Imagine having to choose between paying your bills and eating. Perhaps in order to afford your medicine, you have to skip a meal this week. What if one meal turns into several? Now, imagine you're 68 years old.



HOW CAN WE ENSURE OUR SENIORS AREN'T GOING HUNGRY IN ARKANSAS?

TO MANY OF US, it may seem far-fetched that someone would sacrifice such a fundamental need as a nutritious meal. Unfortunately, however, this "imaginary" scenario is far too real for many seniors-especially in Arkansas, where nearly one out of every five seniors aged 60 and older experienced food insecurity in 2015. For seniors living below 200% of the federal poverty level, the situation was even grimmer: more than half were affected by food insecurity. These numbers are according to The State of Senior Hunger in America 2015, an annual report prepared for Feeding America and the National Foundation to End Senior Hunger, released in August.

As bad as this sounds-and let's be clear,



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these are distressing numbers-this actually represents an improvement in Arkansas. From 2011 to 2014, Arkansas had the highest percentage of seniors facing a threat of hunger among all 50 states. In 2015, the state dropped to No. 5 and had the single largest reduction in the percentage of seniors facing a threat of hunger, a decrease of 5.29%.

So, some progress is being made.

What does it mean exactly to be food insecure? The U.S. Department of Agriculture defines food security as "access by all people at all times to enough food for an active, healthy life." When a senior, or any person, has limited access to adequate food (perhaps due to a lack of financial resources), they are food insecure. A person not classified as fully food secure, could fall under three additional levels of food insecurity: 1) facing the threat of food insecurity, or marginally food insecure; 2) facing the risk of hunger, or being defined as food insecure; and 3) facing hunger, when a person is very low food secure.

RISK FACTORS AND IMPACTS

Seniors are particularly vulnerable to falling into one of these categories of food insecurity. Primary causes include limited financial resources, limited access to healthy foods (e.g., living in an area with few grocery stores), lack of transportation, and reduced mobility. Risk factors include: race (African Americans and Hispanics are at increased risk); marital status (widowed, divorced, separated, or never-married seniors are at greater risk); low-income; younger age (60-69 are at greater risk); unemployment; and disability. Those caring for grandchildren are also at increased risk.

Not surprisingly, food-insecure seniors are more likely to experience negative health consequences, compared with their food-secure peers and other age groups. For example, compared with seniors who are

38,946/3,658,378

In Arkansas in 2016. Meals on Wheels...served 38.946 seniors, 59 percent of whom live in a rural community, and provided 3,658,378 meals.

fully food secure, they are 53% more likely to report a heart attack, 60% more likely to experience depression, and 22% more likely to limit daily activities-such as eating, dressing, and bathing. These are alarming numbers that reveal a profound impact on the quality of life for Arkansas seniors, as well as the cost of healthcare, through additional and extended hospital visits, and poor overall health and nutrition.

WHAT IS BEING DONE

In Arkansas in 2016, Meals on Wheelsa public-private partnership to promote health and improve the quality of life for vulnerable seniors-served 38,946 seniors, 59 percent of whom live in a rural community, and provided 3,658,378 meals.

The What A Waste™ program, implemented at the Fayetteville Senior Activity and Wellness Center by the City of Fayetteville in partnership with National Foundation to End Senior Hunger (NFESH), helps to better understand food waste at the senior center. Wasted food is studied, and menus are adjusted to ensure seniors are provided with meals that improve nutrition and promote health.

The Older Americans Act (OAA) supports wide-ranging social and nutrition services to persons 60 and older. Under the OAA, the Department of Human Services' Division of Aging and Adult Services contracts to provide meals to seniors in need. In Arkansas, over the past five years, more than 19 million meals have been served to seniors at 180 sites across the state.

WHAT WE CAN DO

According to the numbers, it appears some progress is being made on senior hunger in Arkansas. But we remain in the bottom quartile for food insecurity among Arkansas seniors; clearly more must be done. So, where do we start?

On the individual level, we can support church- and community-outreach efforts to address the needs of seniors and raise awareness about senior hunger in our communities-whether through community events or through our everyday communication with friends, co-workers, and family (even on social media).

At the local level, we should work to reduce the stigma and other barriers to SNAP (Supplemental Nutrition Assistance Program) participation by seniors through education, outreach, and application assistance, and explore incentives for grocery store owners to improve offerings and encourage the development of farmers' markets. Solutions must also include improved transportation, such as bus routes, to allow for easier access to markets.

Finally, our healthcare providers must assess patients for food insecurity during clinical care and follow-up by connecting patients to federal and local food nutrition resources including: SNAP, congregate meals, home-delivered meals, food banks, and medically tailored meals.

If we all work together, we can continue the reduction of senior hunger in Arkan-