

## **Having a disability increases the likelihood of food insecurity despite federal programs to prevent this hardship**

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As of 2016, more than 41 million people in the U.S. were food insecure.<sup>1</sup> Individuals with disabilities are especially at risk of food insecurity. Nearly one in three (31.8%) food insecure households include a working age adult who has a disability.<sup>2</sup> Food insecurity - which is defined as “limited or uncertain availability of nutritionally-adequate or safe foods or the inability to acquire personally-acceptable foods in socially-acceptable ways” - is more common in households with disabilities.<sup>2</sup> Yet, little is known about the mechanisms that link food insecurity and disabilities.

### **KEY FINDINGS**

- Disabilities are associated with food insecurity through multiple pathways.
- Work-limiting disabilities, cognitive limitations, trouble hearing, and certain physical limitations are related to increased likelihood of food insecurity for prime-age adults (age 19-59).
- The high prevalence of food insecurity among the disabled population represents a policy failure at the national level.

Below we summarize the results of our recent study<sup>3</sup> wherein we identify potential pathways between disability and food insecurity specific to type of disability, including work-limiting disability, mobility-related disability, hearing impairment, and cognitive disability. We found that each of these disability types are associated with an increased likelihood of food insecurity.

### **Food Insecurity Risk is Higher among Adults with vs. Without Disabilities**

We used data from the 1999 to 2014 National Health and Nutritional Examination Survey (NHANES) to examine the association between food insecurity and disability by the type of disability among 26,308 prime-age U.S. adults (ages 19-59). We found that several types of disability independently increase the probability of food insecurity in this population (see Figure 1).

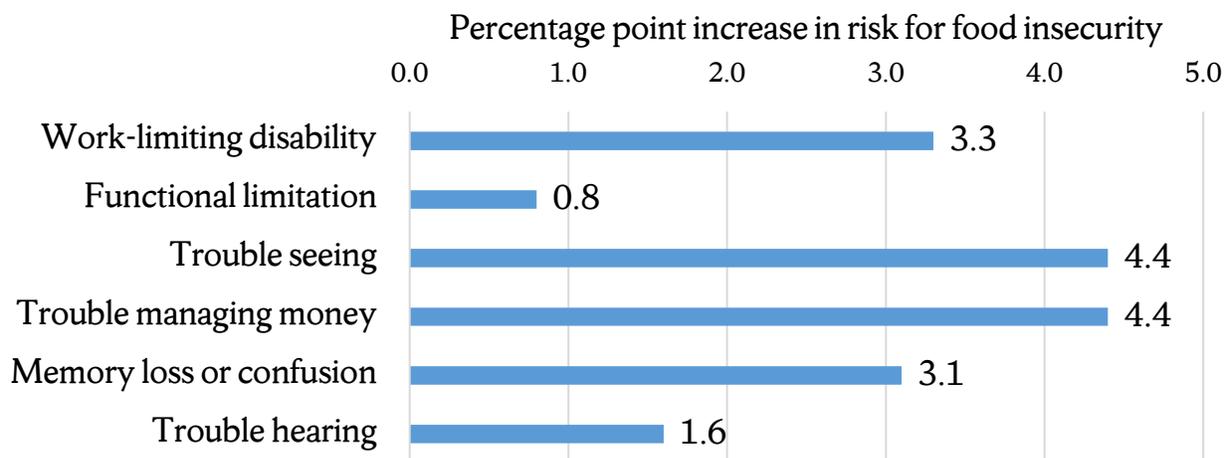
Work-limiting disability. Theoretically, people with disabilities that limit their ability to work should be less vulnerable to food insecurity because there are several federal programs designed to support households financially, including Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI), depending on work history. These programs also help facilitate eligibility for SNAP, the Supplemental Nutrition Assistance Program previously known as food stamps. However, our findings show that prime-age adults with work-limiting disabilities were 3.3% more likely to be food insecure than those without a work-limiting disability. Having a work-limiting disability may limit a person’s ability to earn enough money to cover expenses, including food expenses.

Physical limitations. In terms of physical limitations, functional limitations and trouble seeing were the most significant factors. Functional limitations were measured with a questionnaire assessing a person’s difficulty with basic functions like stooping, crouching, or standing for a prolonged period. Prime-age adults were 0.8% more likely to be food insecure if they had a functional limitation and 4.4% more likely to be food insecure if they had trouble seeing without glasses or contacts. Those with trouble hearing

were 1.6% more likely to be food insecure. Ultimately, these mobility-related disabilities may limit self-efficacy, social interactions, and social functioning, while at the same time, raising one’s need for community social supports. These disabilities may also create transportation problems that limit access to food and result in food insecurity. For example, someone may be unable to transport food from the grocery store or food bank or prepare the food independently. Home-delivered nutrition programs are typically limited to those ages 60 and older, so younger people with disabilities may be unable to benefit from these programs.

Cognitive limitations. Trouble managing money was also a significant predictor of food insecurity. Trouble managing money indicates whether an individual experiences any problems managing money due to long-term physical mental or emotional problem or illness. Prime-age adults were 4.4% more likely to be food insecure if they reported cognitive trouble managing money. Memory loss or confusion was also significant factor for prime-aged adults, increasing their risk for food insecurity by 3.1%. Cognitive disabilities may impair a person’s ability to budget and therefore increase the risk of food insecurity. There are currently no social programs that address the food needs of those with cognitive limitations.

**Figure 1. Adults (ages 19-59) with Disabilities Have Increased Risk of Food Insecurity**



Data Source: National Health and Nutritional Examination Survey, 1999-2014 (N=26,308)

**What does this mean for policy?**

These findings have several important implications for public health. First, emergency food assistance is often not organized to accommodate mobility disabilities. Food pantries require individuals to carry large amounts of food off-site to prepare at home. Soup kitchens require getting to where the food is served, often within a small time-window, to consume the food on-site. Allowing food to be picked up and delivered by designated family and friends to feed those with a certified disability would expand the reach of these programs.

Second, the health of individuals with disabilities is likely compromised by food insecurity, which may interfere with disease management protocols such as the requirement to take medicine with food or to follow a specific diet (such as low-fat, low-sugar, or low-sodium). It is important for those working with disabled populations to regularly screen for food insecurity and to evaluate how food insecurity may be affecting health.

Finally, the prevalence of food insecurity among the disabled population represents a policy failure at the national level. By better understanding the different mechanisms underlying the relationship between disability and food insecurity, we hope that our research can inform future policy efforts to address this significant public health issue by increasing formal disability benefits, food assistance benefits, access to transportation, and more flexibility in the emergency food assistance system.

#### **Data**

Our sample included 26,308 adults ages 19-59 from the National Health and Nutritional Examination Survey (NHANES), 1999-2014. NHANES is administered by the National Center for Health Statistics and is designed to assess the health and nutritional status of adults and children in the United States. We used a selection of disability measures from NHANES to construct our measures for the four types of disabilities. Regression models controlled for race and Hispanic ethnicity, gender, education level, household income, marital status, SNAP participation, and household size. For full methodological details, the study can be found at: <https://bit.ly/2G6S10g>.

#### **References**

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#### **Acknowledgements**

The authors acknowledge Julia Kortney who drafted this brief and Alexandra Punch and Shannon Monnat for providing helpful comments on previous drafts.

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