



## Low Income Seniors Describe What Influences their Access to Food

Summary of: Keller, H. H., Dwyer, J. J. M., Senson, C., Edwards, C., Edward, G. (2006). A social ecological perspective of influential factors for food access described by low-income seniors. *Journal of Hunger and Environmental Nutrition*, 1(3), 27-44.

### Food security and low income older adults

Older adults living in the community are particularly at risk for food insecurity. Vulnerability is even more likely in those who have physical difficulties, as well as a low income. Unexpected health care costs can endanger one's finances for food, increasing the risk of food insecurity. In Canada, there are currently no national or provincial programs in place to help older adults at risk for food insecurity, however access to nutritious foods at all times is viewed an inherent right in our country. Talking with older adults could help clarify and understand why food insecurity occurs and identify discrepancies in Canada's current support system.

### What was done?

A selective sample of 17 low-income, English speaking, Caucasian older adults from an urban setting were selected for interviews. A homogenous sample was used to help isolate and reveal external influences of food insecurity. Seniors involved in the study participated in at least one community service such as a food bank, meal program, home care etc... Questions focused on what influenced the food intake of these older adults. Specifically, what interfered with their ability to prepare access or consume food. Demographics and information on medication and alcohol use were also collected. Interviews were tape recorded and a structured question format was used, with additional prompts to help participants offer more insight. Tapes were transcribed, coded and themed individually, then compared collectively. All work was done in reference to the social ecological framework, which recognizes that interpersonal, intrapersonal and environmental factors are "spheres of influence" to a person's food intake.

### What was found:

Intrapersonal factors that affected food intake were poor health condition, restricted budget and living/eating alone. Many found carrying groceries difficult and extensive meal preparation tiring and challenging with health conditions, such as arthritis. Some reported the use of compromising their food selections, using coupons or traveling further to obtain cheaper foods. Being alone prompted a mixture of coping techniques. Several participants reported a lack of motivation to prepare food, where others made large meals for freezing in chance of personal illness. Convenience foods were useful for some because they found it difficult to consume fresh foods before they expired. 10 of the 17 respondents reported the use of three or more prescription drugs, and 70% did not consume alcohol. All but one resident lived alone.

Interpersonal factors included transportation help, food provisioning and eating meals with others. Most respondents did not own cars or were unable to drive. Asking for rides to the grocery store or food bank from family or friends was seen as inconveniencing others. Making sure an informal network was available was reported as another important resource to ensure food availability in case of illness or food shortage. All respondents enjoyed eating with others and found this to be an appealing component of community services or centres.

Environmental influences also affected food intake. Most were dissatisfied when relying on city transit or cabs, reporting frustration as they were required to wait outside in poor weather conditions without shelter to go places. Transportation specifically for the disabled was "unpredictable". The most predictable resource, a taxi, was considered expensive. Respondents found grocery stores oversized, dim and offering too small of print on labels, signs and pricing. Many respondents relied on convenience stores as a primary

food source, as they were close to home and easier to navigate. Community agencies were given mixed opinions. Some respondents appreciated the low costs of meals at community kitchens while others were dissatisfied with food taste. Pride was threatened with the use of food banks.

### **Importance of research:**

This study exposes many factors that influence and impair older adults' access to safe, reliable and healthy foods. It is clear that aside from those with low income, many factors that influenced those with low incomes are non-finance related. Similar issues found are consistent with seniors in general. Anxiety and worry found in previous studies illustrate the stresses of older adults living the community with limited income. This type of study can provide helpful feedback to communities and the government on what older adults need to prevent food insecurity. Local communities have demonstrated their power as strong resources to help issues of food insecurity, and including older adults should be a high priority.

### **Applying what was found:**

Continuing to listen to the challenges seniors endure when trying to access safe nutritious food is valuable and catering to their needs can better their food security. Informing grocery stores about resources available from the Dietitians of Canada to make their stores more senior friendly could offer less strain on shoppers. Having sufficient resources for accessible and economical transportation for seniors is needed to diminish this threat to food security. Other resources such as educational classes on cooking for one, how to shop effectively, and offering higher quality foods at community kitchens could also help increase opportunities for socialization and minimize food insecurity.

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