults Who are Lonely and Not Lonely). Full survey results and report available at: www.aarp.org/research/topics/life/info-2018/loneliness-social-connections.html
- H. **“Due to COVID-19, we know that an even greater number of older adults are experiencing food insecurity...”** comes from U.S. Census Bureau Household Pulse Survey: Measuring Social and Economic Impacts during the COVID-19 Pandemic (July 2020). Data released weekly for 12 weeks from April 23 to July 21, 2020. Data available on the Census Household Pulse Survey Data Tables: <https://www.census.gov/programs-surveys/household-pulse-survey/data.html>
- I. **“Due to COVID-19, we know that...many seniors are lonelier than before the pandemic”** comes from the results of a survey conducted April 10-15, 2020 by NORC at the University of Chicago, published in the report *More than Half of Older Adults Already Experiencing Disruptions in Care as a Result of Coronavirus* (April 2020). Data reflects a nationally representative sample of adults in the United States age 70 and older. A third (33%) of survey participants answered “Yes” to experiencing more feelings of loneliness since the coronavirus pandemic began impacting the United States (Q.28). Full survey results and report available at: www.norc.org/NewsEventsPublications/PressReleases/Pages/more-than-half-of-older-adults-in-the-us-have-experienced-disruptions-in-care-due-to-coronavirus.aspx

AND WHILE HUNGER AND ISOLATION CAN AFFECT ANYONE WITH LIMITED MOBILITY AND DECLINING HEALTH, FINANCIAL STRAIN MAKES THEM MUCH WORSE

- J. **“Nearly [#] million seniors have incomes below the poverty line”** figure comes from the Census Bureau 2018 American Community Survey (ACS) Demographic Data. Estimates are for the Total Non-Institutionalized population ages 60 and older living in the United States, including territories, at or below 100 percent of the U.S. Census Bureau’s official poverty threshold. Data available in the Administration for Community Living (ACL) AGID Custom Tables: <https://agid.acl.gov/CustomTables/ACS/Year/> (Table filters – Year: 2018; Elements: Poverty Status > Percentages > Below poverty level; Stratifiers: Age 60 and Above → Total Non-Institutionalized Population; Geography: All U.S. Totals > 50 States + DC & Territories)
- K. **“Income of \$[#] a week or less”** figure comes from the 2018 U.S. Census Bureau “Poverty thresholds 2018” table in Income and Poverty in the United States: 2018 (September 2019). Calculated by Meals on Wheels America by dividing the annual poverty guidelines for a single person age 65+ household by 52 weeks. Estimate is for a single older adult or household for the 48 contiguous states and DC as of January 2018. Data available in the Census Income and Poverty Tables under Poverty (Poverty Thresholds: 2018): <https://www.census.gov/data/tables/2019/demo/income-poverty/p60-266.html>
- L. **“Half of seniors living alone lack the financial resources to pay for basic needs”** comes from *Living Below the Line: Economic Insecurity and Older Americans, Insecurity in the States 2019* (November 2019), a report by J. Mutchler, Y. Li, and N. Velasco Roldan published by the Center for Social and Demographic Research at the University of Massachusetts Boston. Includes individuals living alone with incomes below the Elder Index, which is reflective of the costs of housing, health care, transportation, food and miscellaneous essentials. Estimates are for independent community-dwelling adults age 65 and older living in the United States, excluding territories, in 2019. Full *Living Below the Line* report available at: <https://scholarworks.umb.edu/demographyofaging/40/>
- M. **“Older adults living in poverty are nearly twice as likely as those living above poverty level to have limitations in their ability to live independently”** comes from *Older Americans in Poverty: A Snapshot*, an AARP Public Policy Institute report (2010). Estimate is for adults ages 65 and older and is based on data from the 2008 U.S. Census Bureau American Community Survey (ACS) (Figure 35). Full *Older Americans in Poverty* report available at: <https://www.aarp.org/work/retirement-planning/info-04-2010/2010-03-poverty-new.html>

HUNGER AND SOCIAL ISOLATION NOT ONLY JEOPARDIZE THE HEALTH AND WELL-BEING OF OLDER ADULTS; THEY ALSO PLACE A SIGNIFICANT STRAIN ON OUR COUNTRY’S HEALTHCARE SYSTEM AND ECONOMY

- N. **“The economic burden associated with malnutrition in seniors”** figure comes from an article by J. Snider et al. in the *Journal of Parenteral and Enteral Nutrition*, “Economic Burden of Community-Based Disease-Associated Malnutrition in the U.S.” (2014; 38 (2), 77S-85S). Article abstract available at: www.ncbi.nlm.nih.gov/pubmed/25249028
- O. **“Older adult falls medical costs”** figure comes from an article by C. Florence et al. in the *Journal of the American Geriatrics Society*, “Medical costs of fatal and nonfatal falls in older adults” (April 2018; 66(4):693-698). Article abstract available at: <https://pubmed.ncbi.nlm.nih.gov/29512120/>

- P. **“Additional Medicare expenditures associated with social isolation”** figure comes from *Medicare Spends More on Socially Isolated Older Adults*, an AARP Public Policy Institute report by L. Flowers et al. (November 2017). Full report available at: www.aarp.org/ppi/info-2017/medicare-spends-more-on-socially-isolated-older-adults.html
- Q. **“Medicare spending has more than doubled since 2005 and is disproportionately concentrated on older adults...”** figures come from the *Health Care Spending and The Medicare Program*, a Medicare Payment Advisory Commission (MedPAC) Data Book (July 2020). Data from the 2017 Medicare Current Beneficiary Survey analyzed by MedPAC and reflects fee-for-service (FFS) spending, excluding beneficiaries enrolled in Medicare Advantage or other plans covering Medicare Part A and B (Section 1:National health care and Medicare Spending; Chart 1-11). Full *July 2020 Health Care Spending* data book available at: <http://www.medpac.gov/documents-/data-book>

FEDERALLY SUPPORTED NUTRITION PROGRAMS – LIKE MEALS ON WHEELS – ARE DESIGNED TO MEET THE NEEDS OF OLDER ADULTS, YET THESE SUCCESSFUL PUBLIC-PRIVATE PARTNERSHIPS REMAIN SIGNIFICANTLY UNDERFUNDED, EVEN AMID EFFORTS TO COMBAT COVID-19

- R. **“Among older adults who have difficulty with daily activities, [#] out of [#] receive limited or no home- or community-based care”** figures come from *Older Americans Act: Updated Information on Unmet Need for Services*, a U.S. Government Accountability Office’s (GAO) report (June 2015). Data are for older adults age 60 and older. Data are based on GAO’s analysis of 2012 Health and Retirement Study (HRS) data. Of older adults with difficulties in one or more daily activities, two-thirds or more either received no help, or received help with some, but not all, of their difficulties – either formally, from sources such as Title III programs and Medicaid, or informally, through family members. Full GAO report available at: www.gao.gov/products/GAO-15-601R

“Before the COVID-19-pandemic, [%] of low income, food insecure seniors were not receiving the meals they needed” figures come from *Older Americans Act: Updated Information on Unmet Need for Services*, a GAO report {Note R}. Data are based on GAO’s analysis of 2013 Current Population Survey (CPS) Food Security Supplement data. Data are for adults age 60 and older, and younger spouses and household members with disabilities who are also eligible for meals service, with incomes below 185% of the poverty threshold. Of older adults with low incomes and food insecurity, 83% were not receiving meals services, such as those funded by the Older Americans Act. Because the CPS questions asked whether older adults received meals services in general, rather than Title III meals programs in particular, data are based on receipt of any congregate and home-delivered meals services, not specific to meals provided by Older Americans Act Title III meals programs. Full GAO report available at: www.gao.gov/products/GAO-15-601R.

AND SENIORS WAITING TO RECEIVE MEALS ON WHEELS AT HOME ARE MORE LIKELY TO:

- S. **“Seniors waiting to receive Meals on Wheels”** comes from a study commissioned by Meals on Wheels America and funded by AARP Foundation. Research was conducted by Brown University School of Public Health in winter of 2013 through spring of 2014 at eight Meals on Wheels study sites across the United States that had average waitlist times of six or more months. Except where noted, results are from *More Than a Meal® Pilot Research Study: Results from a pilot randomized control trial of home-delivered meal programs*, a report for Meals on Wheels America prepared by K. Thomas and D. Dosa (March 2015). Full report available at: www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/pilot-research-study

- i. **“Report fair or poor health”** is from Figure 3 (Differences in Self-Rated Health between the Sample on Waiting Lists and the Population of Older Adults). Compares individuals on waiting lists for home-delivered meals to a nationally representative sample of community dwelling older adults using data from the National Health and Aging Trends Study sponsored by the National Institute on Aging and for the Medicare population aged 67 and older in 2013.
- ii. **“Report not having enough money to buy food”** comes from p. 8 “45% reported not having enough money to buy the food they needed.”
- iii. **“Report recent falls or fear of falling that limits ability to stay active”** is from Table 3 (Differences in Rates of Falls and Worries about Falls in the Sample on Waiting Lists and the Population of Older Adults). Compares individuals on waiting lists for home-delivered meals to a nationally representative sample. {See i}
- iv. **“Be Black or Hispanic”** is from a 2017 article based on the More Than a Meal Study: Thomas, Smego, Akobundu, and Dosa, “Characteristics of Older Adults on Waiting Lists for Meals on Wheels: Identifying Areas for Intervention,” published in *Journal of Applied Gerontology*. Article available at: <https://doi.org/10.1177/0733464815614918>. Compares individuals on waiting lists for home-delivered meals to a nationally representative sample. {See i}
- v. **“Screen positive for depression or anxiety”** is from Figure 4 (Differences in Rates of Depression and Anxiety between the Sample on Waiting Lists and the Population of Older Adults). Compares individuals on waiting lists for home-delivered meals to a nationally representative sample. {See i}.
- vi. **“Require assistance with shopping for groceries or preparing food”** is from Table 4 (Differences in Rates of Individuals Needing Assistance to Shop for Groceries and Prepare Food between the Sample of Individuals on Waiting Lists and the National Population of Seniors). Compares individuals on waiting lists for home-delivered meals to a nationally representative sample. {See i}
- vii. **“Take three or more medications each day”** is from p. 8 “88% reported that they take three or more medications per day.”
- viii. **“Be enrolled in both Medicaid and Medicare”** is from a 2017 article based on the More Than a Meal study: Thomas, Smego, Akobundu, and Dosa, “Characteristics of Older Adults on Waiting Lists for Meals on Wheels: Identifying Areas for Intervention,” published in *Journal of Applied Gerontology*. Article available at: <https://doi.org/10.1177/0733464815614918>. Compares individuals on waiting lists for home-delivered meals to a nationally representative sample. {See i}