

Investigation of the Food Choice, Promoters and Barriers to Food Access Issues, and Food Insecurity Among Low-Income, Free-Living Minnesotan Seniors

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ABSTRACT

Objective: Investigate food choice, food access, and food insecurity among seniors.

Methods: Eight focus groups were conducted in 2 counties with high and low Supplemental Nutrition Assistance Program (SNAP) participation rates. A total of 62 seniors (aged ≥ 60 years) were recruited and each attended 1 focus group at a community center. The sample was 79% female and most were Caucasian (91%), similar to state demographics. The focus group themes of how seniors make food choices and access food, and food insecurity perceptions among this population were identified based on discussion commonalities. For quantitative data, $P < .05$ was significant.

Results: Five themes emerged: (1) former experiences affecting eating behaviors; (2) financial and food security driving use of food assistance programs; (3) food access strategies: restaurants, retail markets, and alternative sources; (4) physical changes associated with aging influencing food access and intake; and (5) social influences that play a role in decision making.

Conclusions and Implications: Both SNAP and congregate dining offer food assistance to seniors, but SNAP use was considered unacceptable by some seniors living in county 1 because of the negative stigma attached to the program or because they lacked program knowledge about income criteria. More effort needs to be made to educate seniors about SNAP. It is important to gain insight into how food insecurity affects their food choices.

Key Words: seniors, food access, food security, food choice, health (*J Nutr Educ Behav.* 2016; ■:1-8.)

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INTRODUCTION

The current cohort of older adults continues to grow as the baby boom generation reaches retirement.¹ In 2000, 16.3% of the US population was aged ≥ 60 years; this number is expected to increase to 22.2% by 2020.² With the increasing prevalence of those aged ≥ 60 , it is imperative to focus on their nutritional needs and how they access food. Adequate nutrition has been shown to improve health and reduce acceleration of the development of chronic diseases³ and could reduce health care costs among elderly people.⁴ Having limited access to food

places seniors at greater risk for poor nutrition.⁵ In 2013, nearly 9% of food-insecure households were occupied by seniors.⁶ Research has addressed issues related to the food insecurity problem in this population; however, these studies lack qualitative⁷⁻¹⁰ and recent data.⁸⁻¹⁰

Researchers have suggested plausible barriers, including a lack of social support, limited neighborhood walkability,⁵ seasonal variation,⁷ and functional impairments.⁹ However, only Lee and Frongillo¹⁰ considered the use of food assistance options in their analyses. Furthermore, Smith and Miller¹¹ noted that reciprocal relationships (in-

dividuals sharing excess food with others) could also be an alternative source of food. These alternative food sources may contribute to a decreased need for the Supplemental Nutrition Assistance Program (SNAP), a program that provides money for low-income Americans to buy food, and could contribute to low SNAP participation in some areas. With only 1 in 3 eligible seniors using SNAP nationwide, decreased use may also be attributed to stigma in using the program.^{10,12} This study investigated food security, food access, and food choice among free-living, lower-income seniors who lived in counties with a high and low SNAP participation rate, using qualitative methodology.

METHODS

Study Population and Design

Counties were selected based on SNAP participation rates (1 with high rates and 1 with low ones), using the 2013 Rural–Urban Continuum Codes (RUCC). Counties had an RUCC of

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1, signifying that both counties were located in a metro area with 1 million or more people.¹³ As of 2012, participation rates in county 1 were lower than in county 2, with 59% and 72% of eligible seniors using SNAP, respectively. Opinions were gathered to understand why SNAP usage rates differed between the 2 urban counties with the same RUCC.

Seniors aged ≥ 60 years, who had the ability to shop, were recruited through flyers and sign-up sheets at senior congregate meal sites, senior apartment homes, and community centers. In 2014, 2 researchers conducted 8 focus groups with 4 groups in each of the 2 counties. Discussions lasted about 90 minutes. One researcher facilitated the discussion while the other took notes and taped them with audio recorders.

A list of open-ended questions used during each focus group was developed by the researchers and approved by a review committee. Questions were developed to obtain information on food choices, shopping strategies, food access points, and food security issues using personal, behavioral, and environmental constructs of Bandura's¹⁴ Social Cognitive Theory (for examples of questions, see Table 1).

Seniors provided information about age, income, education, food security status, and use of food assistance programs. Following standard procedures, each participant was weighed and measured for stature (with outer clothing and shoes removed¹⁵) to calculate body mass index (BMI) as weight divided by height squared (kg/m^2). The University of Minnesota's Institutional Review Board approved the study, informed consent was obtained, and seniors were given a small cash incentive.

Focus Group Analysis

All discussions were transcribed verbatim and both researchers independently analyzed them using an open coding method.¹⁶ Transcripts were first read to gain an overall understanding of the focus group, and then each line was coded for concepts and ideas generated from the discussion. After independent analysis, researchers compared codes and reconciled minor discrepancies. Themes were then identified from the most prevalent codes found among the 8 transcriptions.

Table 1. List of Focus Group Questions by Topic for Senior Focus Groups

Icebreaker

What is your favorite food and why?

Food choices

What are mealtimes like in your household?

Tell us about who you live with.

Who prepares meals and snacks?

How do you decide what to eat? How does health influence your eating behavior?

Please describe what your typical meals look like (breakfast, lunch, dinner).

Where do you eat most of your meals?

How has your cooking changed as you have aged? Describe any changes in your food preferences.

Shopping strategies

Tell us about shopping. How do you decide what to buy?

What factors affect your food purchases? How often do you shop?

What stores do you usually grocery shop at? How is the overall selection?

Are the stores easily accessible? How do you usually get to the store (car, bus, taxi, etc)?

How affordable is the selection? What strategies do you use to save money?

On what foods do you spend the most money? What are priority foods for you?

How would you change stores in your area?

Food security

How do you manage your finances around food?

How do you allocate your money? How much goes toward food?

Do you have enough money for food? If not, where do you get food from?

Do you receive SNAP vouchers? How important are they to you?

What encourages you to use SNAP?

If you do not use the SNAP program, what are the barriers to the program?

How does your diet change throughout the month based on the use of your food budget?

Are you or members of your family ever hungry because food does not last through the month?

Food access points

Describe foods available to you.

What types of food assistance programs do you use? How do you feel when you use them?

Do you eat lunch at the Senior Meal Program? Please tell us about this.

If you have used them, how do you feel about congregate/senior dining sites?

Do you receive food from sources other than the store? Which sources?

Have you participated in reciprocal relationships for food (such as trading foods)? Tell us about this.

Does anyone in the household hunt or fish?

Do you have a garden? What do you grow? How important is gardening as a food source?

SNAP indicates Supplemental Nutrition Assistance Program.

Relevant quotations highlight the significance of each theme (Table 2).

Quantitative data were analyzed using the Statistical Package for Statistical Sciences for Windows (version 20.0, SPSS, Chicago, IL, 2014). Independent sample *t* tests were used to analyze and determine statistical differences between groups for age, BMI, and food security scores; $P < .05$ determined significance. The researchers calculated food security scores using the US Household Food Security Survey Module: 6-Item

Short Form.¹⁷ Raw scores were calculated and classified according to food security status: 0–1 represented high or marginal food security; 2–4, low food security; and 5–6 very low food security.¹⁷

RESULTS

This study investigated issues of food security, food access, and food choice among free-living Minnesotan seniors who lived in counties with either high

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