

HUNGER HURTS

A Study of Hunger Among New York City's Elderly

Funded through the City Council of New York City
December 2007





OUR MISSION

To promote the quality of life, independent living, productivity and dignity of older adults and their families.

OUR VISION

Council of Senior Centers and Services strives to be strategically prepared to effectively address the challenges and opportunities facing seniors and their families, and the non-profit organizations serving them. In doing so, CSCS will continue to be the premier leader in:

- Identifying unmet and emerging needs
- Developing and promoting program and systems innovation
- Strengthening and explaining the organizational, program and resource capacity of non-profit providers
- Advocating to all sectors at the city, state and national levels

BACKGROUND

Council of Senior Centers and Services of New York City, Inc. (CSCS) is the premier professional organization that serves as a social policy advocate and training and technical assistance resource for its more than 200 community-based senior service organizations that serve over 300,000 elderly New Yorkers. Founded in 1979 by Elinor Guggenheimer, CSCS grew out of a need for senior organizations to share their views, expand their knowledge and discuss better ways to deal with government agencies and serve seniors. From this group and out of this need, Council of Senior Centers and Services of New York City, Inc. (CSCS), was formally established as a citywide not-for-profit organization. Our goal is to unite, represent and serve member senior service providers to ensure that the elderly of New York City receive quality services. CSCS is the professional organization for these service providers and a champion for seniors.

CSCS

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December 2007

Dear Colleagues,

Since 1979, Council of Senior Centers and Services of New York City, Inc. (CSCS) has been on the forefront of giving voice to the needs of older New Yorkers. CSCS' membership, comprised of over 200 member agencies providing 13 million meals a year to senior citizens, is on the frontlines every day meeting the challenges of providing affordable and nutritious food. As such, hunger and nutrition have always been top priorities for our organization.

We are deeply grateful to New York City Council Speaker Christine Quinn and Aging Committee Chair Councilwoman Maria del Carmen Arroyo for having the foresight and determination to bring this issue to light and to fund this study. Special thanks goes to members of the Advisory Committee for this report, Bobbie Sackman; Marjorie Cantor; Dr. Linda Leest and to consultants Fern Gale Estrow, MS, RD, CDN; Les Rosenzweig, MS, RD and Anne Perzeszty.

There could not be a more invisible problem older adults struggle with each day than hunger. Many of the seniors interviewed were in senior centers or food pantries, places where they had access to food. Even with this, they were experiencing "food insecurity" – the inability to afford or have access to three nutritious meals a day. As the report's opening states, "It is probable that if a person cannot afford sufficient food, other daily needs are going unmet."

CSCS is proud of the work done around this study and our advocacy over the years regarding the senior meal programs. Hunger among the elderly is a challenge that needs to be undertaken by a broad based coalition of government, advocates, community-based social service agencies, health providers, and other New Yorkers.

CSCS advocacy is pragmatic – we have recommendations that we will work to bring to fruition. It is a blueprint for action. The full study with the back up documentation can be found on our website – www.cscs-ny.org, under the "Advocacy" sidebar. For further information, please contact Bobbie Sackman, Director of Public Policy, 212-398-6565, x226 or bsackman@cscs-ny.org

Please join us in working to make hunger among the elderly a thing of the past in New York City.

Sincerely,

A handwritten signature in black ink, appearing to read "Igal Jellinek".

Igal Jellinek
Executive Director

A handwritten signature in black ink, appearing to read "William J. Dionne".

William J. Dionne
CSCS Board President

FOREWORD

Doing a survey on hunger among New York City's elderly is a study in the basics of how we are doing as a city in assisting older adults to age in place in their communities. It is probable that if a person cannot afford sufficient food other daily needs are going unmet.

CSCS is grateful to Council Speaker Christine Quinn and Councilwoman Maria del Carmen Arroyo, Chair, Committee on Aging, for recognizing the importance of hunger and nutrition among older New Yorkers and securing funding for this project.

The faces of aging have changed dramatically in the past few decades –

- *Growing diversity with half of older New Yorkers coming from a broad array of minority ethnic and cultural groups;*
- *Older New Yorkers are poorer with a 20% poverty rate, twice the national rate, even as income and educational levels are higher than past generations;*
- *Thousands of elderly New Yorkers do not receive the basic safety net of old age in our country - Social Security or Medicare (Part A);*
- *New Yorkers are living longer than their counterparts nationally with the 85+ becoming the fastest growing segment of the city's population, a 19% increase according to the 2000 census;*
- *More older adults are living alone;*
- *Disability among the 65+ population increased by 55% according to the 2000 census, with a connection between poverty and disability, while many older adults remain active well into their 70's and 80's.*

Developing programs that provide opportunities for “healthy aging” is a public policy shift that is discussed by service providers, advocates and government officials. According to the April 2007 report - “Older Americans Act Nutrition Program, Choices for Independence” - “Research has shown that a healthy diet and physical activity are more important than heredity in avoiding declines associated with aging...Nutrition is central to disease treatment and management. All top nine chronic diseases...have dietary and nutritional implications. These in turn influence the ability to remain independent in the community.” Hunger does not support health. Hunger has ramifications for the individual and for the city. The OAA Nutrition Program report compared the impact of older adults receiving three or more meals a week with those receiving fewer and found that both congregate meal and meals-on-wheels recipients receiving more meals had significantly fewer inpatient hospital admissions.

The May, 2007 UCLA Health Policy Research Brief, - “Falls, Disability and Food Insecurity Present Challenges to Healthy Aging” - states, “food insecurity – struggling to afford enough nutritious food – can imperil healthy aging...food insecurity has serious health consequences for older adults. Three of the most common chronic diseases – hypertension, diabetes and coronary heart disease – can be prevented, and in some cases treated by a healthful diet.”

Then there is quality of life. Hunger hurts. Hunger and nutrition have been top priorities for CSCS over the past three decades. CSCS members provide 13 million nutritionally balanced meals to older New Yorkers annually – both on-site congregate meals at senior centers and meals-on-wheels to homebound elderly – making it the largest elderly nutrition program nationwide. The meals provided by the “aging services network” which includes senior centers and some freestanding meals-on-wheels programs is one of the major sources of nutritious food for older New Yorkers.

CSCS worked with The FGE Food and Nutrition Team to conduct a food security survey of ethnically diverse older adults in the five boroughs of NYC. The findings of this survey clearly portray a picture of thousands of older New Yorkers who face the struggle of not having enough food. Of the 802 people interviewed, 35% reported food insecurity – one out of three. The survey shows that even the one congregate or home-delivered meal a day provided is not enough for thousands of older adults.

A critical component of healthy aging is healthy eating. Basic, but essential.

Addressing hunger among the elderly has many implications. All can agree that no elderly person should be hungry. CSCS is challenging itself, community service providers, advocates, government officials and private philanthropy to commit to ensuring that we all work together to facilitate access to three nutritional meals daily for older New Yorkers. As policy decisions are made on the types of city services and level of funding made available such as the cost of housing, transportation and health care, the impact on those struggling with hunger and food insecurity must be taken into account –

- *Community agency capacity and funding must be made available so that older New Yorkers have access to congregate and home-delivered meals throughout the neighborhoods of the five boroughs;*
- *Adequate capacity for emergency food pantries and soup kitchens to meet the needs of older New Yorkers, coming in growing numbers, must be funded;*
- *Efforts to facilitate easy access to food stamps and recertification need to continue and expand, reaching into those older New Yorkers who have resisted or need assistance in applying for food stamps;*
- *Affordable housing, including supportive housing, is key;*
- *Increasing the level of SSI to put more dollars in the pockets of low-income seniors is critical.*

Living on a fixed income is living on a fixed income. As costs increase for rent, food, transportation, medical care and other daily needs, seniors have to reach into the same pocket of money.

The PLANYC 2030 report, released by Mayor Michael Bloomberg in December, 2006, states that there will be a 45% increase in the elderly population by 2030 who will comprise almost 20% of the city’s population. New Yorkers currently age 42+ will be New Yorkers age 65+ by 2030. One of the first facts the report recognizes is that, “Our fastest growing population will be residents over age 65...Overall, our residents will average three years older, a result of the baby boomer generation reaching retirement and lengthening the life spans across the city. This means we must concentrate on increasing the number of senior centers and supportive housing as we look ahead.” CSCS supports this recognition by the city and believes that it opens up opportunities to address elderly hunger and food security needs and all their contributing factors.

This demographic revolution compels us to address how we will age in this city. Taking up the challenge of ensuring no elderly person struggles with hunger will remain central to how we choose to assist New Yorkers to age in place in their communities, living healthy, independently and with dignity.

Introduction

Hunger hurts and the existence of hunger among the elderly population in New York City has been a longstanding subject of interest to Council of Senior Centers and Services of New York City, Inc. (CSCS). It was CSCS that carried out the New York City portion of the Urban Institute's nationwide study of hunger in the mid-1990's as the Urban Institute interviewed elderly people in 16 diverse communities. With statistics that show the poverty rate among New York City's elderly being twice the national average and with the correlation between poverty and hunger having been firmly established, CSCS welcomed the opportunity to revisit the subject of hunger and the elderly as it exists in the 21st century in New York City.

Background and History

In late winter of 2007, CSCS undertook a survey of ethnically diverse seniors in the five boroughs of the city to ascertain how widespread food insecurity was. Food insecurity exists when an individual does not have access at all times to enough nutritious food for an active, healthy life. Food insecurity can range from worry about food, i.e., having enough money to buy food, having enough food to last until there is enough money to buy more, to ultimately, being hungry – the most severe form of food insecurity.

Food insecurity can range from worry about food to being hungry, the most severe form of food insecurity.

Given CSCS's history with the issues of poverty and hunger as they relate to the aged, this survey was seen as a first step in producing data that would answer the question, "How are seniors doing with respect to food and nutrition?" Thus, the survey would supplement existing studies to develop a profile of the aged in neighborhoods and communities of the City and their level of food insecurity, with all the policy implications these questions bring.

CSCS worked with The FGE Food and Nutrition Team to conduct a food security survey of ethnically diverse older adults in the five boroughs of New York City. The study sample included 802 respondents in 15 communities representing all boroughs. CSCS and The FGE Food and Nutrition Team identified the study objectives and identified a survey tool that would provide insight against national standards and that could be expanded. CSCS member agencies translated the tool into Spanish, Chinese and Russian to make it easier for seniors to answer. This was the first time nationally that such a survey had been done in three languages besides English.

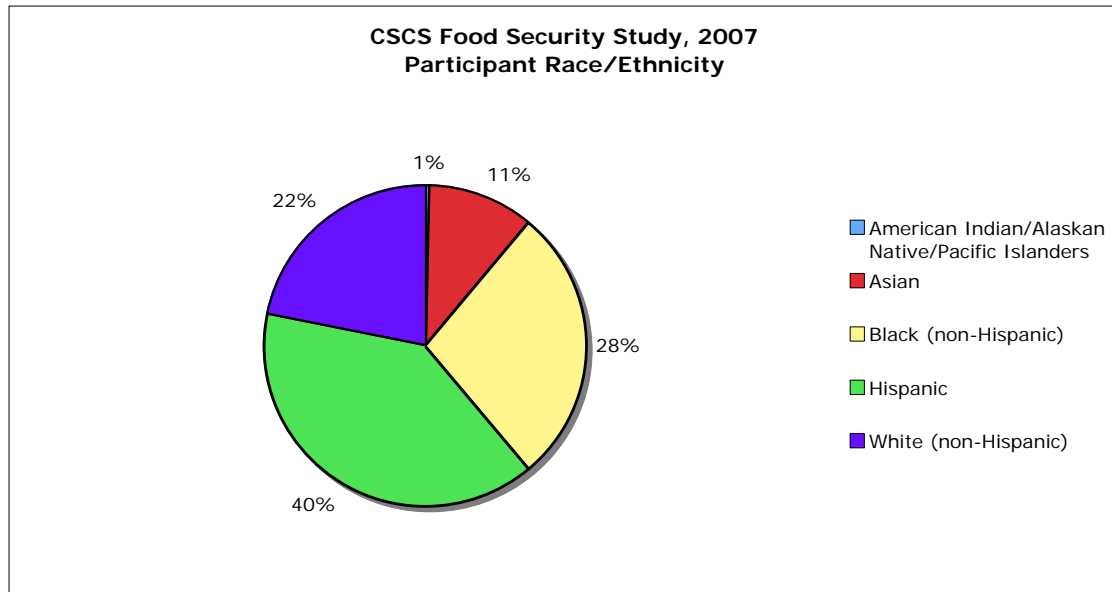
Given the large percentage (48%) of elderly in food pantries that reported food insecurity in the 2007 CSCS Hunger Survey, it is useful to look at the Food Bank study, *Hunger Safety Net 2004*, that found the elderly accounted for 24% of the total population using emergency food programs, twice the rate of their representation in the city's general population. Furthermore, the Food Bank study showed that the elderly visited soup kitchens and food pantries for more than 12 months even though these programs are designed to provide temporary, not long term, relief. In the 2005 Food Bank report, *Hunger: An Aging Issue*, the authors said that this long-term dependence on emergency food is "most illustrative of hunger among the elderly." Among its recommendations is an increase in federal, state and city funding to allow emergency food programs to "meet the increasing demand and to support initiatives that increase the ability of soup kitchens and food pantries to supply more fresh food."

Profile of Respondents

More than half (55%) of the respondents in the 2007 CSCS Hunger Survey came from senior centers followed by 17% randomly approached on the sidewalk and 13% at local food pantries. They were fairly evenly distributed among four of the five boroughs with representation from all boroughs:

➤ Bronx	191	(24%)
➤ Brooklyn	220	(27%)
➤ Manhattan	196	(24%)
➤ Queens	153	(19%)
➤ Staten Island	36	(5%)
➤ Unknown	5	(1%)

In addition to seeking representation across the boroughs, an effort was made to ensure the communities selected reflected diversity in race and ethnicity. The surveyed populations with regard to race included predominantly Hispanics (40%), Black non-Hispanics (28%), and White non-Hispanics (22%), with Asians making up a smaller segment of the sample population (11%).



With respect to living arrangement, 62% were living alone and 38% were living with others. Of those living alone, close to half (44%) were Hispanic and almost one out of three (32%) was Black. The majority of respondents were female (63%) with males making up 37% of the total sample (two were not coded).

OBJECTIVES

The objectives of the study were as follows:

- Assess the food security of the ethnically diverse population of older adults in New York City
- Identify barriers to accessing sufficient food

- Recommend potential solutions with particular focus on how the nutrition assistance programs that serve the City’s older population could be utilized in addressing nutrition needs
- Identify the role of senior centers in addressing nutritional needs

“I never thought being old would be so hard.”

Key Findings

The standard one meal per weekday at a senior center or from a meals-on-wheels program does not resolve the hunger problem.

Extent of Food Insecurity Among New York City Elderly

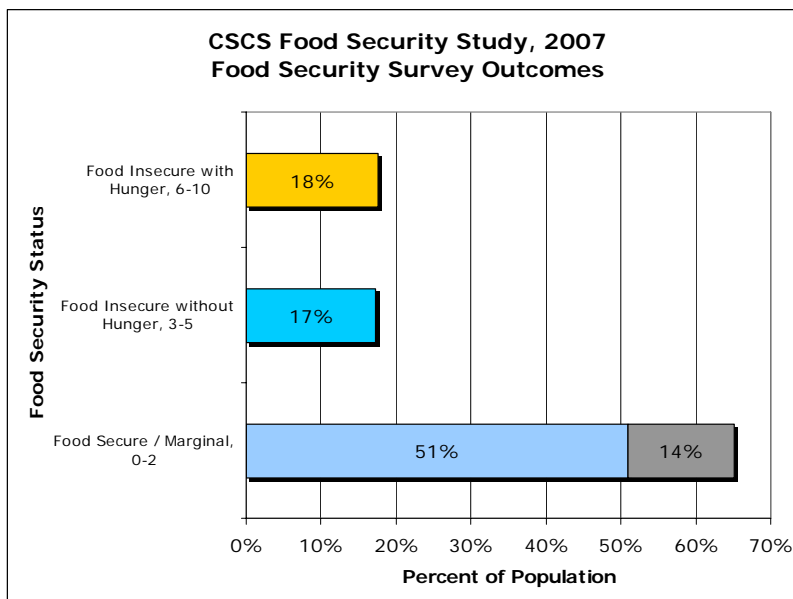
Higher rates of food insecurity were noted in the study sample (35%) as compared to national rates of food insecurity totals 6% of all US households with elderly for 2005. However, our data may be somewhat higher than USDA data, given that many interviews were conducted in locations where food insecure individuals are likely to congregate (senior centers for congregate meals, food pantries and soup kitchens). Despite these programs, the needs of this population clearly are still not being met. The standard one meal per weekday at a senior center or from a meals-on-wheels program does not resolve the problem. Increasing access to meals, the number of meals, and prepackaged options at senior centers, along with increased support for food stamp outreach, are

important strategies for future consideration.

National Food Security Rates, 2005 Compared to CSCS Food Insecurity/Hunger Study, 2007

Food Insecurity	US Population 2005*	CSCS Hunger Study 2007
Total Food Insecurity	6%	35%
With Hunger	2%	18%
Without Hunger	4%	17%
No Food Insecurity	94%	65%

*Source: Nord et al, 2005.



Specifically, in this 2007 CSCS Hunger Study, more than one out of three or 35% of the respondents were determined to be food insecure, with an almost even distribution between being food insecure without hunger (17%) and food insecure with hunger (18%).

More than one out of three respondents were food insecure.

Race/Ethnicity

As noted previously, the survey was administered in four languages, with English (56%) and Spanish (30%) being the most frequently used languages. The Asian population was dominated by Chinese participants as evidenced by the use of the Chinese survey tool (9%). A Russian survey (3%) was administered in parts of Brooklyn.

“Why is it so hard for me to get food? Because the money I get runs out before the end of the month.”

Results by Race

With regard to race, the Survey found a much higher percentage of Blacks (33%) and Hispanics (32%) reported sometimes worrying whether their food would run out before they got money to buy more as compared to Whites (17%). Hispanics were more likely than White respondents to eat less than they felt they should because there was not enough money for food (54% and 32%, respectively). These two ethnic groups reported the most serious percentages of food insecurity generally.

Blacks and Hispanics reported the most serious percentages of food insecurity generally.

For those living alone, 42% of Hispanics experienced food insecurity and 28% experienced it with hunger and 35% of Blacks experienced food insecurity with 16% experiencing it with hunger.

CSCS 2007 Hunger Study – Results by Race

	White	Black	Hispanic	Asian
Sometimes not enough food	6%	12%	14%	12%
Sometimes worried food would run out	29%	33%	32%	n/a
Never worried food would run out	72%	54%	57%	n/a
Always worried food would run out	0%	13%	11%	n/a

Results by Gender

The food insecurity rate for females was similar to that for males (34% and 37%, respectively), and the intervals of with and without hunger were almost evenly split between the two genders.

Results by Age

Survey analysis by age revealed that this population became more food secure with age and that the 60-64 age range had the greatest level of food insecurity both with and without hunger (53%).

- The younger interval (ages 60-64) reflected a more dramatic level of food insecurity than the 65-74 (39%) and 75 plus intervals (25%).
- Food insecurity with hunger represented one-in-three of the 60-64 population, one-five of the 65-74 population and one-in-ten of the 75 plus population.

CSCS Hunger Study, 2007 - Levels of Reported Food Security by Age Group

Level of Food Security	60-64	65-74	75+
Food Secure	33%	46%	63%
Marginally Food Secure	14%	16%	13%
Food Insecure without Hunger	20%	18%	15%
Food Insecure with Hunger	33%	21%	10%

n=738

The 60-64 age group had the highest level of food insecurity.

On one hand, this finding was not surprising in as much as data on food stamps indicate a higher participation level for those over age 65 at the city, state and national levels which may account for the age-related differences. However, it does bring forward the question as to why the 60-64 population is not accessing benefits at a higher level.

Other age-related findings included:

- 60-64 year olds were more likely to report not eating despite feeling hungry because there was not enough money for food than 75+ year olds, 44% vs. 20%
- 60-64 year olds were more likely to report that they had lost weight than 65-74 year olds, 35% vs. 16%

"My husband is blind. I have to think of him, so sometimes I don't have time to get the food and carry it home; I have to do everything for him."

Results by Place of Interview

Of those 441 respondents from senior centers, 30% reported food insecurity and half of those reported food insecurity with hunger. The percentages for all other locations were higher than for senior centers, ranging from 48% at food pantries, 35% from people approached on the street and 35% elsewhere.

CSCS Hunger Study 2007, by Place of Interview

Level of Food Security	Food Pantry (13% of total)	Senior Center (55% of total)	Sidewalk (17% of total)	Other (15% of total)
Food Secure	37%	58%	48%	41%
Marginally Food Secure	16%	13%	17%	14%
Food Insecure without Hunger	30%	15%	15%	17%
Food Insecure with Hunger	18%	15%	20%	18%

N=802

Of the 441 respondents from senior centers, 30% **or almost one out of three** were food insecure and half reported experiencing food insecurity with hunger.

Food Stamp Participation

All 802 respondents were asked whether they or someone in their household participates in the Food Stamp Program, to which 39% responded affirmatively:

- 32% reported that they personally participated
- 3% reported that they and another family member participated
- 3% reported that someone in their family participated

Those that responded affirmatively were asked to report the dollar amount of food stamp benefits received. Answers ranged from \$10 to \$913 per month and were impacted by the size of the household, which was not determined, with the exception of those who lived alone.

Of those who lived alone the maximum monthly food stamp allotment is \$155. Therefore, in order to obtain an estimate of the number of older adults receiving the maximum benefit, we analyzed the data based on those who reported living alone and receiving monthly benefits of \$155 or less. A total of 179 of the 276 respondents (65%) fell into this category. Among those who lived alone, only 5% received the maximum benefit of \$155, 25% receiving \$150 or more per month. In addition, 65% reported a monthly benefit of \$100 or more.

Three out of five respondents reported that neither they nor anyone in their household participated in the Food Stamp Program.

- A benefit of \$20 or less was reported by 15% of respondents and 4% of this group received \$10 in monthly Food Stamp benefits

Out of the total sample, 61% reported that neither they nor someone in their household participated in the Food Stamp Program. When asked to give a reason for not participating, the most common responses included and would appear to indicate perceptions about food stamps as well as barriers to access:

- “Do not think the household is eligible” (46%)
- “Denied benefits in the past” (11%)
- “Benefits are too low” (7%)

Conclusions

Food insecurity of older adults in New York City exceeds the national and state rates, and is especially high among the 60-64 age group, with Hispanics at greatest risk, followed by members of the Black community. Food insecurity exists among older New Yorkers even those participating at senior centers and at emergency food pantries. In addition, barriers for seniors to participate in the food stamp program continue to exist, ranging from perceptions of ineligibility to low benefits. The issues of perception and barriers to access are not new but clearly warrant further attention if food security is to improve for older adults in New York City. Hunger hurts and hunger persists.

Recommendations

1. **Fully Fund Senior Nutrition Programs** This study revealed that 35% of those surveyed worried that they would not have enough to eat. The following are examples of programs dedicated to senior nutrition that need to be fully funded and the funding baselined,

especially with the expected demographic growth of the aged population that will put stress on programs to meet the increased demand:

- Congregate meals at senior centers that provide one-third of the daily nutritional needs along with socialization, recreational and health-related educational programs
- Weekend pre-packaged meal program, currently offered by many senior centers
- Public-private partnerships such as Citymeals that raises funds for seniors on waiting lists
- State Supplemental Nutrition Assistance Program (SNAP) home delivered meal program
- Federal Older Americans Act's home-delivered and congregate meal programs

2. Open Senior Centers Seven Days a Week

Funding to keep senior centers open seven days a week would address issues of access to nutritious meals and isolation. Seniors need to eat, and eat nutritiously, on weekends also. Often, the weekend is the loneliest time for older adults.

3. Expand the Senior Center Breakfast Program

Currently, a limited number of senior centers serve breakfast. Additional funding to both support existing programs and expand the number of senior centers serving breakfast would allow senior participants to have two meals a day at the center, enhancing their daily nutritional intake.

4. Provide Congregate Meals at Alternative Sites

Alternative sites or “senior centers without walls” would increase the availability of nutritious meals and maximize utilization rates. While some senior centers are not serving the full number of congregate meals, it does not mean there is no need in the community.

5. Provide a Second Meal at Senior Centers

Funding for the early dinner programs in senior centers around the city would provide access to a second nutritious meal for older New Yorkers and could attract seniors who are not available during the day.

6. Home Delivered Meals Enhanced Initiative: Eliminate Waiting List

The goal should be to eliminate waiting lists for homebound seniors deemed eligible for home delivered meals and to establish access to this service as a right. To achieve the goal, funding is needed for food and meal preparation as well as service delivery for any senior who is eligible. In some cases that would mean that an agency needs an additional van, driver and deliverer to expand the number of meals.

7. Support Adequate Funding of the Emergency Food Assistance Program (EFAP) and Emergency Nutrition Program (ENP)

Often the last resort for seniors, these programs provide food to emergency feeding programs and soup kitchens. With the senior population growing, its funding has been decreasing while the need increases.

8. Empower Senior Centers to Choose Nutrition Options Best Suited to Their Population

As shown in this Survey, older adults including the working elderly poor, many of whom are in the 60-64 year age group, would benefit from having access to expanded food-centered opportunities. Such opportunities would enhance their nutritional status and connect them to the senior center for other services and could include:

- Serving early morning breakfasts at the senior center as well as healthy pre-packaged breakfasts
- Facilitate providing pre-packaged meals to alternate sites such as NORCs (Naturally Occurring Retirement Communities), houses of worship, NYCHA (New York City Housing Authority), Section 202 and other senior residences by amending existing Department of Health requirements related to food handler certification.
- Offer nutrition education and healthy cooking classes, i.e., using local foods from Greenmarkets and community gardens as well as emergency pantry staples. Connect this initiative to budgeting and money management so that seniors can stretch their scarce dollars to maximize their nutrition return. These initiatives would be especially important for those elders who may be simultaneously taking care of their parents and their grandchildren. Such family situations may be a consideration in what we identify when providing social service support for this age group.
- Utilize nutritionists to build senior center capacity to offer meals for special diets, e.g., diabetic, vegetarian, weight control and to provide nutrition education for seniors.

9. Increase Income Supports: Food Stamps and SSI

a. Increase Support to Senior Centers to Better Address Food Stamp Participation

Senior centers are uniquely qualified to provide direct services and outreach to the senior population to encourage participation in the Food Stamp program. This study reveals that there is a high rate of food insecurity among “young seniors,” defined as the 60-64 year old population. These may be the working poor, older caregivers, newly retired adjusting to reduced incomes, long-term unemployed or inadequately employed. A stronger effort to educate everyone as they approach age 60 and retirement about programs for which they may be eligible, including Food Stamps, could greatly improve their nutritional status. To accomplish this:

- Fund one MSW social worker per City Council district at senior centers to provide direct services, supervise other staff and train and supervise students. This professional would provide information and referral for benefits such as Food Stamps as well as other government funded programs that, while not directly food related, would ease the strain on a senior’s food budget.
- Include senior centers in pilot and ongoing programs using electronic transfer technology for Food Stamp applications

b. Fund SSI Increases indexed to changes in the Consumer Price Index (CPI) to keep pace with inflation and, at the very least, bring seniors to the poverty line.

10. Optimize Group Purchasing Opportunities to Effect Savings

Senior organizations that use group purchasing such as the Marketplace@CSCS save money that can be used to enhance meals and maximize nutritional content within their budgets. More use of group purchasing needs to be encouraged to save money to maintain services and/or for expansion.

11. Establish Senior Nutrition as a Priority Issue for the Governor’s Recently Established New York State Office of Food Policy

An advocate for the aging should be appointed to the Office of Food Policy. An advisory group comprised of representatives from around the state should be formed to inform the advocate for the aging on regional issues related to elderly nutrition and to be informed about state food policy initiatives.

12. Continue Interagency Dialogue to Improve Food Security in NYC with Senior Nutrition a Priority

Examples: New York City Department for the Aging, New York City Department of Health. Coordinate with community-based organizations and advocates of all feeding systems to address issue of hunger in the elderly population, i.e., New York City Nutrition Education Network, Food Change, Food Bank of New York City, Cornell Cooperative Extension.

FURTHER RESEARCH

The following are food related issues that are outside the scope of the 2007 CSCS Hunger Study and are worthy of future investigation. The initial goal of further investigation would be to get beyond what was learned in this Survey and develop a baseline for the nutrition status of the city’s elderly population. For this, a random sample covering more of the city than was possible, given the level of funding for this survey, would be needed and would allow for the following additional research to be done:

1. Investigate why “young seniors,” age 60-64, are showing a higher rate of food insecurity while not participating in the food stamp program
2. Design and implement senior center demonstration projects that would target food insecurity including the following elements:
 - a. Serving two meals daily along with weekend congregate meals
 - b. Making meals available offsite
 - c. Streamline food stamp application processes including electronic applications and outreach aggressively to senior centers
 - d. Offer nutrition education and budgeting workshops in senior center programming
3. Evaluate the effectiveness of the demonstration projects compared to seniors in other senior centers as a control group

CSCS will continue to pursue the findings of this report and identify the funding necessary to do so.

APPENDIX

Limitations

Challenges to the site survey outreach included: disconnected or wrong phone numbers, only open certain days/times, language barrier, the person in charge was not available, the site did not serve a large percentage of seniors, the site no longer provided the services for which it was originally chosen (i.e. food pantries or soup kitchens that no longer provided food), and sites who would only participate if a service was provided in return. As a result of the increased availability, high senior population, and overall willingness to participate, the majority of surveys were completed at senior centers, food pantries, and at outdoor locations. Other location categories were visited. However, they were not as accessible and/or had smaller older adult populations so fewer surveys were administered at these sites.

Due to very cold weather and limited time to arrange site access, the majority of data collection was done at senior centers (55%), on sidewalks (17%), at food pantries (13%) and an assortment of other locations (15%):

Significant differences between Asians and other ethnic groups were not seen for most responses to questions. However, this does not mean that Asians in NYC experience the same rates of food insecurity as Blacks, Hispanics, and/or Whites. Rather, these results are most likely due to the relatively small number of Asian respondents. A Russian survey was administered but the sample size was small. However, as in the case of the Asian sample, the data does suggest that individuals in this population do experience some degree of food insecurity and hunger as well.

CSCS

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